This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

# SA1-2E Short Form

# STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
2/24/21	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

#### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		Barcode Data Filing Period (optional - see instructions)							
Accounting Period									
В		Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner		List any other name or names under which the owner conducts the business of the cable system.							
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		Zito West Holding LLC							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		Zito Media							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		PO Box 665 (Number, street, rural route, apartment, or suite number)							
		Coudersport, PA 16915 (City, town, state, zip)							
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B							
System		IDENTIFICATION OF CABLE SYSTEM:							
	1	Zito Media - Lake Sinclair GA							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							
		(City, town, state, zip code)							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
	Zito West Holding LLC	638					
	Instructions: List each separate community served by the cable system. A "commun						
D	"a separate and distinct community or municipal entity (including unincorporated c						
	discrete unincorporated areas). 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification he						
	as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	hama narks should be reported in parentheses helpy the					
Area	identified city.	nome parks should be reported in parentheses below the					
Served	identified city.						
	CITY OR TOWN	STATE					
First	Baldwin County	GA					
Community	Hancock County	GA					
	Putnam County	GA					
D	Fullialli Coulity	SA					
Rows as Necessary							

Accounting Period: 2020/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63805

# Zito West Holding LLC

# Ε

### Secondary Transmission Service: Subscribers and Rates

## SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2			
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
Service to first set	534	25.99				
<ul> <li>Service to additional set(s)</li> </ul>						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						

# F

### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	17.95	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	30.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

LEGAL NAIVIL OF OWNER OF CABLE STOTEIN.

SYSTEM ID# 63805

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

**Zito West Holding LLC** 

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WGXA	24.2	N	Macon, GA
WGXA	24.1	N	Macon, GA
WMAZ	13.1	N	Macon, GA
WMAZ	13.2	<u>l</u>	Macon, GA
WMAZ	13.3	N-M	Macon, GA
WMGT	41.1	N	Macon, GA
WMGT	41.2	N-M	Macon, GA
WMGT	41.3	N-M	Macon, GA
WMUM	29.1	<b>E</b>	Macon, GA
WMUM	29.2	E	Macon, GA
WPGA	58.1	<u> </u>	Macon, GA
WPGA	58.4	<u> </u>	Macon, GA
		***************************************	
		***************************************	

Accounting Period: 2020/2	FORM SA1-2E. PAGE 4.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63805

## **Zito West Holding LLC**

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	nd: 2020/2							FOR	M SA1-2E. PAGE 5.
Accounting Ferro	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					FOR	SYSTEM ID#
Name	Zito West Holding LLC	;							63805
	SUBSTITUTE CARRIAG	_	_						
ı	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried								
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furthe explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMEN	T CONCER	RNING SUBS	TITUTE CA	RRIAGE				
Special Statement and	During the accounting per	riod, did you	ur cable systei	m carry, on	a substitute ba	sis, any nonr	network te	e <u>levisi</u> on prog	ram
Program Log	broadcast by a distant sta	tion?						YES	X NO
	<b>Note:</b> If your answer is "No	". leave the	rest of this pa	age blank. If	vour answer is	s "Yes." vou r	nust com	plete the prod	
	log in block 2.	,	'	J	,	, ,		' ' '	
	2. LOG OF SUBSTITUTI		-						
	In General: List each subs					s wherever po	ossible, if	their meanin	g is
	clear. If you need more spa Column 1: Give the title					program") tl	hat, durin	g the accoun	ting
	period, was broadcast by a	distant sta	tion and that y	our cable sy	stem substitut	ed for the pro	ogrammin	ng of another	station
	under certain FCC rules, re Do not use general categor								
	"NBA Basketball: 76ers vs.		ovide of back	otball. List	opodino progra		эхатрю,	. Love Lucy	
	Column 2: If the program Column 3: Give the call		,						
	Column 4: Give the broa						censed by	the FCC or,	in
	the case of Mexican or Car							. 1	
	Column 5: Give the more first. Example: for May 7 gi	,	when your sy	stem carried	the substitute	program. Us	se numer	als, with the r	month
	Column 6: State the tim	es when the							ately
	to the nearest five minutes stated as "6:00–6:30 p.m."	Example:	a program car	ried by a sys	stem from 6:01	:15 p.m. to 6	5:28:30 p.i	m. should be	
	Column 7: Enter the lett	er "R" if the	listed prograr	n was subst	ituted for progi	ramming that	t your sys	tem was <i>requ</i>	uired
	to delete under FCC rules								ogram
	was substituted for prograr effect on October 19, 1976	•	your system w	as permitte	i to delete und	er FCC rules	and regu	nauons m	
						1			
		LIDOTITLIT					N SUBS		7. REASON FOR
			E PROGRAM  3. STATION'S			CARRIAGE OCCURRED  5. MONTH 6. TIMES		DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN		I'S LOCATION	AND DAY	FROM	— то	
								_	
									"
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								_	
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									<b>_</b>

Accounting Period: 2	2020/2			FORM S.	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito West Holding LLC			S	YSTEM ID
	GROSS RECEIPTS				6360
K	Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s				
Gross Receipts	(as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form.				
	Gross receipts from subscribers for secondary transmission service(s)			¢ 45	4 E46 07
	during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross re			\$ 15 (Amount of gr	<b>1,516.07</b> oss receipts)
ı	COPYRIGHT ROYALTY FEE				
Copyright	Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.				
	<ul> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100</li> </ul>	but less tha	an or equal to \$	263,800	
	<ul> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more in the paper SA1-2 for more in the paper SA1-2 for more in the paper SA1-2 for</li></ul>				
	BLOCK 1: GROSS RECEIPTS OF \$13				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			·	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	`		,	
	Base amount under statutory formula		•	-	
	2. Enter amount of gross receipts from space K			=	
	3. Subtract line 2 from line 1			-	
	4. Enter the amount of gross receipts from space K			151,516.07	
	5. Enter the amount from line 3			112,283.93	
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				196.16
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8		\$	196.16
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K			-	
	Base amount under statutory formula			-	
	3. Subtract line 2 from line 1			-	
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)				
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	ΙE			
Filing Form					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	196.16	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	216.16
	Important: Your remittance must be in the form of an electronic pay	mont nava	blo to the Bogi		.htal
	important. Tour remittance must be in the form of an electronic bay	illelli paya	Die to the Reul	ster of Copyrid	mis!

Accounting Period:	020/2		FORM SA1-2E. PAGE 7.
Name	EGAL NAME OF OWNER OF CABLE SYSTE Zito West Holding LLC	Л:	SYSTEM ID# 63805
<b>M</b> Channels	to its subscribers, and (2) the cable syste  1. Enter the total number of channels on a system carried television broadcast stat  2. Enter the total number of activated cha on which the cable system carried televis	nels	165
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FU we can contact about this statement of action of the contact about the statement of action of the contact about the statement of action of the contact about the contact action of the cont		314-260-0434
Information	Address PO Box 665 (Number, street, rural route, Coudersport PA		
	(City, town, state, zip)  Email teri.mcmull	n@zitomedia.com	
0	CERTIFICATION (This statement of accou	t must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersigned, hereby certify that (Ch	ck one, but only one, of the boxes.)	
	(Owner other than corporation	or partnership) I am the owner of the cable system as identified in line 1 of space B	; or
		<b>coration or partnership)</b> I am the duly authorized agent of the owner of the cable syne owner is not a corporation or partnership; or	ystem as identified
	X (Officer or partner) I am an off in line 1 of space B.	er (if a corporation) or a partner (if a partnership) of the legal entity identified as own	er of the cable system
		and hereby declare under penalty of law that all statements of fact contained herein f my knowledge, information, and belief, and are made in good faith.	
		/s/James Rigas  Enter an electronic signature on the line above to certify this statement.	
		Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or pr	nted name: James Rigas	
	Title: (Titl	President of official position held in corporation or partnership)	
	Date:	02/26/2021	

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ounting Period: 2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
o West Holding LLC	63805
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
× 1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
(interest charge)  * To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number First community served	
Accounting period	

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