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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	02/23/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
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
		vondoo Broadband LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 22467
		(Number, street, rural route, apartment, or suite number) Baltimore MD 21203 (City, town, state, zip)
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
C		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	1	IDENTIFICATION OF CABLE SYSTEM: yondoo Broadband Oxnard
		MAILING ADDRESS OF CABLE SYSTEM:
	2	PO Box 22467 (Number, street, rural route, apartment, or suite number)
		Baltimore MD 21203 (City, town, state, zip code)

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	yondoo Broadband LLC	63724
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I 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 identified city.	ity" is the same as a "community unit" as defined in FCC rules: ommunities within unincorporated areas and including single, ist will serve as a form of system identification hereafter known
Served		
	CITY OR TOWN	STATE
First	Oxnard	СА
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM					FORM SA1	TEM IC
Name							010	6372
	yondoo Broadband LLC	,						0011
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIBERS A	ND RATES				
E	In General: The information in s							
Secondary	system, that is, the retransmission about other services (including p							
Secondary Transmission	last day of the accounting period						ng on the	
Service: Sub-	Number of Subscribers: Both					ole system,	broken	
scribers and	down by categories of secondary							
Rates	each category by counting the ne separately for the particular serv						charged	
	Rate: Give the standard rate c						e and the	
	unit in which it is generally billed							
	category, but do not include disc							
	Block 1: In the left-hand block systems most commonly provide							
	that applies to your system. Note							
	categories, that person or entity							
	subscriber who pays extra for ca					der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system I					difforant fr	om those	
	printed in block 1 (for example, the	-		•				
	with the number of subscribers a							
	sufficient.		_		-			
	BLO	DCK 1 NO. OF				BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI		E CA	TEGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:							
	Service to first set		384 8	6.95 Starte	r		77	26.
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS:	RATES				
E	In General: Space F calls for rat	`	,	•	, ,			
F	not covered in space E, that is, the							
Services	service for a single fee. There ar furnished at cost or (2) services			•		• • • •		
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the	rate column.	-	-	-		0	
ransmissions: Rates	Block 1: Give the standard rat						woro not	
Rales	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.							
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE		CATEGORY O	F SERVICE	RATE	CATEGO	ORY OF SERVICE	RAT
	Continuing Convision		Installation: N	on-residential				
	Continuing Services:		 Motel, hote 					
	Pay cable			I				
	-		 Commercia 					
	• Pay cable		• Commercia • Pay cable					
	• Pay cable • Pay cable—add'l channel		-	ıdd'l channel				
	 Pay cable Pay cable—add'l channel Fire protection 		Pay cable					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 		Pay cablePay cable-a	ion				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		 Pay cable Pay cable-a Fire protect 	ion ection				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 		• Pay cable • Pay cable-a • Fire protect • Burglar pro	ion ection				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		 Pay cable Pay cable-a Fire protect Burglar pro Other services 	ion ection				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		 Pay cable Pay cable-a Fire protect Burglar pro Other services Reconnect 	ion ection ::				

ounting Period:	2021/2				I SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O				SYSTEM ID
	yondoo Broadband L				63724
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eace educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	TELEVISION lentify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain si arried by your cable system on a s ne Special Statement and Program d both on a substitute basis and al see page (v) of the general instru- orogram services such as HBO, ES e-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde or "E-M" (for noncommercial educa- tictions in the paper SA1-2 form. the community to which the statio	E-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STA	
	КАВС	7	N	Los Angeles, CA	
	KTLA	5.2	N-M	Los Angeles, CA	
d Rows as Necessary	KCBS	2	Ν	Los Angeles, CA	
	KNBC	4.2	N-M	Los Angeles, CA	
	κττν	11	Ν	Los Angeles, CA	
	KCAL	9	l	Los Angeles, CA	
	KCET	28	I	Los Angeles, CA	
	КСОР	13	N	Los Angeles, CA	
	KTLA	5	Ν	Los Angeles, CA	
	КАВС	7.2	N-M	Los Angeles, CA	
	KNBC	4	Ν	Los Angeles, CA	
	KTLA	5.3	N-M	Los Angeles, CA	
	KCBS	2.2	Ν	Los Angeles, CA	
	КАВС	7.3	Ν	Los Angeles, CA	
	KVEA	52.1	l	Los Angeles, CA	
	KVEA	52.2	I	Los Angeles, CA	

EGAL NAME OF			YSTEM:					SYSTEM I 637
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation about m. dentify the call tate whether it the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a check n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
				-				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						

Accounting Perio	od: 2021/2						FOR	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	yondoo Broadband LL	.C						63724
	SUBSTITUTE CARRIAG	SPECI/			 }			
	In General: In space I, identi					ion that voi	ır cahla svete	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	general instr	uctions in th	ne paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basis	s, any nonne	twork televi	ision progran	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No'	. leave the	rest of this pac	e blank. If vour answer is "	Yes." vou mu	ist complet	e the program	m
	log in block 2.	,		,	····, / ·····			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				vherever pos	sible, if the	ir meaning is	5
	clear. If you need more spa				rogrom") the	t during th	o occupting	
	period, was broadcast by a			ision program ("substitute p ur cable system substituted				
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	ral instruction	ns for furthe	er informatio	
	Do not use general categor		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Lo	ove Lucy" or	
	"NBA Basketball: 76ers vs.		lcast live ente	r "Yes." Otherwise enter "N	o "			
				sting the substitute program				
				e community to which the			e FCC or, in	
	the case of Mexican or Can			community with which the s tem carried the substitute p			with the mor	ath
	first. Example: for May 7 giv		when your sys			numerais,		
	Column 6: State the time	es when the		gram was carried by your o				ly
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	mming that v	our system	was require	d
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete under	FCC rules a	nd regulati	ons in	
	effect on October 19, 1976.							
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
		100 01 110	ONEE OTOTA		AND BAT	TROM	10	
							_	
								"
							_	
							_	
							_	
							_	
							_]
								1
							_	
							_	
1				_				

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
Name	yondoo Broadband LLC		63724
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	,119.75 s receipts)
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	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 lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
			0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the empirit of group requirts from an and K		
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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)	1,319.00	
	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 DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2021/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME C yondoo Bro	OF OWNER OF CABLE SYSTEM: adband LLC	SYSTEM ID# 63724
M Channels	 to its subscrib 1. Enter the to system carr 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period. botal number of channels on which the cable ied television broadcast stations botal number of activated channels e cable system carried television broadcast stations adcast services	13 197
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Robert Steffen Telephone 410-7	27-8250
	Address	PO Box 22467 (Number, street, rural route, apartment, or suite number)	
		Baltimore MD 21203 (City, town, state, zip)	
	Email	Fax (optional)	
O Certification	• I, the undersi	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) vner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or space of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or	identified
	• I have examinare true, comp	fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein olete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	cable system
		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 printed name: Robert Steffen	
		(Title of official position held in corporation or partnership) Date: 2/15/2022	

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	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
doo Broadband LLC	637
 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." 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. 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 	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name 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 Assessme
	_
x	—
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
X 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter 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	
Line 4 Multiply line 3 by 0.00274** and enter 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	
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	
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	
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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 <u>\$</u>	
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