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
12/18/2019	\$ ALLOCATION NUMBER

Return completed workbook by email to:

#### coplicsoa@copyright.gov

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

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
Teriou		
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.
		ID 60572
		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
		Homeland Optical Technology Inc. (previously named Venture Associates)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1137 SW 7th Rd
		(Number, street, rural route, apartment, or suite number)
		Ocala, FL 34471 (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 is 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	name	IDENTIFICATION OF CABLE SYSTEM:
System	1	HOT
		MAILING ADDRESS OF CABLE SYSTEM:
		same as above
	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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:
Name	Homeland Optical Technology Inc. (previously named Venture As
<b>D</b> Area Served	Instructions: List each separate community served by the cable system. A "commurules: "a separate and distinct community or municipal entity (including unincorpor including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first comidentification hereafter known as the "first community." Please use it as the first context. Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.
	CITY OR TOWN
First	Ocala Palms, Ocala
Community	
d Rows as Necessary	

ļ.,,	 								

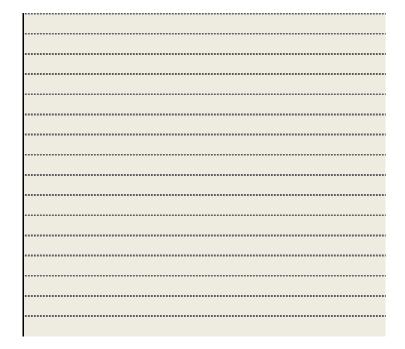
FORM SA1-2E. PAGE 1b.

# SYSTEM ID# ID 60572

nity" is the same as a "community unit" as defined in FCC ated communities within unincorporated areas and munity that you list will serve as a form of system munity on all future filings.

home parks should be reported in parentheses below the

STATE
FL



Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# ID 60572

## Homeland Optical Technology Inc. (previously named Venture Associates)

Ε

**Transmission** 

Service: Subscribers and

Rates

# system, the about other

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 F call for the number of subscribers to the cable system, broken

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**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.

BLC	OCK 1		BLOCK	(2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	700	\$16.97/mth	Silver Tier	248	1.98/mth
Service to additional set(s)	0	-			
• FM radio (if separate rate)	0	-			
Motel, hotel	0	-			
Commercial	0	-			
Converter	0	-			
Residential	0	-			
Non-residential	0	-			

\$41.98/mth

# 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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	N/A	Motel, hotel	N/A	Deluxe Phone	\$38
<ul> <li>Pay cable—add'l channel</li> </ul>	N/A	Commercial	N/A	Premier Phone	\$19
<ul> <li>Fire protection</li> </ul>	N/A	Pay cable	N/A	Digital Phone	\$29
<ul> <li>Burglar protection</li> </ul>	N/A	Pay cable-add'l channel	N/A		
Installation: Residential		Fire protection	N/A		
<ul> <li>First set</li> </ul>	\$46	Burglar protection	N/A	Deluxe Internet 10 Mi	\$22
<ul> <li>Additional set(s)</li> </ul>	\$115	Other services:		Internet 10 Mbps	\$24
<ul> <li>FM radio (if separate rate)</li> </ul>	N/A	Reconnect	\$10	Internet 25 Mbps	\$25
Converter	N/A	Disconnect	\$13	Internet 50 Mbps	\$43
		Outlet relocation		Internet 90 Mbps	\$79
		Move to new address			

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:							
Name	Homeland Optical Te	echnology Inc. (previously na	amed Venture Associates)						
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable syste	entify every television station (including during the accounting period, excelling effect on lune 24, 1081, permitting	ept (1) stations carried only on a part $ept$						
Primary Transmitters:	76.59(d)(2) and (4), 76.61(	in effect on June 24, 1981, permitting (e)(2) and (4), or 76.63 (referring to 76 as explained in the next paragraph.							
Television	Substitute Basis Stations	<b>s:</b> With respect to any distant stations	s carried by your cable system on a						
		rules, regulations, or authorizations: re in space G—but do list it in space I n a substitute basis.	(the Special Statement and Progr						
	List the station here, and basis. For further information	also in space I, if the station was carrion concerning substitute basis station on's call sign. <i>Do not</i> report origination	ns, see page (v) of the general ins						
	multicast stream associate	ed with a station according to its over-	. •						
	"WETA-2" as the same on Column 2: Give the chann	the form. nel number the FCC assigned to the to	elevision station for broadcasting						
	of license. For example, W	VRC is channel 4 in Washington, D.C	· ·						
		h case whether the station is a netwo ering the letter "N" (for network), "N-N	•						
	(for independent multicast)	), "E" (for noncommercial educational	), or "E-M" (for noncommercial ed						
	For the meaning of these to	erms, see page (iv) of the general ins	structions in the paper SA1-2 form						
			For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. <b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station						
	FUU. FOI WEXICALI OF CALIF	THE PROPERTY OF A CONTRACTOR O	file which the et						
		adian stations, if any, give the name o	of the community with which the st						
		adian stations, if any, give the name o	of the community with which the st						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	of the community with which the st						
		, , ,	·						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION						
Add Rows as Necessary	1. CALL SIGN WESH-DT	2. B'CAST CHANNEL NUMBER  2.1	3. TYPE OF STATION  N						
Add Rows as Necessary	1. CALL SIGN WESH-DT WCJB-DT3	2. B'CAST CHANNEL NUMBER  2.1  2.2	3. TYPE OF STATION  N  N-M						
Add Rows as Necessary	1. CALL SIGN WESH-DT WCJB-DT3 WGFL-DT	2. B'CAST CHANNEL NUMBER  2.1  2.2  4.1	3. TYPE OF STATION  N  N-M  N						
Add Rows as Necessary	1. CALL SIGN WESH-DT WCJB-DT3 WGFL-DT WUFT-DT	2. B'CAST CHANNEL NUMBER  2.1  2.2  4.1  5.1	3. TYPE OF STATION  N  N-M  N						
Add Rows as Necessary	1. CALL SIGN WESH-DT WCJB-DT3 WGFL-DT WUFT-DT	2. B'CAST CHANNEL NUMBER  2.1  2.2  4.1  5.1  5.2	3. TYPE OF STATION  N  N-M  N  N  N						
Add Rows as Necessary	1. CALL SIGN  WESH-DT  WCJB-DT3  WGFL-DT  WUFT-DT  WUFT-DT2  WUFT-DT3	2. B'CAST CHANNEL NUMBER  2.1  2.2  4.1  5.1  5.2  5.3	3. TYPE OF STATION  N  N-M  N  N  N-M  N-M						
Add Rows as Necessary	1. CALL SIGN WESH-DT WCJB-DT3 WGFL-DT WUFT-DT WUFT-DT2 WUFT-DT3 WKMG-DT	2. B'CAST CHANNEL NUMBER  2.1  2.2  4.1  5.1  5.2  5.3  6.1	3. TYPE OF STATION  N  N-M  N  N-M  N-M  N-M  N						
Add Rows as Necessary	1. CALL SIGN  WESH-DT  WCJB-DT3  WGFL-DT  WUFT-DT  WUFT-DT2  WUFT-DT3  WKMG-DT  WKMG-DT3	2. B'CAST CHANNEL NUMBER  2.1  2.2  4.1  5.1  5.2  5.3  6.1  6.3	3. TYPE OF STATION  N  N-M  N  N-M  N-M  N-M  N-M						
Add Rows as Necessary	1. CALL SIGN  WESH-DT  WCJB-DT3  WGFL-DT  WUFT-DT2  WUFT-DT3  WKMG-DT  WKMG-DT3	2. B'CAST CHANNEL NUMBER  2.1  2.2  4.1  5.1  5.2  5.3  6.1  6.3  6.5	3. TYPE OF STATION  N  N-M  N-M  N-M  N-M  N-M  N-M						
Add Rows as Necessary	1. CALL SIGN  WESH-DT  WCJB-DT3  WGFL-DT  WUFT-DT2  WUFT-DT3  WKMG-DT  WKMG-DT3  WKMG-DT5  WFTV-HD	2. B'CAST CHANNEL NUMBER  2.1  2.2  4.1  5.1  5.2  5.3  6.1  6.3  6.5  9.1	3. TYPE OF STATION  N N-M N-M N-M N-M N-M N-M N-M N-M N-M						
Add Rows as Necessary	1. CALL SIGN  WESH-DT  WCJB-DT3  WGFL-DT  WUFT-DT2  WUFT-DT3  WKMG-DT  WKMG-DT5  WFTV-HD	2. B'CAST CHANNEL NUMBER  2.1  2.2  4.1  5.1  5.2  5.3  6.1  6.3  6.5  9.1	3. TYPE OF STATION  N N-M N-M N-M N-M N-M N-M N-M N-M N-M						
Add Rows as Necessary	1. CALL SIGN  WESH-DT  WCJB-DT3  WGFL-DT  WUFT-DT2  WUFT-DT3  WKMG-DT  WKMG-DT5  WFTV-HD  WFTV-DT2	2. B'CAST CHANNEL NUMBER  2.1  2.2  4.1  5.1  5.2  5.3  6.1  6.3  6.5  9.1  9.2  9.3	3. TYPE OF STATION  N N-M N-M N-M N-M N-M N-M N-M N-M N-M						

18.1

WKCF-DT

N

WKCF-DT2	18.2	N-M
WKCF-DT3	18.3	N-M
WCJB-DT	20.1	N
WCJB-DT2	20.2	N-M
WOTF-DT	26.1	N
WOTF-DT2	26.2	N-M
WOTF-DT3	26.3	N-M
WOTF-DT4	26.4	N-M
WRDQ-DT	27.1	l
WRDQ-DT2	27.2	N-M
WRDQ-DT4	27.4	N-M
WGFL-DT3	28.3	N-M
WTMO-SD	31.2	N
WOFL-DT	35.1	N
WOFL-DT2	35.2	N-M
WVEN-DT	43.1	N
WOTF-DT2	43.2	N-M
WOTF-DT3	43.3	N-M
WOGX-DT	51.1	N
WOGX-DT2	51.2	N-M
WOGX-DT3	51.3	N-M
WACX-D1	55.1	<u> </u>
WRBW-DT	65.1	N
WRBW-DT3	65.3	N-M
WRBW-DT4	65.4	N-M
WEFS-HD	68.1	l

FORM SA1-2E. PAGE 3.

# SYSTEM ID# ID 60572

elevision stations) time basis under rams [sections ations carried on a

abstitute program

Log)—if the

so on some other xtions. PN, etc. Identify each port multistream

r the air in its community

a noncommercial pendent), "I-M" tional multicast).

n is licensed by the n is identified.

### 4 LOCATION OF STATION

4. LOCATION OF STATION
Daytona Beach, FL
Winter Park, FL
Gainesville, FL
Gainesville, FL
Gainesville, FL
Gainesville, FL
Orlando, FL
Orlando, FL
Orlando, FL
Orlando, FL
Orlando, FL
Orlando, FL
Gainesville, FL
Gainesville, FL
Orlando, FL

Orlando, FL
Orlando, FL
Winter Park, FL
Winter Park, FL
Orlando, FL
Orlando, FL
Orlando, FL
Orlando, FL
Orlando, FL
Orlando, FL
Orlando, FL
Gainesville, FL
Orlando, FL
Kissimme, FL
Kissimme, FL
Melbourne, FL
Melbourne, FL
Melbourne, FL
Gainesville, FL
Gainesville, FL
Gainesville, FL
Leesburg, FL
Orlando, FL
Orlando, FL
Orlando, FL
Cocoa, FL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## Homeland Optical Technology Inc. (previously named Venture Associates)

ID 60572

#### 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
N/A							
IN/A							
***************************************							
***************************************							

ind: 2018/2							F∪D/	M SA1-2E. PAGE 5.
	CABLE SY	STEM:					i Oith	SYSTEM ID#
Homeland Optical Te	chnology	/ Inc. (previ	ously named Vo	enture	Associate	es)		ID 60572
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in								
					WHEN SUBSTITUTE			
	JBSTITUT 2. LIVE?	E PROGRAM  3. STATION'S	<u>/</u>		5. MONTH			7. REASON FOR DELETION
				ATION				
	SUBSTITUTE CARRIAG on a substitute basis during a further explanation of the 2 form.  1. SPECIAL STATEMEN • During the accounting per broadcast by a distant sta Note: If your answer is "No log in block 2.  2. LOG OF SUBSTITUT In General: List each substiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	LEGAL NAME OF OWNER OF CABLE SY Homeland Optical Technology  SUBSTITUTE CARRIAGE: SPEC on a substitute basis during the accous a further explanation of the programming form.  1. SPECIAL STATEMENT CONCE • During the accounting period, did you broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGR In General: List each substitute prograclear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant statunder certain FCC rules, regulations, on the column 2: If the program was broad Column 3: Give the call sign of the Column 4: Give the broadcast statist the case of Mexican or Canadian statist Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when the tothe nearest five minutes. Example: a stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the tothe delete under FCC rules and regulation was substituted for programming that the effect on October 19, 1976.	LEGAL NAME OF OWNER OF CABLE SYSTEM: Homeland Optical Technology Inc. (previous of the programmer of the programming that must be a further explanation of the programming that must be a further explanation of the programming that must be a form.  1. SPECIAL STATEMENT CONCERNING SUBSITION of the programming that must be a form.  1. SPECIAL STATEMENT CONCERNING SUBSITION of the program of the pr	Homeland Optical Technology Inc. (previously named Vibration of the programming that must be included in this log form.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROG on a substitute basis during the accounting period, under specific prese a further explanation of the programming that must be included in this log form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIADING:  During the accounting period, did your cable system carry, on a substitute broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your an log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreveloral clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("sulperiod, was broadcast by a distant station and that your cable system sunder certain FCC rules, regulations, or authorizations. See page (v) of Do not use general categories like "movies" or "basketball." List specific "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise Column 3: Give the call sign of the station broadcasting the substitute. Column 4: Give the broadcast station's location (the community to withe case of Mexican or Canadian stations, if any, the community with with Column 5: Give the month and day when your system carried the substitute program was carried to the nearest five minutes. Example: a program carried by a system fro stated as "6:00—6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for delete under FCC rules and regulations in effect during the accountin was substituted for programming that your system was permitted to delete fect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM L. on a substitute basis during the accounting period, under specific present and f a further explanation of the programming that must be included in this log, see p. 2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute bas broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute period, was broadcast by a distant station and that your cable system substitute period, was broadcast by a distant station and that your cable system substitute period, was broadcast by a distant station by a cable system substitute period, was broadcast by a distant station by a cable system substitute period, was broadcast by a distant station by a cable system substitute period, was broadcast by a distant station by a cable system substitute period, was broadcast of the station broadcasting the substitute program "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "N Column 4: Give the broadcast station's location (the community with which the case of Mexican or Canadian stations, if any, the community with which the the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute priors. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your to the nearest five minutes. Example: a program carried by a system from 6:01: stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed pro	Homeland Optical Technology Inc. (previously named Venture Associate SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG on a substitute basis during the accounting period, under specific present and former FCC ra further explanation of the programming that must be included in this log, see page (v) of the 2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any none broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you m log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever potear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the prounder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction on to use general categories like "movies" or "basketball." List specific program titles, for e "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 5: Give the month and day when your system carried the substitute program. Use first. Example: for May 7 give "5/7."  Column 5: Give the month and day when your system carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6: stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the letter as useful to delete under FCC rules effect on October 19, 1976.	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Homeland Optical Technology Inc. (previously named Venture Associates)  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG on a substitute basis during the accounting period, under specific present and former FCC rules, regula a further explanation of the programming that must be included in this log, see page (v) of the general in 2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork telev broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complet log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the period, was broadcast by a distant station and that your cable system substituted for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "L. "NBA Basketball: "Toers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, first. Example: for May 7 give "57."  Column 6: State the times when the substitute program was carried by your cable system. List the tim to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed p	BUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or au a further explanation of the programming that must be included in this log, see page (v) of the general instructions in 2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television progration block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another st under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information to use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is loensified).  Column 6: State the times when the substitute program was carried by your cable system. List the times accurat to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming tha

ccounting Period	LEGAL NAME OF OWNER OF CABLE SYSTEM:		1-2E. PAGE <b>YSTEM II</b>					
Name	Homeland Optical Technology Inc. (previously named Venture Associates)		ID 605					
<b>K</b> ross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	\$ 138	3,255.26					
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gr	•					
L Copyright Royalty Fee	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 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.							
	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 this six-month accounting period is \$52.00							
	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 lines 1 and 2							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$	\$137,100)						
	1. Base amount under statutory formula	.00						
	2. Enter amount of gross receipts from space K	.26						
	3. Subtract line 2 from line 1	.74						
	4. Enter the amount of gross receipts from space K	138,255.26						
	5. Enter the amount from line 3	125,544.74						
	6. Subtract line 5 from line 4	12,710.52						
	7. Multiply line 6 by .005 (enter figure here)	<b>\$</b>	63.55					
	8. Interest charge. Enter the amount from line 4, space Q, page 8	· · · · <u> </u>	0.00					
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	···· <u>\$</u>	63.55					
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than	\$527,600)						
	Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula	00						
	3. Subtract line 2 from line 1	.00						
	4. Multiply line 3 by .01	1.319.00						
	6. Interest charge. Enter the amount from line 4, space Q, page 8	· · · · · · · · · · · · · · · · · · ·						
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6							
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	63.55						
	Filing Fee (See the instructions for more information on filing fee calculations)	20.00						
otal Remittance	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	. \$	83.55					
otal Remittance	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	<b>. \$</b>	83.55					
otal Remittance		egister of Copyrights	i.					

Accounting Period	2018/2		FORM SA1-2E. PAGE 7.				
Name	EGAL NAME OF OWNER OF CABLE SYSTEM Homeland Optical Technology Inc. (p		SYSTEM ID# ID 60572				
<b>M</b> Channels		els	41 124				
N Individual to Be Contacted for Further	ed						
Information	Address 10705 SE 151 st (Number, street, rural route, ap Summerfield, FL 34 (City, town, state, zip)	artment, or suite number)					
Certification	I, the undersigned, hereby certify that (Check o	must be certified and signed in accordance with Copyright Office regulati	ions)				
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]						
		X /s/ Cornelis Skatenborg  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 printe  Title:  (Title of official p	d name: Cornelis Stakenborg  GM osition held in corporation or partnership)					
1	Date:	11/12/2019					

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 Office'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.

counting Period: 2018/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
omeland Optical Technology Inc. (previously named Venture Associates)	ID 60572
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 Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) belov\$	
Name Mailing Address 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
x	
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	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.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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