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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

SA3E Long Form

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	ACCOUNTING PERIOD COVERED BY THIS	STATEMENT:							
Accounting Period	2019/1								
B Owner	Instructions: Give the full legal name of the owner of the cable sys rate title of the subsidiary, not that of the parent corporatic List any other name or names under which the owner If there were different owners during the accounting p a single statement of account and royalty fee payment co Check here if this is the system's first filing. If not, etc.	on conducts the business of the cable sy period, only the owner on the last day of vering the entire accounting perioo	stem f the accounting period should s		63029				
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CA	ABLE SYSTEM							
	BellSouth Telecommunications, LLC								
				63029	920191				
				63029	2019/1				
	2270 Lakeside Blvd Richardson, TX 75082								
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, se	e page 1b. Identify only the frst cor	nmunity served below and re	list on page	e 1b				
Area	with all communities.								
Served	CITY OR TOWN	STATE							
First	Miami	FL							
Community	Below is a sample for reporting communities if you	report multiple channel line-ups in	Space G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP		GRP#				
Sample	Alda	MD	A	-	1 2				
	Alliance Gering	MD MD	B		2 3				
Privacy Act Notice	e: Section 111 of title 17 of the United States Code authorizes the C	opyright Offce to collect the personally iden	ifying information (PII) requested on	th					
	icess your statement of account. PII is any personal information that ling PII, you are agreeing to the routine use of it to establish and ma	•	· · · · ·						

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8/29/2019

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:			SYSTEM ID#	
BellSouth Telecommunications, LLC			63029	
Instructions: List each separate community served by the cable system. A in FCC rules: "a separate and distinct community or municipal entity (includ areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5 of system identifcation hereafter known as the "first community." Please use	ing unincorporated communi (dd). The frst community that e it as the first community on	ties within unincorp t you list will serve all future filings.	oorated as a form	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, o below the identified city or town. If all communities receive the same complement of television broadcast sta				
all communities with the channel line-up "A" in the appropriate column below on a partially distant or partially permitted basis in the DSE Schedule, asso designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a communit channel line-up designated by an alpha-letter(s) (based on your Space G re (based on your reporting from Part 9 of the DSE Schedule) in the appropria	w or leave the column blank. ciate each relevant communi y-by-community basis, assoc porting) and a subscriber gro	If you report any s ty with a subscribe siate each commun	ations group, ity with a	
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-
Miami	FL	AB	1	First
Aventura		AB AE	6	Community
Bal Harbour	FL	AB	1	
Bay Harbor Islands	FL	AB	1	
Big Pine Key	FL	AC	4	
Biscayne Park	FL	AB	1	See instructions for
Broward Unincorporated County	FL	AA	1	additional informatio
Coconut Creek	FL	AA	2	on alphabetization.
Cooper City	FL	AA	1	
Coral Gables	FL	AB	1	
Coral Springs	FL	AA	2	
Cudjoe	FL	AC		
Cutler Bay	FL	AB	1	
Dania	FL	AA	2	
Davie	FL	AA	2	
Deerfield Beach	FL	AA	3	
Doral	FL	AB		
El Portal	FL	AB	1	
Florida City	FL	AE	6	
Fort Lauderdale	FL		2	
Golden Beach	FL	AB	2	
Hallandale Beach	FL		2	
fialeah	FL	AB	- 1	
Haleah Gardens	FL	AB	•	
Hillsboro Beach	FL		2	
follywood	FL	AA AA	2	
lomestead	FL	AB	2	
slamorada*	FL	AC	<u>_</u>	
Key Biscayne	FL	AB		
Key Largo*	FL	AD	5	
Key West	FL	AC	<u>у</u> Д	
Lauderdale Lakes	FL	AA AA	2	
_auderdale_By-The-Sea			2	
_auderhill		<u>AA</u>	2	
.audernin .azy Lake	FL		2	
Lighthouse Point	FL FL	AA AA	2	
Lighthouse Point Marathon*		AA AC		
	FL EI		4 2	
Margate Madlay	FL FL		<u> </u>	
Medley Miawi Dagah	FL	AB	1	
Miami Beach	FL	AB	1	
Miami Gardens	FL FL	AB	1	
Miami Lakes	FL	AB		

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Miami Shores	FL	AB	1	
Miami Springs	FL =-	AB	1	1
Miami-Dade Unincorporated County	FL	AB	1	
Miramar	FL	AA	1	
Monroe Unincorporated County	FL	AC	4	
North Bay Village	FL	AB	1	
North Lauderdale	FL	AA	2	
North Miami	FL	AB	- 1	Add rows as nec
North Miami Beach	FL	AB		
Oakland Park	FL		2	
		AA	2	
Palmetto Bay	FL	AB	1	
Parkland	FL	AA	3	
Pembroke Park	FL	AA	1	
Pembroke Pines	FL	AA	1	
Pinecrest (Dade County)	FL	AB	1	
Plantation	FL	AA	2	
Pompano Beach	FL	AA	2	
Sea Ranch Lakes	FL	AA	2	
South Miami	FL	AB		
Southwest Ranches	FL FL	AA	1	
Stock Island	FL	AB	4	
Sunny Isles Beach	FL	AE	6	
Sunrise	FL	AA	2	
Surfside	FL	AB	1	
Sweetwater	FL	AB	1	
Tamarac	FL	AA	2	
Tavernier *	FL	AC	4	
Virginia Gardens	FL	AB	1	
Virginia Gardens West Miami	FL FL	AB AB	1	
Virginia Gardens West Miami West Park	FL FL FL	AB AB AA	1 1 1	
Virginia Gardens West Miami West Park Weston	FL FL FL FL	AB AB AA AA	1 1 1 2	
Virginia Gardens West Miami West Park	FL FL FL	AB AB AA	1 1 1	
Virginia Gardens West Miami West Park Weston Wilton Manors	FL FL FL FL	AB AB AA AA	1 1 1 2	
Virginia Gardens West Miami West Park Weston	FL FL FL FL	AB AB AA AA	1 1 1 2	
Virginia Gardens West Miami West Park Weston Wilton Manors	FL FL FL FL	AB AB AA AA	1 1 1 2	
Virginia Gardens West Miami West Park Weston Wilton Manors	FL FL FL FL	AB AB AA AA	1 1 1 2	
Virginia Gardens West Miami West Park Weston Wilton Manors * = Outside of All Television Markets	FL FL FL FL	AB AB AA AA AA	1 1 1 2	
Virginia Gardens West Miami West Park Weston Wilton Manors	FL FL FL FL	AB AB AA AA AA	1 1 1 2	
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Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:						S	YSTEM ID	
Haile	BellSouth Telecommun	ications, LL	.C						6302	
					4750					
E	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									
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Transmission	last day of the accounting period (June 30 or December 31, as the case may be).									
Service: Sub-	Number of Subscribers: Both									
scribers and Rates	down by categories of secondar each category by counting the n									
Rales	separately for the particular serv							chargeu		
	Rate: Give the standard rate of							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. Not categories, that person or entity									
	subscriber who pays extra for ca									
	first set" and would be counted o									
	Block 2: If your cable system									
	printed in block 1 (for example, t									
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A t	wo- or thre	ee-word descript	on of the s	service is		
		DCK 1					BLOC	К 2		
		NO. OF						NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	 Service to first set 	18	2,534	\$ 19.00	HD Tec	h Fee		122,417	\$ 10.0	
	 Service to additional set(s) 				Set-Top	Box		183,702	\$0-\$1	
	 FM radio (if separate rate) 				Broadca	ast TV Surcharg	e	182,534	\$4.99-\$7.9	
	Motel, hotel									
	Commercial		1,168	\$ 20.00						
	Converter									
	Residential									
	 Non-residential 									
]		
	SERVICES OTHER THAN SEC				S					
F	In General: Space F calls for rate	te (not subscrit	per) infor	rmation with re	ES espect to a	all your cable sys	tem's serv			
F	In General: Space F calls for ration not covered in space E, that is, t	te (not subscrib hose services f	per) infor that are	rmation with re not offered in	S espect to a combinati	all your cable sys	tem's serv	smission		
•	In General: Space F calls for ration not covered in space E, that is, t service for a single fee. There are	te (not subscrib hose services t re two exceptio	per) infor that are ns: you	rmation with re not offered in do not need to	S espect to a combinati	all your cable sys on with any seco information con	tem's serv ondary tran cerning (1)	smission services		
F Services Other Than	In General: Space F calls for ration not covered in space E, that is, t	te (not subscrib hose services f re two exceptio or facilities furr	ber) infor that are ns: you nished to	rmation with re not offered in do not need to nonsubscrib	S espect to a combinati o give rate ers. Rate i	all your cable sys on with any secc information con nformation shou	tem's serv ondary tran cerning (1) d include t	smission services ooth the		
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Services Other Than Secondary Transmissions:	In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	te (not subscrib hose services f re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate charg otion and includ BLOO	ber) infor that are ns: you hished to usually he cable stem fur je was n de the ra CK 1 CATEG Installa • Mot • Cor	rmation with re- not offered in do not need to billed. If any r e system for e nished or offe nade or establite for each.	ES espect to a combinati o give rate ers. Rate i ates are c ach of the red during ished. Lis	all your cable sys on with any seco information con nformation shou harged on a vari applicable servio the accounting t these other ser	tem's serv ondary tran cerning (1) d include t able per-pr ces listed. beriod that vices in the CATEGO Video or Service	smission services both the rogram basis, were not e form of a BLOCK 2 DRY OF SERVICE Demand Activation Fee	\$0-\$10 \$0-\$3	
Services Other Than Secondary Transmissions:	In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	te (not subscrib hose services t re two exceptio or facilities furr- hit in which it is rate column. te charged by t t your cable sys separate charg otion and includ BLOC RATE	ber) infor that are ns: you hished to usually he cable stem fur je was n de the ra CK 1 CATEG Installa • Mot • Cor • Pay	rmation with re- not offered in do not need to billed. If any r e system for e nished or offe nade or establite for each.	ES espect to a combinati o give rate ers. Rate i ates are c ach of the red during ished. Lis RVICE sidential	all your cable sys on with any seco information con nformation shou harged on a vari applicable servio the accounting t these other ser	tem's serv ondary tran cerning (1) d include t able per-pr ces listed. beriod that vices in the CATEGO Video or Service of Credit M	smission services both the ogram basis, were not a form of a <u>BLOCK 2</u> DRY OF SERVICE Demand Activation Fee anagement Fee	\$0-\$10 \$0-\$3 \$0-\$44	
Services Other Than Secondary Transmissions:	In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	te (not subscrib hose services t re two exceptio or facilities furr- hit in which it is rate column. te charged by t t your cable sys separate charg otion and includ BLOC RATE	ber) infor that are ns: you nished to usually he cable stem furn te the ra CK 1 CATEG Installa • Mot • Pay • Pay	rmation with re- not offered in do not need to billed. If any r e system for e nished or offe nade or establite for each. GORY OF SEF ntion: Non-rest tel, hotel nmercial r cable r cable-add'l c	ES espect to a combinati o give rate ers. Rate i ates are c ach of the red during ished. Lis RVICE sidential	all your cable sys on with any seco information con nformation shou harged on a vari applicable servio the accounting t these other ser	tem's serv ondary tran cerning (1) d include t able per-pr ces listed. ces listed. beriod that vices in the CATEGO Video or Service of Credit M Dispatch	smission services both the rogram basis, were not e form of a BLOCK 2 DRY OF SERVICE Demand Activation Fee anagement Fee o on Demand	\$0-\$10 \$0-\$3 \$0-\$44 \$9	
Services Other Than Secondary Transmissions:	In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	te (not subscrib hose services f re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate charg otion and incluc BLOO RATE \$5-\$199	ber) infor that are ns: you nished to usually he cable stem furn e was m de the ra CK 1 CATEG Installa • Mot • Pay • Pay • Fire	rmation with re- not offered in do not need to billed. If any r e system for e nished or offe nade or establist to for each.	ES espect to a combinati o give rate ers. Rate i ates are c ach of the red during ished. Lis RVICE sidential	all your cable sys on with any seco information con nformation shou harged on a vari applicable servio the accounting t these other ser	tem's serv ondary tran cerning (1) d include t able per-pr ces listed. ces listed. ces listed. ces in the CATEGC Video or Service a Credit M Dispatch Wireless	smission services both the rogram basis, were not e form of a <u>BLOCK 2</u> ORY OF SERVICE Demand Activation Fee anagement Fee on Demand Receiver	\$0-\$10 \$0-\$3 \$0-\$44 \$9 \$0-\$4	
Services Other Than Secondary Transmissions:	In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set	te (not subscrib hose services t re two exceptio or facilities furr- hit in which it is rate column. te charged by t t your cable sys separate charg otion and includ BLOC RATE	ber) infor that are ns: you hished to usually he cable stem furn e was n de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Burn	rmation with re- not offered in do not need to billed. If any r e system for e nished or offe nade or establist to reach. GORY OF SEF tition: Non-re- rel, hotel nmercial reable reable-add'l c e protection glar protectior	ES espect to a combinati o give rate ers. Rate i ates are c ach of the red during ished. Lis RVICE sidential	all your cable sys on with any seco information con nformation shou harged on a vari applicable servio the accounting t these other ser	tem's serv ondary tran cerning (1) Id include t able per-pr ces listed. beriod that vices in the CATEGC Video or Service A Credit M Dispatch Wireless HD Prem	smission services both the rogram basis, were not e form of a BLOCK 2 DRY OF SERVICE Demand Activation Fee anagement Fee on Demand Receiver hium Tier	\$0-\$10 \$0-\$3 \$0-\$44 \$9 \$0-\$4 \$0-\$4	
Services Other Than Secondary Transmissions:	In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	te (not subscrib hose services f re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate charg otion and incluc BLOO RATE \$5-\$199	ber) infor that are ns: you hished to usually he cable stem furn e was n de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Burn Other s	rmation with re- not offered in do not need to billed. If any r e system for e nished or offe nade or establite for each. GORY OF SEF tition: Non-re- rel, hotel nmercial cable cable-add'l c e protection glar protectior services:	ES espect to a combinati o give rate ers. Rate i ates are c ach of the red during ished. Lis RVICE sidential	all your cable sys on with any secc information con nformation shou harged on a vari applicable servio the accounting t these other ser	tem's serv ondary tran cerning (1) id include t able per-pr ces listed. beriod that vices in the CATEGC Video or Service A Credit M Dispatch Wireless HD Prem DVR Upg	smission services both the rogram basis, were not e form of a BLOCK 2 DRY OF SERVICE Demand Activation Fee anagement Fee on Demand Receiver ium Tier grade Fee	\$0-\$10 \$0-\$3 \$0-\$44 \$9 \$0-\$4 \$0-\$4 \$5	
Services Other Than Secondary Transmissions:	In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	te (not subscrib hose services f re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate charg otion and incluc BLOO RATE \$5-\$199	ber) infor that are ns: you hished to usually he cable stem furn te the ra CK 1 CATEG Installa • Mot • Cor • Pay • Fire • Burn Other s • Rec	rmation with re- not offered in do not need to billed. If any r e system for e nished or offe nade or establist to for each.	ES espect to a combinati o give rate ers. Rate i ates are c ach of the red during ished. Lis RVICE sidential	all your cable sys on with any seco information con nformation shou harged on a vari applicable servio the accounting t these other ser	tem's serv ondary tran cerning (1) Id include t able per-pr ces listed. beriod that vices in the CATEGC Video or Service A Credit M Dispatch Wireless HD Prem	smission services both the rogram basis, were not e form of a BLOCK 2 DRY OF SERVICE Demand Activation Fee anagement Fee on Demand Receiver ium Tier grade Fee	\$0-\$10 \$0-\$3 \$0-\$44 \$9 \$0-\$4 \$0-\$4 \$5	
Services Other Than Secondary Transmissions:	In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	te (not subscrib hose services f re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate charg otion and incluc BLOO RATE \$5-\$199	ber) infor that are ns: you hished to usually he cable stem fur je was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Fire • Bur • Other s • Rec • Disc	rmation with re- not offered in do not need to billed. If any r e system for e nished or offe nade or establist to for each.	ES espect to a combinati o give rate ers. Rate i ates are c ach of the red during ished. Lis RVICE sidential	all your cable sys on with any secce information con nformation shou harged on a vari applicable servio the accounting p t these other serving RATE	tem's serv ondary tran cerning (1) id include t able per-pr ces listed. beriod that vices in the CATEGC Video or Service A Credit M Dispatch Wireless HD Prem DVR Upg	smission services both the rogram basis, were not e form of a BLOCK 2 DRY OF SERVICE Demand Activation Fee anagement Fee on Demand Receiver ium Tier grade Fee	\$0-\$10 \$0-\$3 \$0-\$44 \$9 \$0-\$4 \$5	
Services Other Than Secondary Transmissions:	In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	te (not subscrib hose services f re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate charg otion and incluc BLOO RATE \$5-\$199	ber) infor that are ns: you hished to usually he cable stem fur je was n de the ra CK 1 CATEG Installa • Mot • Car • Pay • Fire • Bur • Other s • Rec • Out	rmation with re- not offered in do not need to billed. If any r e system for e nished or offe nade or establist to for each.	ES espect to a combinati o give rate ers. Rate i ates are c ach of the red during ished. Lis RVICE sidential	all your cable sys on with any secc information con nformation shou harged on a vari applicable servio the accounting t these other ser	tem's serv ondary tran cerning (1) id include t able per-pr ces listed. beriod that vices in the CATEGC Video or Service A Credit M Dispatch Wireless HD Prem DVR Upg	smission services both the rogram basis, were not e form of a BLOCK 2 DRY OF SERVICE Demand Activation Fee anagement Fee on Demand Receiver ium Tier grade Fee	\$0-\$10 \$0-\$3 \$0-\$44 \$9 \$0-\$4 \$0-\$4 \$5	

G

Primary

Transmitters:

Television

SYSTEM ID#

63029

BellSouth	Telecommunications,	LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM

PRIMARY TRANSMITTERS: TELEVISION

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 specifc 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 located in the paper SA3 form.

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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

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 (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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		CHANN	EL LINE-UP	AA		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WAMI/WAMIHD	69/1069	I	No		Hollywood, FL	
WBEC	63	E	No		Boca Raton, FL	See instructions for
WBFS/WBFSHD	33/1033	I	No		Miami, FL	additional information on alphabetization.
WEYW-LP	19	I	No		Key West, FL	
WFOR/WFORHD	4/1004	N	No		Miami, FL	
WFUN-LD	48	I	No		Miami, FL	
WGEN/WGENHD	8/1008	I	No		Key West, FL	
WHFT	45	I	No		Miami, FL	
WJAN-CD	41	I	No		Miami, FL	
WLRN/WLRNHD	17/1017	E	No		Miami, FL	
WLTV/WLTVHD	23/1023	I	No		Miami, FL	
WPBT/WPBTHD	2/1002	E	No		Miami, FL	
WPLG/WPLGHD	10/1010	N	No		Miami, FL	
WPTV/WPTVHD	5/1005	N	No		West Palm Beach, FL	
WPXM/WPXMHD	35/1035	I	No		Miami, FL	
WSBS/WSBSHD	50/1050	I	No		Key West, FL	
WSCV/WSCVHD	51/1051	I	No		Fort Lauderdale, FL	
WSFL/WSFLHD	39/1039	1	No		Miami, FL	

G

Primary

Transmitters:

Television

SYSTEM ID#

63029

BellSouth	Telecommunications,	LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

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 located in the paper SA3 form.

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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

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 (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

		CHANN	EL LINE-UP	AA		
1. CALL	2. B'CAST	3. TYPE			6. LOCATION OF STATION	
SIGN	CHANNEL		(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		_
WSVN/WSVNHD	7/1007	I	No		Miami, FL	
WTVJ/WTVJHD	6/1006	Ν	No		Miami, FL	See instructions for
						additional information
						on alphabetization.
			-			
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					ļ	

G

Primary

Transmitters:

Television

SYSTEM ID#

63029

BellSouth Telecommunications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

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 located in the paper SA3 form.

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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

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 (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

CHANNEL LINE-UP AB										
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					
WAMI/WAMIHD	69/1069	I	No		Hollywood, FL					
WBEC	63	E	No		Boca Raton, FL					
WBFS/WBFSHD	33/1033	I	No		Miami, FL					
WEYW-LP	19	I	No		Key West, FL					
WFOR/WFORHD	4/1004	N	No		Miami, FL					
WFUN-LD	48	I	No		Miami, FL					
WGEN/WGENHD	8/1008	I	No		Key West, FL					
WHFT	45	I	No		Miami, FL					
WJAN-CD	41	I	No		Miami, FL					
WLRN/WLRNHD	17/1017	E	No		Miami, FL					
WLTV/WLTVHD	23/1023	I	No		Miami, FL					
WPBT/WPBTHD	2/1002	E	No		Miami, FL					
WPLG/WPLGHD	10/1010	N	No		Miami, FL					
WPXM/WPXMHD	35/1035	I	No		Miami, FL					
WSBS/WSBSHD	50/1050	I	No		Key West, FL					
WSCV/WSCVHD	51/1051	I	No		Fort Lauderdale, FL					
WSFL/WSFLHD	39/1039	I	No		Miami, FL					
WSVN/WSVNHD	7/1007	I	No		Miami, FL					

G

Primary

Transmitters:

Television

SYSTEM ID#

63029

BellSouth Telecommunications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

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 located in the paper SA3 form.

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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

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 (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

		CHANN	EL LINE-UP	AB	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
WTVJ/WTVJHD	6/1006	N	No		Miami, FL

G

Primary

Transmitters:

Television

SYSTEM ID#

63029

BellSouth Telecommunications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

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 specifc 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 located in the paper SA3 form.

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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

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 (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

CHANNEL LINE-UP AC								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WAMI/WAMIHD	69/1069	I	No		Hollywood, FL			
WBEC	63	E	Yes	0	Boca Raton, FL			
WBFS/WBFSHD	33/1033	I	No		Miami, FL			
WEYW-LP	19	I	No		Key West, FL			
WFOR/WFORHD	4/1004	N	No		Miami, FL			
WFUN-LD	48	I	No		Miami, FL			
WGEN/WGENHD	8/1008	I	No		Key West, FL			
WHFT	45	I	No		Miami, FL			
WJAN-CD	41	I	No		Miami, FL			
WLRN/WLRNHD	17/1017	E	Yes	0	Miami, FL			
WLTV/WLTVHD	23/1023	I	No		Miami, FL			
WPBT/WPBTHD	2/1002	E	Yes	0	Miami, FL			
WPLG/WPLGHD	10/1010	N	No		Miami, FL			
WPXM/WPXMHD	35/1035	I	No		Miami, FL			
WSBS/WSBSHD	50/1050	I	No		Key West, FL			
WSCV/WSCVHD	51/1051	I	No		Fort Lauderdale, FL			
WSFL/WSFLHD	39/1039	I	No		Miami, FL			
WSVN/WSVNHD	7/1007	I	No		Miami, FL			

G

Primary

Transmitters:

Television

SYSTEM ID#

63029

BellSouth Telecommunications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

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:
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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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

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 (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

1. CALL SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	6. LOCATION OF STATION
WTVJ/WTVJHD	NUMBER 6/1006	STATION N	No	(If Distant)	Miami, FL
	-				

G

Primary

Transmitters:

Television

SYSTEM ID#

63029

BellSouth Telecommunications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

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.

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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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

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 (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

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CHANNEL LINE-UP AD										
2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION						
69/1069	I	No		Hollywood, FL						
63	E	Yes	0	Boca Raton, FL						
33/1033	I	No		Miami, FL						
19	I	No		Key West, FL						
4/1004	N	No		Miami, FL						
48	I	No		Miami, FL						
8/1008	I	No		Key West, FL						
45	I	No		Miami, FL						
41	I	No		Miami, FL						
17/1017	E	Yes	0	Miami, FL						
23/1023	I	No		Miami, FL						
2/1002	E	No		Miami, FL						
10/1010	N	No		Miami, FL						
35/1035	I	No		Miami, FL						
50/1050	I	No		Key West, FL						
51/1051	I	No		Fort Lauderdale, FL						
39/1039	I	No		Miami, FL						
7/1007	I	No		Miami, FL						
	CHANNEL NUMBER 69/1069 63 33/1033 19 4/1004 48 8/1008 45 41 17/1017 23/1023 2/1002 10/1010 35/1035 50/1050 51/1051 39/1039	2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 69/1069 I 63 E 33/1033 I 19 I 4/1004 N 48 I 8/1008 I 41 I 17/1017 E 23/1023 I 2/1002 E 10/1010 N 35/1035 I 50/1050 I 51/1051 I 39/1039 I	2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. DISTANT? (Yes or No) 69/1069 I No 63 E Yes 33/1033 I No 19 I No 4/1004 N No 48 I No 8/1008 I No 41 I No 17/1017 E Yes 23/1023 I No 10/1010 N No 35/1035 I No 50/1050 I No 51/1051 I No	2. B'CAST CHANNEL NUMBER3. TYPE OF STATION4. DISTANT? (Yes or No)5. BASIS OF CARRIAGE (If Distant)69/1069INo63EYesO33/1033INo19INo4/1004NNo48INo8/1008INo41INo17/1017EYesO23/1023INo10/1010NNo35/1035INo50/1050INo39/1039INo						

G

Primary

Transmitters:

Television

SYSTEM ID#

63029

BellSouth Telecommunications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

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:

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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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

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 (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

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1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
WTVJ/WTVJHD	6/1006	N	No		Miami, FL

G

Primary

Transmitters:

Television

SYSTEM ID#

63029

BellSouth Telecommunications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

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

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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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

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 (v) of the general instructions located in the paper SA3 form.

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	CHANNEL LINE-UP AE									
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					
WAMI/WAMIHD	69/1069	I	No		Hollywood, FL					
WBEC	63	E	No		Boca Raton, FL					
WBFS/WBFSHD	33/1033	I	No		Miami, FL					
WEYW-LP	19	I	No		Key West, FL					
WFOR/WFORHD	4/1004	N	No		Miami, FL					
WFUN-LD	48	I	No		Miami, FL					
WGEN/WGENHD	8/1008	I	No		Key West, FL					
WHFT	45	I	No		Miami, FL					
WJAN-CD	41	I	No		Miami, FL					
WLRN/WLRNHD	17/1017	E	No		Miami, FL					
WLTV/WLTVHD	23/1023	I	No		Miami, FL					
WPBT/WPBTHD	2/1002	E	No		Miami, FL					
WPLG/WPLGHD	10/1010	N	No		Miami, FL					
WPXM/WPXMHD	35/1035	I	No		Miami, FL					
WSBS/WSBSHD	50/1050	I	No		Key West, FL					
WSCV/WSCVHD	51/1051	I	No		Fort Lauderdale, FL					
WSFL/WSFLHD	39/1039	I	No		Miami, FL					
WSVN/WSVNHD	7/1007	I	No		Miami, FL					

G

Primary

Transmitters:

Television

SYSTEM ID#

63029

BellSouth Telecommunications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

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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 (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

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		CHANN	EL LINE-UP	AE	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
WTVJ/WTVJHD	6/1006	N	No		Miami, FL

G

Primary

Transmitters:

Television

SYSTEM ID#

63029

BellSouth Telecommunications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

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

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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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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		CHANN	EL LINE-UP	AF	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
	_				
	+				
	-				+
	.				
					ļ

Name	LEGAL NAME OF (BellSouth T							SYSTEM ID# 63029
H Primary Transmitters: Radio	all-band basis v Special Instruct receivable if (1) on the basis of For detailed info located in the p Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	t every radio s whose signals ctions Concer- it is carried by monitoring, to prmation abou aper SA3 form dentify the call state whether t the radio stati this by placing Sive the station	tation ca were "ge rning All / the syst be receive t the the n. sign of e he statio ion's sigr g a check i's locatio	rried on a separate and discre- nerally receivable" by your cal Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations o each station carried. In is AM or FM. hal was electronically processed mark in the "S/D" column. on (the community to which the the community with which the	ble system during copyright Office re the system's hea ystem's FM ante in this point, see ed by the cable sy e station is licens	g the accountin egulations, an adend, and (2) nna, during ce page (vi) of the ystem as a se ed by the FCC	ng period FM sign it can b rtain sta e genera parate a	d. al is generally e expected, ted intervals. al instructions nd discrete
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

LEGAL NAME OF OWNER OF (S	SYSTEM ID#	Nar
BellSouth Telecommu	nications	, LLC					63029	Name
SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LOG					
								I
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried 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 located in the paper SA3 form.								
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
roadcast by a distant stat lote: If your answer is "No"		root of this no	no blank. If your answer is '				XNo	Program Lo
og in block 2.	, leave life	rest or this pay	je blank. Il your answer is	res, you mu	ust complete ti	ne program	11	
eriod, was broadcast by a inder certain FCC rules, reg A3 form for futher informat tles, for example, "I Love L Column 2: If the program Column 3: Give the call s Column 4: Give the broa he case of Mexican or Can Column 5: Give the mon rst. Example: for May 7 giv Column 6: State the time to the nearest five minutes. tated as "6:00–6:30 p.m." Column 7: Enter the letted o delete under FCC rules a gram was substituted for pro-	of every noi distant stat gulations, o ion. Do no ucy" or "NE n was broad sign of the s dcast static adian static adian static adian static adian static swhen the Example: a er "R" if the nd regulatic	nnetwork telev ion and that your r authorization t use general of A Basketball: doast live, enter station broadca on's location (the ons, if any, the when your syster a substitute pro- a program carri- listed program	ision program (substitute p our cable system substitute s. See page (vi) of the gen categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "N isting the substitute progra ne community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra uring the accounting period	d for the prog eral instructic "basketball". lo." m. station is lice station is ider program. Use cable system. 15 p.m. to 6:2 mming that y ; enter the let	Inserventing of an Inservention of an Ist specific p Inservention Intified). In unmerals, with List the times 8:30 p.m. sho our system wa ter "P" if the list	CC or, in the mon CC or, in th the mon accurately uld be as required sted pro	th y	
effect on October 19, 1976.					-			
S	UBSTITUT	E PROGRAM			EN SUBSTITU	RRED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	1ES TO	DELETION	
					_			
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LEGAL	NAME OF	OWNER	OF	CABLE	SYSTEM:

ACCOUNTING PERIOD: 2019/1

ACCOUNTING P	-									SA3E. PAGE 6.
Name	LEGAL NAME OF C								S	YSTEM ID# 63029
J Part-Time Carriage Log	art-Time art-Time Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.									he
			DATES	AND HOURS (OF F	PART-TIME CAP	RRIAGE			
		WHEN	I CARRIAGE OCCL	IRRED			WHEN	I CARRIAGE O	CCUF	RRED
	CALL SIGN	DATE	HOUF			CALL SIGN	DATE	1	OURS	
		DATE		10			DATE	FROM	_	10
			_						_	
			_							
			<u> </u>							
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FORM	SA3E. PAGE 7.							
LEGA	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name				
Bel	ISouth Telecommunications, LLC		63029	Name				
Inst all a (as page	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's sected entified in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ondary tr compute	ansmission service	K Gross Receipts				
Instru Con Con If you fee t If you accord	'RIGHT ROYALTY FEE ctions : Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. nur system did not carry any distant television stations, leave block 3 blank. Enter the a from block 1 on line 1 of block 4, and calculate the total royalty fee. nur system did carry any distant television stations, you must complete the applicable p pompanying this form and attach the schedule to your statement of account. nrt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b	arts of th	e DSE Schedule	L Copyright Royalty Fee				
	k 3 below.							
If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be	entered	on line 2 in block					
▶ If pa	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be e	ntered on line					
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K	e is 1.06						
	Line 2. Multiply the amount in line 1 by 0.01064							
	Enter the result here. This is your minimum fee.	\$	733,898.81					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period.	mn 4, yo						
	X Yes—Complete the DSE schedule. No—Leave block 3 below blank and concerning the section 3 or Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or							
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero	_	\$ 14,171.71					
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	_	0.00					
	Line 3. Add lines 1 and 2 and enter here	\$	14,171.71					
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	<u>-</u>	\$ 733,898.81	Cable systems				
	whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. 0.00							
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	_	0.00	Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE	_ :	\$ 725.00	additional fees. Division for the appropriate				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	734,623.81	form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See pag	e (i) of the					

ACCOUNTING PERIOD:	2019/1
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ACCOUNTING PERI	OD: 2019/1						FORM SA3	E. PAGE 8.
Name	LEGAL NAME OF OV						SYS	STEM ID#
Nume	BellSouth Tel	lecommunic	ations, LLC					63029
	CHANNELS							
М	Instructions:	You must give	(1) the number of	channels on which th	ne cable systen	n carried television broa	adcast stations	
	to its subscribe	ers and (2) the	cable system's to	tal number of activate	d channels, du	iring the accounting per	riod.	
Channels								_
			channels on which				35	
	system carrie	d television b	roadcast stations .					
	2 Enter the tot	al number of :	activated channels					
				broadcast stations			004	
		-					621	
N				ER INFORMATION IS	S NEEDED: (Id	entify an individual		
IN			atement of account			onary an marriedal		
Individual to								
Be Contacted	-							
for Further Information	Name Su	san Reddi	ng			Telepl	hone 972-269-1938	
mormation								
	Address 227	70 Lakesid	e Blvd	:::				
				inte number)				
		town, state, zip)						
	(,	·····, ····, -··, -··,						
	Email	sr727	2@att.com			Fax (optional)		
	CERTIFICATION	N (This statem	ent of account mu	ist be certifed and sig	ned in accorda	nce with Copyright Offi	ce regulations.	
0	_	(5 5 6 7 5 5 5		
Certifcation	• I. the undersia	ned. herebv ce	rtifv that (Check on	e, but only one, of the	boxes.)			
	.,	,,	,	-,,,				
	Owner othe	er than corpor	ation or partnersh	ip) I am the owner of	the cable syster	n as identifed in line 1 of	space B; or	
						agent of the owner of the	e cable system as identified	
	in line 1	of space B and	I that the owner is r	not a corporation or pa	rtnership; or			
			an officer (if a corpo	ration) or a partner (if	a partnership) o	f the legal entity identifed	d as owner of the cable system	
	in line 1	of space B.						
					-	at all statements of fact c		
	are true, comple [18 U.S.C., Sec		,	knowledge, informatior	n, and belief, and	d are made in good faith	l.	
	[10 0.0.0., 000							
		X	/s/ Michael Sa	antogrossi				
	- •			3				
						ture to certify this stateme		
							cursor in the box and press the s Lotus compatibility settings.	
					•	C C	, , , ,	
		Typed	or printed name:	Michael Santog	rossi			
		Title:	Vice Preside	ent – Finance				
		nuc.		tion held in corporation or	partnership)			
		Date:	August 26, 2019					
Privacy Act Notice	: Section 111 of tit	le 17 of the Uni	ted States Code aut	thorizes the Copyright (Offce to collect th	ne personally identifying ir	nformation (PII) requested on th	

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 telephor 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 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 th 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 lav

	ER OF CABLE SYSTEM: communications, LLC	SYSTEM ID# 63029	Name
The Satellite Ho lowing sentence "In deterr service o	ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS me Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding : mining the total number of subscribers and the gross amounts paid to the cable system for the f providing secondary transmissions of primary broadcast transmitters, the system shall not in and amounts collected from subscribers receiving secondary transmissions pursuant to section	e basic nclude sub-	P Special Statement
paper SA3 form. During the accound by satellite	ation on when to exclude these amounts, see the note on page (vii) of the general instructions unting period did the cable system exclude any amounts of gross receipts for secondary trans e carriers to satellite dish owners? the total here and list the satellite carrier(s) below		Concerning Gross Receipt Exclusion
Name Mailing Address	Name Mailing Address		
	SSESSMENTS		
	ete this worksheet for those royalty payments submitted as a result of a late payment or unde	erpavment.	•
	on of interest assessment, see page (viii) of the general instructions in the paper SA3 form.		Q
For an explanati			Linterest Assessment
For an explanati	on of interest assessment, see page (viii) of the general instructions in the paper SA3 form.		
For an explanati	on of interest assessment, see page (viii) of the general instructions in the paper SA3 form. e amount of late payment or underpayment	days	
For an explanati Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply	ion of interest assessment, see page (viii) of the general instructions in the paper SA3 form. e amount of late payment or underpayment	days 	
For an explanati Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply * To view the	ion of interest assessment, see page (viii) of the general instructions in the paper SA3 form. e amount of late payment or underpayment	days 0274 charge)	
For an explanati Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply * To view the contact the	ion of interest assessment, see page (viii) of the general instructions in the paper SA3 form. e amount of late payment or underpayment	days 0274 charge)	
For an explanati Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply * To view the contact the ** This is the NOTE: If you are	ion of interest assessment, see page (viii) of the general instructions in the paper SA3 form. e amount of late payment or underpayment	days days 0274 charge) nce please ce,	
For an explanati Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply * To view the contact the ** This is the NOTE: If you are please list below	ion of interest assessment, see page (viii) of the general instructions in the paper SA3 form. e amount of late payment or underpayment	days days 0274 charge) nce please ce,	
For an explanati Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply * To view the contact the ** This is the NOTE: If you are please list below filing.	In a served served	days days 0274 charge) nce please ce,	

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 suffciency of the fling, a determination that would be made by a court of law.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station carriec by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

Step 1: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of accoun (page 3), a distant station is:

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that local stations are not counted at all in computing DSEs.	

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particula station's DSE for the accounting period.

TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee anc the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

The 3.75 Fee. If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable sys-

tems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following: 1) A station actually carried within any portion of a cable system prior

to June 25, 1981, pursuant to the former FCC rules. 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

3) A station of the same type substituted for a carried network, noncommercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.

4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.

5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any statior that it was authorized to carry or was lawfully carrying prior to March 31 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate but is subject to the Base Rate, and where applicable, the Syndicatec Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE— PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100 major television market as defined by the FCC rules and regulations in effect on June 24, 1981. If no portion of the cable system is located ir a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block
 B of part 7. This is the total number of DSEs subject to the Syndicated
 Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

DSE SCHEDULE. PAGE 11.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE

Determine whether any of the stations you carried were partially distant that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

 If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable. First DSE
 1.064% of gross receipts
 Each of the second, third, and fourth DSEs
 0.701% of gross receipts

The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE If any of the stations were partially distant:

1 Divide all of your subset barding ulstall.

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

2. Identify the communities/areas represented by each subscriber group.

3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

Distant Stations Carried

STATION

A (independent)

B (independent)

C (part-time)

D (part-time)

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows: • When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains

- unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

EXAMPLE:

DSE

1.0

1.0

0.083

0.139

COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

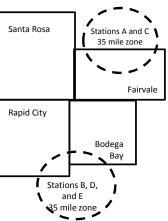
CITY

Santa Rosa

Rapid City

Bodega Bay

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



E (network)	<u>0.25</u>	Fairvale Stations B, D	, and E		120,000.00
TOTAL DSEs	2.472	TOTAL GRO	SS RECEIPTS		\$600,000.00
Minimum Fee Total Gross F	Receipts	\$600,000.00			
		x .01064			
		\$6,384.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Identification of Subscriber Groups

OUTSIDE LOCAL

Stations A and C

Stations A and C

SERVICE AREA OF

Stations A. B. C. D .E

GROSS RECEIPTS

\$310.000.00

100,000.00

70,000.00

FROM SUBSCRIBERS

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#										
1	BellSouth Telecommun	ications, LLC	;			63029					
	SUM OF DSEs OF CATEGORY "O" STATIONS: • Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule. 0.75										
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in co										
Computation of DSEs for	of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- mercial educational station, give the DSE as ".25."										
Category "O"	CATEGORY "O" STATIONS: DSEs CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE										
Stations	CALL SIGN WBEC	DSE 0.250	CALL SIGN	DSE	CALL SIGN	DSE					
	WDEC WLRN/WLRNHD	0.250									
	WERN/WERNHD										
		0.250									
Add rows as											
necessary.											
Remember to copy											
all formula into new											
rows.											
		[]									

		OWNER OF CABLE SYSTEM:						DSE SCHEDU	LE. PAGE YSTEM I
Name		elecommunications,	LLC					3	630
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column : figure should Column : be carried ou Column : give the type Column :	 ist the call sign of all dista 2: For each station, give to correspond with the information of the station, give to correspond the figure in collected of the station of the station of the station of the static of the stati	the number of hour mation given in sp the total number of umn 2 by the figur mal point. This is station, give the "figur station, give the figur s DSE. (For more	rs your cable syste bace J. Calculate o f hours that the sta e in column 3, and the "basis of carriag ype-value" as "1.0. ure in column 5, an	m carried the sta nly one DSE for tion broadcast or give the result in ge value" for the " For each netwo d give the result nding, see page	ation during the a each station. ver the air during n decimals in colu- station. ork or noncomme in column 6. Rou (viii) of the gener) the account umn 4. This fi ercial educati und to no less ral instruction	ing period. igure must onal station, s than the	
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTE	R 3. JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAG VALUE	F 5	. TYPE VALUE	6. DS	E
			÷		=	x			
			÷		=	x		=	
			 ÷		=				
Computation of DSEs for Substitute- Basis Stations	tions in effi • Broadcast space I). Column 2: at your option. Column 3: Column 4:	d by your system in subsi ect on October 19, 1976 i one or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colun This is the station's DSE	(as shown by the ork programs durin number of live, n spond with the inf s in the calendar y nn 2 by the figure	etter "P" in column ig that optional carr onnetwork progran ormation in space I rear: 365, except in in column 3, and gi	7 of space I); an iage (as shown by as carried in subs a leap year. ve the result in c	id y the word "Yes" i stitution for progr column 4. Round	n column 2 of rams that wer to no less th	re deleted an the third	m).
		SU	BSTITUTE-BA	SIS STATION	S: COMPUT/	ATION OF D	SEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBI OF PROGI		3. NUMBER OF DAYS IN YEAR	4. DS
			-	=			÷		=
			-	_			÷		=
				=		÷ ÷			=
				=			÷		=
	Add the DSEs	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p		- lule,			÷ 0.00		-
5		ER OF DSEs: Give the an s applicable to your system		kes in parts 2, 3, and	1 4 of this schedu	le and add them t	to provide the	tota	
Total Number	1. Number o	of DSEs from part 2 •				▶	0	.75	
of DSEs	2. Number of	of DSEs from part 3●				•	0	0.00	
	3. Number o	of DSEs from part 4●				▶	0	.00	
Total Number	number of DSE 1. Number of 2. Number of	Es applicable to your syster of DSEs from part 2 ● of DSEs from part 3 ● of DSEs from part 4 ●		kes in parts 2, 3, and	1 4 of this schedu	le and add them t	0).75).00	

LEGAL NAME OF C							S	YSTEM ID#	Namo
BellSouth Tele	communicati	ons, LLC						63029	
Instructions: Bloc In block A: • If your answer if schedule.	"Yes," leave the re	emainder of p		7 of the DSE sche	edule blank a	nd complete p	art 8, (page 16) o	f the	6
 If your answer if 	"No," complete blo			ELEVISION M	ARKETS				Computation of
	1981?	outside of all r schedule—D	najor and sma		fined under s			gulations in	3.75 Fee
		BLOC	K B' CARR			SEs			
Column 1: CALL SIGN	under FCC rules	s of distant sta and regulation ne DSE Scheo	ations listed in ns prior to Ju dule. (Note: Tl	part 2, 3, and 4 of ne 25, 1981. For fu he letter M below r	this schedul	e that your sys ation of permit	ted stations, see t	the	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rr A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions fo E Carried pursu. *F A station pre	ules and regul ed pursuant to cal educationa d station (76.6 or DSE sched ant to individu viously carrie JHF station w	ations cited b o the FCC ma in 76.5(kk) (7 I station [76.5 5) (see parag Jle). al waiver of F d on a part-tin thin grade-B	ne or substitute ba contour, [76.59(d)(se in effect o 6.57, 76.59(b e)(1), 76.63(a 63(a) referrin bstitution of g sis prior to Ju	n June 24, 194 b), 76.61(b)(c), a) referring to g to 76.61(d) grandfathered une 25, 1981	76.63(a) referring 76.61(e)(1 stations in the	-	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			worksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WBEC	C	0.25							
WPBT/WPE WLRN/WLF		0.25 0.25							
		0.20							
								0.75	
		BI	LOCK C: CO	MPUTATION OF	- 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	ed DSEs from	n block B ab	ove					
Line 3: Subtract (If zero, I				r of DSEs subjec 7 of this schedu		i rate.			
Line 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.0	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375	and enter su	m here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 a	nd enter here	e and on line	2, block 3, spac	e L (page 7))		0.00	

DSE SCHEDULE. PAGE 13.

ACCOUNTING PERIOD: 2019/1

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#BellSouth Telecommunications, LLC63029										
			BLOCK	A: TELEVIS	SION MARKET	S (CONTIN	UED)		-	
	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
										Computation o 3.75 Fee
						<u> </u>				
						<u> </u>				
						 				

								[ILE. PAGE 14.
Namo	LEGAL NAME OF OW								SYS	STEM ID#
Name	BellSouth Tele	communicatio	ns, LLC							63029
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the Column 2: Indicate Column 3: Indicate (Note that the F A—Part-time sp 76.59 B—Late-night p 76.61 S—Substitute c gener Column 5: Indicate Column 6: Compar in block	or to June 25, 198 call sign for each of the DSE for this s the accounting pe the basis of carria CC rules and regu- ecialty programmin (d)(1),76.61(e)(1), rogramming: Carri (e)(3)). arriage under cert: al instructions in th the station's DSE e the DSE figures is B, column 3 of pa information you gi	1, under forme distant station i tation for a sin- riod and year i ige on which th lations cited be ng: Carriage, c or 76.63 (refer age under FCC ain FCC rules, he paper SA3 f for the current listed in colum int 6 for this stat ve in columns	r FCC rules go dentifed by the gle accounting in which the ca he station was elow pertain to on a part-time b tring to 76.61(e C rules, section regulations, or form. accounting pe ns 2 and 5 and tion. 2, 3, and 4 mus	ver let perria carri tho asi)(1 is 7 au rioo	entifed by the letter "F ning part-time and sul ter "F" in column 2 of riod, occurring betwee ge and DSE occurred ried by listing one of th ose in effect on June 2 is, of specialty program)). (6.59(d)(3), 76.61(e)(3) thorizations. For furthed as computed in parts t the smaller of the two be accurate and is sub	bstitute carr part 6 of the en January 1 (e.g., 1981 ne following 4, 1981. nming unde 1), or 76.63 er explanati s 2, 3, and 4 o figures he	iage. e DSE schedule 1, 1978 and Jun /1', letters er FCC rules, se (referring tc on, see page (v 4 of this schedu ere. This figure	e ne 30, 198 ections vi) of the ule should be o	enterei
						ON A PART-TIME A				
	1. CALL	2. PRIOR		COUNTING	ED	4. BASIS OF	1	RESENT	6 DED	MITTED
	SIGN	2. PRIOR DSE				4. BASIS OF CARRIAGE		DSE		SE
	SIGN	DSE	FI	ERIOD		CARRIAGE		DSE	D	3E
	••••••									
7 Computation of the Syndicated Exclusivity	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. BLOCK A: MAJOR TELEVISION MARKET									
Surcharge	 Is any portion of the 	cable system withir	n a top 100 majo	or television ma	rke	t as defned by section	76.5 of FCC	rules in effect J	lune 24, 198	31?
	X Yes—Complete	blocks B and C.				No—Proceed to	part 8			
	BLOCK B: C	arriage of VHF/Gra	ade B Contour	Stations		BLOCK C: Computation of Exempt DSEs				
	Is any station listed ir commercial VHF stat or in part, over the ca	block B of part 6 ion that places a g ble system?	Was any station listed in block B of part 7 carried in any commu- nity served by the cable system prior to March 31, 1972? (refe to former FCC rule 76.159)				refe			
		and proceed to part		mitted DSE		Yes—List each s X No—Enter zero a			ate permitted	I DSE
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE
	S. LE SIGIT					SILL SIGN		C, ILL OIC		
		∤∤∤								
		 								
		¦ <mark> }</mark>								
		├ ────┼ <mark>┼</mark> ───								
		<u> </u>								
		<u> </u>					·			
		<u> </u>					·			
		┞────┤ <mark>├</mark> ──	TOTU	0.00			ļ		_	0.00
			TOTAL DSEs	0.00				TOTAL DS	ES	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# BellSouth Telecommunications, LLC 63029	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	of the Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section .1)	
	line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

ACCOUNTING PERIOD: 2019/1

DSE	SCHED	ULE.	PAGE	16

Nama	LEGAL NAM	DSE SCHEDULE WE OF OWNER OF CABLE SYSTEM: SYSTEM:	E. PAGE 16. STEM ID#								
Name	I	BellSouth Telecommunications, LLC	63029								
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.									
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)									
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)									
Surcharge		C. Multiply line B by 3.000 and enter here									
		D. Enter 0.00089 of gross receipts (the amount in section 1)									
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.									
		F. Multiply line D by line E and enter here									
		G. Add lines A, C, and F. This is your surcharge.									
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge	<u></u> .								
	Instru	ctions:									
8	You m	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.									
Commutation		bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.									
Computation of	,	Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below									
Base Rate Fee	blank	blank.									
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local									
		e area," see page (v) of the general instructions.									
	• Did v	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS									
		 rour cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. 									
	L										
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE									
	1	Enter the amount of gross receipts from space K (page 7)									
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.									
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)									
	Section										
	3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.									
		A. Enter 0.01064 of gross receipts									
		(the amount in section 1)									
		B. Enter 0.00701 of gross receipts									
		(the amount in section 1)									
		C. Subtract 1.000 from total DSEs									
		(the figure in section 2) and enter here									
		D. Multiply line B by line C and enter here									
		E. Add lines A, and D. This is your base rate fee. Enter here									
		and in block 3, line 1, space L (page 7)	0.00								
		Base Rate Fee	0.00								
	1										

DSE SCHEDULE. PAGE 17.

		YSTEM ID#	Name
BellS	outh Telecommunications, LLC	63029	
	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1)		
	B. Enter 0.00701 of gross receipts	-	Computation
	(the amount in section 1)► \$		Computation of
			Base Rate Fee
	C. Multiply line B by 3.000 and enter here	-	
	D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the figure is section 2) and enter here		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here ▶ \$		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcas		
instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel G.	line-ups in	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee,		Computation
•	s from subscribers located within the station's local service area, from your system's total gross receipts. To take adv clusion, you must:	antage of	of
			Base Rate Fee and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the		Syndicated
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for e	ach group.	Exclusivity Surcharge
-	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. If any portion of your cable system is located within the top 100 television market and the station is not exempt in pa	art 7 you	for Partially
must a	so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and I		Distant
Howev	er, if your cable system is wholly located outside all major television markets, complete block A only.		Stations, and for Partially
) Identify a Subscriber Group for Partially Distant Stations		Permitted
-	: For each community served, determine the local service area of each wholly distant and each partially distant static to that community.	on you	Stations
-	For each wholly distant and each partially distant station you carried, determine which of your subscribers were loc		
	the station's local service area. A subscriber located outside the local service area of a station is distant to that stati ne token, the station is distant to the subscriber.)	on (and, by	
	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. E	ach	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that will have only one subscriber group when the distant stations it carried have local service areas that coincide.	a cable	
	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syste	m's	
-	ber groups.		
	section:		
	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all c	of the	
	bers in the group.		
• lf:			
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in of this schedule; or,	parts 2, 3,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in blo	ock B,	
•	6 of this schedule.		
	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.	structions	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general ins paper SA3 form.	SUUCUONS	
	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the put making this semantation use the DSE and grace requirts figure applicable to the particular subscriber group (that		
	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need		
actual	calculations on the form.	-	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	STEM I
Name	BellSouth Telecommunications, LLC	630
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

LEGAL NAME OF OWN BellSouth Teleco						S	YSTEM ID# 63029	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROU		SECOND SUBSCRIBER GROUP				9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee and
								Syndicated
								Exclusivity
						_		Surcharge
								for
								Partially Distant
								Stations
		_						
Total DSEs	<u> </u>	1	0.00	Total DSEs	ļĮ	<u>I</u>	0.00	
	-							
Gross Receipts First	Group	\$ 39,295	,450.05	Gross Receipts Secon	d Group	\$ 25,23	38,176.92	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WPBT/WPBTHD	0.25			
					0.25			
				WLRN/WLRNHD	0.25			
		-		•				
Total DSEs			0.00	Total DSEs			0.75	
Gross Receipts Third	Group	<u>\$ 1,803</u>	,800.46	Gross Receipts Fourth	Group	<u>\$</u> 1,58	36,349.06	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	Group	\$ 1	12,659.07	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes a	bove.	\$	14,171.71	

FORM SA3E. F	PAGE 19.
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LEGAL NAME OF OWNE BellSouth Telecom						SY	STEM ID# 63029	Name
BL				TE FEES FOR EACH				
	FIFTH	SUBSCRIBER GROU		SIXTH SUBSCRIBER GROUP				9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WBEC	0.25							Base Rate Fee
WLRN/WLRNHD	0.25							and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
	•••••							Stations
								••••••
						_		
Total DSEs			0.50	Total DSEs				
Gross Receipts First Gr	oup	\$ 284,	330.78	Gross Receipts Second Group \$ 767,344.82				
Base Rate Fee First Gr	oup	\$1,	512.64	Base Rate Fee Secor	nd Group	\$	0.00	
S	EVENTH	SUBSCRIBER GROL	IP		EIGHTH	SUBSCRIBER GROUP	þ	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							-	
							†	
]				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ו Group	\$	0.00	
Base Rate Fee: Add the			riber group	as shown in the boxes	above.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$		

LEGAL NAME OF OWNE BellSouth Telecon						S	YSTEM ID# 63029	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	FIRST	SUBSCRIBER GROU	JP		SECONE	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 39,295,	450.05	Gross Receipts Second Group \$ 25,238,176.92			38,176.92	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Seco		\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
					····			
					<mark></mark>		<mark></mark>	
					····	•	···-	
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					<mark></mark>	•	<mark></mark>	
					<mark></mark>		<mark></mark>	
					<mark></mark>		<mark></mark>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 1,803,800.46			800.46	Gross Receipts Four	th Group	\$ 1,58	86,349.06	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	s above.	\$	0.00	

LEGAL NAME OF OW BellSouth Telec							SYSTEM ID# 63029	Name
				ATE FEES FOR EAG				
	FIFTH	SUBSCRIBER GRO	UP		SIXTH	I SUBSCRIBER GRO	OUP	•
COMMUNITY/ AREA 0				COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
								Base Rate F
								and
								Syndicate
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	t Group	<u>\$</u> 284	,330.78	Gross Receipts Second Group \$ 767,344.8		/6/,344.82		
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	I SUBSCRIBER GRO	OUP	
COMMUNITY/ ARE	A		0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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			<mark></mark>					
			<mark></mark>					
Total DSEs 0.00			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	irth Group	\$	0.00		
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	o as shown in the boxe	es above.	\$		
						-		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BellSouth Telecommunications, LLC	SYSTEM ID# 63029							
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP								
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:								
Computation of	First 50 major television market	Second 50 major television market							
Base Rate Fee and Syndicated Exclusivity Surcharge	 INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. 								
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 								
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP							
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs							
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs							
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation							
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group							
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP							
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs							
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation							
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group							
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)								

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BellSouth Telecommunications, LLC	FORM SA3E. PAGE 20. SYSTEM ID# 63029							
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP								
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:								
Computation of	First 50 major television market	Second 50 major television market							
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	 INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 								
	FIFTH SUBSCRIBER GROUP	SIXTH SUBSCRIBER GROUP							
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs							
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs							
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation							
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group							
	SEVENTH SUBSCRIBER GROUP	EIGHTH SUBSCRIBER GROUP							
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs							
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge							
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)								