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

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

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
06/15/2021	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		Barcode Data Filing Period (optional - see instructions)							
Accounting Period									
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner		List any other name or names under which the owner conducts the business of the cable system.							
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.								
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		Homeland Optical Technology Inc.							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		1137 SW 7th Rd							
		(Number, street, rural route, apartment, or suite number)							
		Ocala, FL 34471							
	-	(City, town, state, zip)							
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
	ı	нот							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	same as above							
	_	(Number, street, rural route, apartment, or suite number)							
		(City, town, state, zip code)							

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

		FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Homeland Optical Technology Inc.	ID 60572
	Instructions: List each separate community served by the cable system. A "	
D	"a separate and distinct community or municipal entity (including unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that the "first community." Please use it as the first community on all future to Note: Entities and properties such as hotels, apartments, condominiums, or	hat you list will serve as a form of system identification hereafter known filings.
Area	identified city.	mobile nome parks should be reported in parentheses below the
Served	luentined city.	
	CITY OR TOWN	STATE
First	Ocala Palms, Ocala	FL
Community		
add Rows as Necessary		
•		
	· · · · · · · · · · · · · · · · · · ·	

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Homeland Optical Technology Inc.

SYSTEM ID# ID 60572

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLOCK 1			BLOCK	< 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	729	\$16.97/mth			
Service to additional set(s)	0	-			
• FM radio (if separate rate)	0	-			
Motel, hotel	0	-			
Commercial	0	-			
Converter	0	-			
Residential	0	-			
Non-residential	0	-			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	41.98	Motel, hotel	N/A	Deluxe Phone	\$38
 Pay cable—add'l channel 	N/A	Commercial	N/A	Premier Phone	\$19
Fire protection	N/A	• Pay cable	N/A	Digital Phone	\$29
•Burglar protection	N/A	 Pay cable-add'l channel 	N/A		
Installation: Residential		Fire protection	N/A		
• First set	\$46	Burglar protection	N/A	Deluxe Internet 10 Mb	\$22
Additional set(s)	\$115	Other services:		Internet 10 Mbps	\$24
• FM radio (if separate rate)	N/A	Reconnect	\$10	Internet 25 Mbps	\$25
Converter	N/A	Disconnect	\$10	Internet 50 Mbps	\$43
		Outlet relocation		Internet 90 Mbps	\$79
		 Move to new address 			

Accounting Period: 2019/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

substitute program basis, as explained in the next paragraph.

SYSTEM ID# ID 60572

Homeland Optical Technology Inc.
PRIMARY TRANSMITTERS: TELEVISION

G

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 Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

- basis under specific FCC rules, regulations, or authorizations:
 Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the
- station was carried *only* on a substitute basis.

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other
- basis. For further information concerning substitute basis stations, see page (v) of the general instructions. **Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream

multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WESH2-DT	2.1	N	Daytona Beach, FL
WCJB-DT3	2.2	N-M	Winter Park, FL
WGFL-DT	4.1	N	Gainesville, FL
WUFT-DT	5.1	N	Gainesville, FL
WUFT-DT2	5.2	N-M	Gainesville, FL
WUFT-DT3	5.3	N-M	Gainesville, FL
WKMG-DT	6.1	N	Orlando, FL
WKMG-DT3	6.3	N-M	Orlando, FL
WKMG-DT4	6.5	N-M	Orlando, FL
WFTV-HD	9.1	N	Orlando, FL
WFTV-DT2	9.2	N-M	Orlando, FL
WFTV-DT4	9.3	N-M	Orlando, FL
WRUF	10.1	E	Gainesville, FL
WGFL-DT2	11.1	N-M	Gainesville, FL
WKCF-DT	18.1	N	Orlando, FL
WKCF-DT2	18.2	N-M	Orlando, FL
WKCF-DT3	18.3	N-M	Orlando, FL
WCJB-DT	20.1	N	Winter Park, FL
WCJB-DT2	20.2	N-M	Winter Park, FL
WOTF-DT	26.1	N	Orlando, FL
WOTF-DT2	26.2	N-M	Orlando, FL
WNBW-DT3	26.3	N-M	Orlando, FL
WNBW-DT2	26.4	N-M	Orlando, FL
WRDQ-DT	27.1	<u> </u>	Orlando, FL

Accounting Period: 2019/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# ID 60572

Homeland Optical Technology Inc.
PRIMARY TRANSMITTERS: TELEVISION

G

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.

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WNBW-DT4	27.2	N-M	Orlando, FL
WRDQ-DT4	27.4	N-M	Orlando, FL
WGFL-DT3	28.3	N-M	Gainesville, FL
WTMO	31.2	N	Orlando, FL
WOFL-DT	35.1	N	Kissimme, FL
WOFL-DT2	35.2	N-M	Kissimme, FL
WVEN-DT	43.1	N	Melbourne, FL
WOTF-DT2	43.2	N-M	Melbourne, FL
WVEN-DT3	43.3	N-M	Melbourne, FL
WOGX-DT	51.1	N	Gainesville, FL
WOGX-DT2	51.2	N-M	Gainesville, FL
WOGX-DT3	51.3	N-M	Gainesville, FL
WACX-D1	55.1	<u> </u>	Leesburg, FL
WRBW-DT	65.1	N	Orlando, FL
WRBW-DT3	65.3	N-M	Orlando, FL
WRBW-DT4	65.4	N-M	Orlando, FL
			-
			-

Accounting Period: 2019/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Homeland Optical Technology Inc.

ID 60572

PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

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

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

	T	1		T 2	1		T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A							
	l						
							
	l						
					 		
					 		
	 						
	 						
							
	 						
	l						
	l						
	l	l		ı	l .		l

Accounting Perio	od: 2019/2							FORM '	SA1-2F PAGE 5
telland relic	LEGAL NAME OF OWNER OF	F CABLE SYS	STEM:						SA1-2E. PAGE 5 SYSTEM ID#
Name	Homeland Optical Tec	chnology	Inc.						ID 60572
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the i explanation of the program 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUT In General: List each subsiclear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal	GE: SPECIJ Intitify every no accounting p ming that mu IT CONCEI Intitify every no accounting p ming that mu IT CONCEI Intitify every no action? IT CONCEI IT	AL STATEME nnetwork televi period, under sp st be included i RNING SUBS ur cable syster e rest of this pa AMS am on a separadd additional connetwork televition and that your authorization byies" or "bask dcast live, ente station broadcon's location (t	sion program, broadcast by secific present and former Frin this log, see page (v) of the trip this log. It is a substitute bath of the trip this log. It is a substitute to the tables. It is a substitute the trip this log. See page (v) of the general substitute our cable system substitute has. See page (v) of the general substitute our cable system substitute has. See page (v) of the general substitute program of the substitute program of the community to which the substitute program of the community to which the substitute program of the community to which the substitute program of the substitute program of the community to which the substitute program of the	or a distant star CC rules, reg he general ins sis, any nonr s "Yes," you r s wherever po e program") the ded for the pro neral instruct am titles, for e "No." ram. e station is lice	ulations, certuctions network temperature to the composition of the certain of t	reauthoring the particular their means of the accept of anount their infiliation.	progra pr	m carried on a s. For a further 1-2 form. M NO am is g attion on.
	first. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m."	ive "5/7." nes when the second Example: tter "R" if the and regulated mming that	e substitute pro a program carr e listed progran ions in effect d	n was substituted for progr uring the accounting perio	r cable system 1:15 p.m. to 6 ramming that bod; enter the l	m. List the :28:30 p. your sys etter "P" i	e times a m. shoul tem was f the liste	accurated be seed progen	ely e <i>d</i>
					WHE	N SUBS	TITUTE		
	S	1	E PROGRAM			AGE OC		D 7	 REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES	то	BEELTION
							_ _ _ _		

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Homeland Optical Technology Inc.	SY	STEM ID# ID 60572
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transi (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts	mission service amount, se	,226.78
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$	1.34
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	53.34
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1)	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
	FILING FEE AND TOTAL REWITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	53.34	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	68.34
	EFT Trace # or TRANSACTION ID # 26SDUB2L		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Homeland Optical Technology Inc.	SYSTEM ID# ID 60572
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	40
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	127
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Address 1137 SW 7th Road	352-454-5061
	(Number, street, rural route, apartment, or suite number) Ocala, FL 34471 (City, town, state, zip)	
	Email jodi@homelandop.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	system as identified oner of the cable system
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Cornelis Skatenborg Title: GM (Title of official position held in corporation or partnership)	
	Date: 4/30/2021	

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

counting Period: 2019/2		FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
omeland Optical Technology Inc.		ID 60572
lowing sentence: "In determining the total number of subscribers are service of providing secondary transmissions of p scribers and amounts collected from subscribers." For more information on when to exclude these amounts located in the paper SA1-2 form.	7, section 111(d)(1)(A), of the Copyright Act by adding the fol- nd the gross amounts paid to the cable system for the basic brimary broadcast transmitters, the system shall not include sub- receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier((s) below	
Name Mailing Address	Name Mailing Address	
INTEREST ASSESSMENT	II .	
	ments submitted as a result of a late payment or underpayment. i) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
	x 2%	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here		_
	xdays	
Line 3 Multiply line 2 by the number of days late and en	nter the sum here	
	x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line	e 8, or block 3 line 6 \$ 1.34	
in space L, (page o) block 1, line 2, or block 2 line	(interest charge)	-
* To view the interest rate chart click on www.copyrig contact the Licensing Division at (202) 707-8150 or	ght.gov/licensing/interest-rate.pdf. For further assistance please r licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the	e interest assessment for one day late.	
•	ent of account already submitted to the Copyright Office, please number, and accounting period as given in the original filing.	
Owner		
Address		
ID number		
ID number First community served		
Accounting period		'

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