### THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

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

## SA1-2 Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED AMOUNT					
3/30/22	\$				
	ALLOCATION NUMBER				

Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT:				
Accounting Period	January 1-June 30, 2020	)				
Bowner	incorrect information and print or type the co Give the full legal name of the owner of rate title of the subsidiary, not that of the par List any other name or names under wh If there were different owners during the a single statement of account and royalty fee Check here if this is the system's first	rrect information beside it. the cable system. If the owner is a sub ent corporation. ich the owner conducts the business of e accounting period, only the owner on t e payment covering the entire accountin tifling. If not, enter the system's ID num	the last day of the accounting period should submit	028746		
	LEGAL NAME OF OWNER/MAILING ADD  Vyve Broadband J, LLC	PRESS OF CABLE SYSTEM				
	Tyve Broadsand 6, LEG			028746 2020/1		
	Four International Drive, St Rye Brook, NY 10573	uite 330				
С	INSTRUCTIONS: In line 1, give any bus	siness or trade names used to identi	ify the business and operation of the system u	nless these		
C	names already appear in space B. In line	e 2, give the mailing address of the	system, if different from the address given in s	space B.		
System	1 IDENTIFICATION OF CABLE SYSTEM:					
	MAILING ADDRESS OF CABLE SYSTEM:  5804B FM 51 South (Number, street, rural route, apartment, or suite number)  Decatur TX 76234 (City, town, state, zip code)					
		······································	Name of the state	501 d - C d		
Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE		
First	Decatur	TX				
Community	Bridgeport	TX TX				
	Chico Alvord	TX				
	Runaway Bay	TX				
	Lake Bridgeport	TX				
	1					

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 effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

First set

Converter

· Additional set(s)

• FM radio (if separate rate)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028746 **Vyve Broadband J, LLC** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates 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 CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: 297 · Service to first set 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel 90 25.00 Commercial Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than 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. Secondary Transmissions: Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Rates 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 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential Pay cable 19.95 · Motel, hotel T&M • Pay cable—add'l channel Commercial T&M 15.95 · Fire protection N/A · Pay cable T&M • Pay cable-add'l channel T&M Burglar protection N/A Installation: Residential · Fire protection N/A

59.99

19.99

N/A

· Burglar protection

Move to new address

Other services:

Reconnect

 Disconnect Outlet relocation N/A

29.99

29.99

29.99

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 028746 Vvve Broadband J. LLC 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 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.
  - Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc.

Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as

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.

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 identifed.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KDTN 2 (Daystar) Denton	2	I	DENTON TX
KTXA 21 (IND) Dallas	21	ı	DALLAS TX
KDFW 4 (FOX) Dallas	4	ı	DALLAS TX
KXAS 5 (NBC) Dallas	5	N	DALLAS TX
KDFI 27 (MyNet) Dallas	27	ı	DALLAS TX
WFAA 8 (ABC) Dallas	8	N	DALLAS TX
KXTX 39 (Telemundo) Dal	39	ı	DALLAS TX
KDAF 33 (CW) Dallas	33	ı	DALLAS TX
KTVT 11 (CBS) Dallas	11	N	DALLAS TX
KTXD 47 (MeTV) Dallas	47	ı	DALLAS TX
KERA 13 (PBS) Dallas	13	Е	DALLAS TX
KDTX (TBN)	45	0	DALLAS TX
KAZD (AZTECA)	55	ı	DALLAS TX
KPXD (ION)	68	ı	DALLAS TX
KPXD(QUBO)	68.2	I-M	DALLAS TX
KTVT-DECADES	11.2	I-M	DALLAS TX
KFWD-SONLIFE	52	ı	DALLAS TX
KXAS 5.2	5.2	I-M	DALLAS TX
КХТХ	39.2	I-M	DALLAS TX
KTXA	21.2	I-M	DALLAS TX

FORM SA1-2. F									
LEGAL NAME OF	OWNER OF C	CABLE SY	YSTEM:					SYSTEM ID#	Name
Vyve Broadband J, LLC 028746									
PRIMARY TRANSMITTERS: RADIO									
In General: List	every radio s	tation ca	rried on a separate and discre	ete	e basis and list t	hose FM statio	ons carr	ed on an	Н
all-band basis w	hose signals <sup>,</sup>	were "ge	nerally receivable" by your ca	ıbl	e system during	the accounting	ng period	1.	
Special Instruc	tions Concer	nina All	-Band FM Carriage: Under C	<u>`</u> 0	nvright Office re	gulations an I	FM sign:	al is generally	Primary
			tem whenever it is received at						Transmitters:
			ved at the headend, with the s						Radio
			Copyright Office regulations of						
Column 1: lo	lentify the call	sign of e	each station carried.						
Column 2: S	tate whether t	he statio	n is AM or FM.						
			nal was electronically process	ec	by the cable sy	stem as a sep	oarate a	nd discrete	
			mark in the "S/D" column.						
			on (the community to which th			-	or, in th	ne case of	
Mexican or Can	adian stations	, if any, t	the community with which the	S	tation is identifie	d).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL GIGIT	AWOTIW	0/0	LOCATION OF GTATION	H	OALL GIGIN	AWOTTW	0/0	LOCATION OF GTATION	
		 +							
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	. = 0						. 5111	0)/OT=15:=
Name	Vyve Broadband J, LLC		EM:				;	SYSTEM ID# 028746
	OLIDOTIT:			IT AND PROCESS.				
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  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							
•								
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions.							
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Yes XNo							
Statement and								
Program Log	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete		
	log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS							
	In General: List each substi			te line. Use abbreviations	wherever pos	sible, if their	meaning is	
	clear. If you need more space	ce, please a	attach additiona	al pages.				
	Column 1: Give the title of period, was broadcast by a							20
	under certain FCC rules, reg							
	Do not use general categori	es like "mo						
	"NBA Basketball: 76ers vs. I			. "Vaa." Othamiiaa antan "!	.l. "			
	Column 2: If the program Column 3: Give the call s							
	Column 4: Give the broa	dcast static	n's location (th	e community to which the	station is lice		FCC or, in	
	the case of Mexican or Cana Column 5: Give the mon						vith the month	
	first. Example: for May 7 giv		wileli your sysi	em camed the substitute	piogram. Ose	riumerais, v	viui uie iiioiiu	•
	Column 6: State the time	s when the						
	to the nearest five minutes. stated as "6:00-6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m. sr	lould be	
	Column 7: Enter the lette							
	to delete under FCC rules a gram was substituted for pro							
	effect on October 19, 1976.	granning	triat your syste	in was permitted to delete	diluei i CC i	ules allu leg	ulations in	
					11 14/11	EN OUDOT		
	S	UBSTITUT	E PROGRAM			WHEN SUBSTITUTE CARRIAGE OCCURRED 7. F		
		2. LIVE?	3. STATION'S		5. MONTH 6. TIMES			FOR DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
						-	_	
						-	_	
							_	
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FORM SA1-2. PAGE 6.  LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC	SYSTEM ID# 028746	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions.  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.	nission service	<b>K</b> Gross Receipts
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 3.  • 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 for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	\$263,800	L Copyright Royalty Fee
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for	his six-month	
accounting period is \$52.00  Line 1. Royalty fee for accounting period	\$ 52.00	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$ 52.00	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,7	100)	
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)	
BESONO. ONOSO NESEM TO ST MONE THAN \$250,000 (but loss than \$62)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1. 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 recepits (under statutory formula)	1,319.00	
6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
<b>IMPORTANT</b> : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See pageneral instructions for more information.	ge I of the	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#						
	Vyve Broadband J, LLC 028746						
	CHANNELS						
M	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.						
Channels	Enter the total number of channels on which the cable						
	system carried television broadcast stations						
	2. Enter the total number of activated channels						
	on which the cable system carried television broadcast stations						
	and nonbroadcast services						
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)						
Individual to	, and the second						
Be Contacted							
for Further Information	Name Marie Censoplano Telephone 914-234-8313						
Illioilliation							
	Address Four International Drive, Suite 330 (Number, street, rural route, apartment, or suite number)						
	Pvo Brook NV 10573						
	(City, town, state, zip)						
	Email (optional) Fax (optional)						
	CERTIFICATION (This statement of account must be contifed and signed in account must be continued.)						
0	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Office regulations, as explained in the general instructions.)						
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)						
Cortification	, and underlogated, nersely seemly under Crisco, see emy energy and seemly energy an						
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or						
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified						
	in line 1 of space B and that the owner is not a corporation or partnership; or						
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.						
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein						
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]						
	Handwritten signature: /s/ Daniel J White						
	Handwritten signature: /s/ Durutet j Writte						
	Typed or printed name: Daniel J. White						
	CVD. Financial Blanning						
	Title: SVP - Financial Planning (Title of official position held in corporation or partnership)						
	Date: 8/27/2020						
ı							

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	028746	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by add lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to se	the basic	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instruct.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary trained by satellite carriers to satellite dish owners?  X NO		Gross Receipts Exclusion
Name Mailing Address  Name Mailing Address  Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or ur For an explanation of interest assessment, see page (viii) of the general instructions.	derpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- est charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assis	<b>3</b> /	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	narioe piedoe	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright C list below the owner, address, first community served, ID number, and accounting period as given in the or	•	
Owner Address		
ID number		
First community served Accounting period		
Accounting period		

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