# THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015

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

## SA3 Long Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are at the end of this form [pages i-viii].

FOR COPYRIGHT OFFICE USE ONLY						
AMOUNT						
\$ ALLOCATION NUMBER						

Return to: Library of Congress Copyright Office-LD 101 Independence Avenue 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: (Check one of the boxes and fill in the year date.)									
Accounting Period	■ January 1–June 30 2020 July 1–December 31									
Bowner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the fucorporate title of the subsidiary, not that of the parent corporation.  In line 2, list any other 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 sut 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.  1 LEGAL NAME OF OWNER OF CABLE SYSTEM:  AMERICAN SAMOA ENTERTAINMENT INC.  2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):									
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:  P.O. BOX 478 (Number, street, rural route, apartment, or suite number)  PAGO PAGO, AMERICAN SAMOA 96799 (City, town, state, zip)								
C System	INS nan	TRUCTIONS: In line 1, give any business or trade names used to idnes already appear in space B. In line 2, give the mailing address of IDENTIFICATION OF CABLE SYSTEM:	lentify the business ar the system, if differer	d operation of the at trom the address	system unless these given in space B.					
• • • • • • • • • • • • • • • • • • • •	1 IDENTIFICATION OF CABLE SYSTEM:									
	2	MAILING ADDRESS OF CABLE SYSTEM:  (Number, street, rural route, apartment, or suite number)  (City, town, state, zip code)								
D Area		ructions: For complete space D instructions, see page 1b. Identify or ommunities.	nly the first community	served below and r	elist on page 1b with					
Served	CITY OR TOWN STATE									
First ► Community	<u> </u>	GO PAGO		AN SAMOA						
	Belo	ow is a sample for reporting communities if you report multiple channe			CUD ODD#					
0	Ale	CITY OR TOWN (SAMPLE)	STATE MD	CH LINE UP	SUB GRP#					
Sample >	٠٠٠.		MD		· ·····					
		Alliance         MD         B         2           Gering         MD         B         3								

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 filling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:								
AMERICAN SAMOA ENTERTAINMENT INC.								
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 entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you 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, condominiums, or mobile the identified city or town.	nome parks sh	ould be reported in	n parentheses below	Served				
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).  When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a								
channel line-up designated by an alpha-letter(s) (based on your Space G reportin (based on your reporting from Part 9 of the DSE Schedule) in the appropriate colu	g) and a subs	criber group desig	gnated by a number					
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
				<b>⋖</b> First				
	1	1		Community				
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	• • • • • • • • • • •							
		[						

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

AMERICAN SAMOA ENTERTAINMENT INC.

## E

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				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE	Ξ			
Residential:  • Service to first set  • Service to additional set(s)	2,192 404	\$55.99 \$28.00					
•FM radio (if separate rate)  Motel, hotel	50	\$10.00					
Commercial Converter • Residential							
Non-residential				• •			

# 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:  Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) Converter	\$9.99 \$0.00 \$50.00	Installation: Non-residential  · Motel, hotel  · Commercial  · Pay cable  · Pay cable—add'I channel  · Fire protection  · Burglar protection  Other services:  · Reconnect  · Disconnect  · Outlet relocation  · Move to new address	\$10.00 \$50.00 \$50.00		

AMERICAN SA	NER OF CABLE SYSTEM	:				Name			
AMERICAN SAMOA ENTERTAINMENT INC.									
In General: In carried by your FCC rules and 76.59(d)(2) and substitute prog Substitute E basis under sp. Do not list the station was List the station was List the station basis. For fur Column 1: Leach multicast cast stream as WETA-simulca Column 2: Column 3: In educational state (for independe For the meaning Column 4: I planation of local Column 5: I cable system of a written agrithe cable system of a written agrithe cable system of Column 6: Column	r cable system du regulations in ef (4), 76.61(e)(2) a gram basis, as ex Basis Stations: Weetific FCC rules, he station here in carried only on a on here, and also urther information is tream associate "WETA-2". Simu st). Silve the channel of license. For example of license in the station is out the station is out to be system cated attion, by entering and multicast), "E" and of these terms of the station is out the station on a linement entered in the station of a direct entered in the station of a direct entered in the station on a linement entered in the station of a direct entered in the station of the station of the station of the station in the statio	every television suring the account fect on June 24, and (4), or 76.63 plained in the new fith respect to any regulations, or an space G—but a substitute basis in space I, if the concerning subscall sign. Do not ed with a station locat streams multicast streams in coluring the station during the station on or before a station on or before stations, if any, or channel line-up: echannel line-up:	station (including ting period, except 1981, permitting (referring to 76.6 ext paragraph. y distant stations authorizations: do list it in space station was carriestitute basis station according to its ust be reported in the assigned to Channel 4 in Was tation is a network or network), "N-Morial educational), the general instruction accounting period a	ot (1) stations can the carriage of 1(e)(2) and (4))]; a carried by your carried both on a subject see page (vin program service over-the-air destance) and column 1 (list eather television station, D.C. This catation, an indepartment of "E-M" (for not uctions. "distant"), enterestions. Indicate by factivated channel on any instructions. It the community we can be community of the carried by the carried	ty payment because it is the subject stem or an association representing mary transmitter, enter the designather basis, enter "O." For a further to which the station is licensed by the with which the station is identified.  It column here in Space G based on	Primary Transmitters Television  Channel Line-Up			
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				
	2	E	NO	,	AMERICAN SAMOA				
KVZK									
KVZK KVZK	5	=	7 E NO AMERICAN SAMOA						
			NO						
KVZK			NO NO						
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KVZK KVZK KVZK	7 8	E	NO		AMERICAN SAMOA  AMERICAN SAMOA				

N	ar	ne

LEGAL NAME OF OWNER OF CABLE SYSTEM:

AMERICAN SAMOA ENTERTAINMENT INC.



Primary
Transmitters:
Radio

### **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.

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 the Copyright Office regulations on this point, see page (vi) of the general instructions.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

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

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KSBS	FM		PAGO PAGO				
KKHJ	FM		PAGO PAGO				
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LEGAL NAME OF OWNER OF CABLE SYSTEM:  AMERICAN SAMOA ENTERTAINMENT INC.									
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 explanation of the programming that must be included in this log, see page (vi) of the general instructions.									
<ul> <li>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?</li> <li>Yes</li> <li>No</li> <li>Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.</li> </ul>									
2. LOG OF SUBSTITUTE PRO In General: List each substitut clear. If you need more space, Column 1: Give the title of period, was broadcast by a d station under certain FCC rule information. Do not use gener Love Lucy" or "NBA Basketba Column 2: If the program w Column 3: Give the call sign Column 4: Give the broadce the case of Mexican or Canad Column 5: Give the month a first. Example: for May 7 give " Column 6: State the times w to the nearest five minutes. E stated as "6:00-6:30 p.m." Column 7: Enter the letter " to delete under FCC rules and gram was substituted for prog effect on October 19, 1976.	te program of please attace program of please attace every nonned istant stationed, regulational categories. It: 76ers vs. as broadcase of the stations, and day when the substant stations, and day when the substant example: a per a pe	ch additional etwork televis n and that yours, or author slike "movies Bulls." It is live, enter "ion broadcasts location (the if any, the con your system estitute program carried program wain effect duri	pages. ion program (substitute our cable system substitute our cable system substitute or "basketball." List  Yes." Otherwise enter 'ing the substitute programmunity to which the carried the substitute or carried the substitute of by a system from 6 as substituted for program the accounting period	e program) ituted for to of the gerespecific professessessessessessessessessessessessess	that, during the able programming heral instructions ogram titles, for each selection of the identified). The identified of the identified	accounting of another for further example, "I FCC or, in the month accurately should be as required listed pro-			
SUE	SSTITUTE P	ROGRAM			SUBSTITUTE GE OCCURRED	7. REASON			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION			
	·								

N	LEGAL NAME OF OWNE	R OF CABLE SYSTEM	<b>1</b> :							
Name	AMERICAN SAMOA ENTERTAINMENT INC.									
J Part-Time Carriage Log	time carriage due hours your syste Column 1 (Ca column 5 of spac Column 2 (Da curred during the Give the mont "4/10." State the start of the televisic "app." Example	space ties in verto lack of action carried that all sign): Give the G.  ates and hourse accounting perhand day whe ing and ending on station's broke; "12:30 a.m.	with column 5 of spa vated channel capace station. If you need the call sign of every s of carriage): For eleriod. In the carriage occurritimes of carriage to badcast day, you ma -3:15 a.m. app."	ity, you nore sp distant ach stared. Us the neary give	are required to coace, please attaction whose batton, list the datacter numerals, with arest quarter hou an approximate	complete this log ach additional page as and hours when the month first. Expending hour, followed	giving the total date jes. ou identified by "Loen part-time carriage example: for April 1 re carriage ran to the twed by the abbres	es and AC" in ge oc- 0 give ne end viation		
			DATES AND HOU	IRS OF	PART-TIME CA	RRIAGE				
		WHEN CA	ARRIAGE OCCURRE	:D		WHEN CA	RRIAGE OCCURR	FD		
	CALL SIGN	DATE	HOURS FROM	ТО	CALL SIGN	DATE	HOURS	TC		
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	OAS. FAGE 7.							
LEGAL	NAME OF OWNER OF CABLE SYSTEM:							
AME	RICAN SAMOA ENTERTAINMENT INC.	Name						
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  [MPORTANT: You must complete a statement in space P concerning gross receipts.  [Amount of gross receipts]								
COPYRIGHT ROYALTY AND FILING FEES Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum								
• If y	e from block 1 on line 1 of block 4, and calculate the total royalty fee.  your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule companying this form and attach the schedule to your statement of account.							
	part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of lock 3 below.							
	part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block below.							
	part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line in block 4 below.							
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.  \$748,348,94							
	Line 1. Enter the amount of gross receipts from space K  Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.  This is your minimum fee							
	This is your minimum fee							
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period?  — Yes—Complete the DSE schedule.  — No—Leave block 3 below blank and complete line 1, block 4.							
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero							
3	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero							
	Line 3. Add lines 1 and 2 and enter here							
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							
	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.	Cable systems submitting additional						
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	deposits under Section 111(d)(7) should contact the Licensing						
	Line 4. FILING FEE: \$725.00	Division for the						
	TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add Lines 1, 2, 3 and 4 of block 4 and enter total here	appropriate form for submitting the additional fees.						
	Remit this amount via <i>electronic payment</i> payable to <i>Register of Copyrights</i> . (See page (i) of the general instructions for more information.)	additional fees.						

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	Name
Name	AMERICAN SAMOA ENTERTAINMENT INC.	Name
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried teleto its subscribers and (2) the cable system's total number of activated channels, during the assertion 1. Enter the total number of channels on which the cable system carried television broadcast stations	accounting period.
	Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services.	94
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Individual to Be Contacted for Further Information	Name	684-699-2759 Area code)
	Address P.O. BOX 478  (Number, street, rural route, apartment, or suite number)	
	PAGO PAGO, AMERICAN SAMOA 96799 (City, town, state, zip)	
	Email (optional) Fax (optional)	
0	CERTIFICATION (This statement of account must be certified and signed in accordance will lations, as explained in the general instructions.)	th Copyright Office regu-
Certification	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 it of space B; or	dentified in line 1
	(Agent of owner other than corporation or partnership) I am the duly authorized agent the cable system as identified in line 1 of space B and that the owner is not a corporation	of the owner of or partnership; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the le owner of the cable system in line 1 of space B.	·
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that a contained herein are true, complete, and correct to the best of my knowledge, informatior made in good faith. [18 U.S.C. sec. 1001]</li> </ul>	ll statements of fact n, and belief, and are
	Handwritten signature: Augustia	
	Typed or printed name: Danielle C. King	
	Title: (Title of official position held in corporation or par	rtnership)
	Date: 07/20/2020	

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 filling, a determination that would be made by a court of law.

American Samoa Entertainment dba Moana TV Revenue 2020 YTD

	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
Basic Cable Service	148,783.43	112,527.83	122,827.11	116,168.53	119,729.52	115,297.28							735,333.70
Commercial Cable Service	2,533.98	2,533.98	2,547.08	2,333.93	1,441.33	1,624.94							13,015.24
													-
	OTAL 151,317.41	115,061.81	125,374.19	118,502.46	121,170.85	116,922.22	-		-		-		748,348.94

Last Reported Gross Receipts reported for July - December 2019

\$742,582.63

New Filing Jan - June 2020

\$748,348.94

Difference for New Filing Jan - June 2020

(5,766.31)

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Monthly Subcount

	New	Seb	21	14	92	22	22	18	11	11	19	22	14	2
anoz	End	Count	E	21	77	81	2	1	17	17	2	21	13	12
NFL Redzone	Begin	Count	16	13	2	12	8	81	17	12	17	14	15	13
		Average	217	216	219	223	222	219	217	218	212	205	90 700	<b>19</b>
	End	Count	216	216	221	225	219	218	216	219	205	202	196	192
Sports	Begin	Count	218	216	216	221	225	219	218	216	219	205	204	196
		AVG	z	51	53	53	25	51	S	15	25	49	46	88
		End Count	49	52	53	52	20	51	49	52	51	47	44	51
Chemax	Begin	Count	95	49	25	23	25	05	15	65	52	15	47	44
		AVG	241	233	231	526	210	197	189	184	175	159	143	132
		End Count	236	229	233	219	201	192	185	183	166	152	134	129
TFC	Begin	Count	246	236	229	233	219	201	192	185	183	166	152	134
		AVG	179	171	169	167	159	156	156	153	149	143	135	134
		End Count	174	167	170	163	155	157	154	152	146	139	131	135
нво	Begin	Count	183	174	167	170	163	155	157	154	152	146	139	131
		AVG	200	716	731	726	669	685	687	693	673	<b>8</b>	65	632
		End Count	706	725	737	715	682	687	687	869	648	640	639	624
Starz		Begin Count End Count	712	902	725	737	715	682	687	687	869	88	640	639
		AVG	2373	2367	2419	2450	2377	2322	2317	2310	2250	2192	2195	2192
		End Count	2356	2377	2460	2439	2315	2329	2305	2314	2185	2198	2191	2192
		Begin Count	2389	2356	2377	2460	2439	2315	2329	2305	2314	2185	2198	2191
Basic		Month	91,Inf	Aug'19	Sep'19	Oct'19	Nov'19	Dec'19	Jan'20	Feb'20	Mar'20	Apr'20	May'20	Jun'20

•	>					>	\	<b>'</b>	\	>	<b>`</b>
Jun'20	2192	S	2242		2242	Г	136	173	25		7
May'20	2191	92	2217		2217	639	131	134	4	196	2
Apr'20	2198	Z	2252		2222	88	139	152	47	204	15
Mar'20	2185	8	2245		2245	648	146	166	51	202	14
Feb'20	2314	8	2374		2374	869	152	183	52	219	17
Jan'20	2305	8	2365		2365	289	154	185	49	216	17
0ec,19	5329	8	2389		2389	289	154	192	25	218	17
Nov'19	2315	9	2375		2375	682	155	201	S	219	18
Oct,13	2439	25	9672		2495	51,6	163	219	25	225	18
61,daS	2460	95	2516		2516	737	170	233	S	221	17
Aug'19	7.152	56	2433		2433	725	167	229	52	216	15
6 <b>1</b> ,¦nf	3356	26	2412		2412	902	174	236	49	216	13
Jun'19	2389	56	2445		2445	712	183	246	S	218	16
GLDS COUNT	Basic Service	Hotel/Motel	ш	Reduce	New TTL	Premium Starz	НВО	TFC	Gnemax	Sports	NFL Redzone

Prepared by: Ala Poase Date: 6/23/2020

Mohan Rajathurai

# **Channel Line up**

Home > MoanaTV > Channel Line up

# **New MoanaTV Line Up**

# CHANNEL LIST



#### **EXTENDED BASIC PACKAGE - \$55.99**

CH	LINEUP NAME	CH	LINEUP NAME
02	KVZK	32	SYFY
03	BLUESKY MTV ADS	33	DISCOVERY
04	WEATHER STATION	34	HISTORY
05	KVZK	35	DISNEY
06	BLUESKY MTV	36	DISNEY XD
07	KVZK PBS	37	NICKELODEON
08	KVZK-TV CBS	38	NATIONAL GEOGRAPHIC
09	BYU	39	ABC FAMILY
11	HOPE	40	El
12	KHON FOX	41	TCM
13	ISLAND INFO	42	CARTOON NETWORK
14	HOPE	43	TRU TV
16	NFL	44	FOOD NETWORK
17	ESPN	45	HGTV
18	ESPN 2	46	CMT
19	SPIKE	47	KBS WORLD
20	VHI	48	YTN
21	MTV	49	JCTV
22	BRAVO	50	EWTN
23	AMC	51	NHK WORLD TV
24	TV LAND	52	SMILE CHILD
25	COMEDY CENTRAL	53	CHURCH CHANNEL
26	USA	54	TBN
27	A&E	56	OXYGEN
28	LIFETIME	57	GREAT AMERICAN COUNTRY
29	CNN	58	COOKING
30	BBC WORLD	60	TRAVEL CHANNEL

# PREMIUM PACKAGES

### STARZ AND ENCORE - \$9.99

CH LINEUP NAME

200	STARZ
201	STARZ EDGE
202	STARZ KIDS
203	STARZ CINEMA
204	STARZ COMEDY
205	ENCORE
206	ENCORE ACTION
207	<b>ENCORE DRAMA</b>
208	ENCORE FAMILY
209	ENCORE LOVE
210	ENCORE SUSPENSE
211	<b>ENCORE WESTERN</b>

## TFC \$7.99

611	DIELOF HOUSE
300	TFC
301	KNOWLEDGE
302	CINEMA ONE

### HBO \$18.99

AUSTRALIA

CH	LINEUP NAME
400	HBO
401	HBO2
402	HBO COMEDY
403	HBO FAMILY
404	HBO SIGNATUR
405	HBO ZONE

# S14.99

CH	LINEUP NAM
500	CINEMAX
501	MOREMAX
502	THRILLERMAX
503	ACTIONMAX

### SPORTS \$4.00

СН	LINEUP NAME
71	GOLF
72	NBC SPORTS

### NFL REDZONE \$60.00

CH	LINEUP NAME
70	NFL REDZONE

# PAY-PER-VIEW CH LINEUP NAME 600 PAY-PER-VIEW