

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	
DATE RECEIVED	AMOUNT
7/27/2020	\$
	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.

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)	
	<input checked="" type="checkbox"/> January 1–June 30 <u>2020</u> (Year)	<input type="checkbox"/> July 1–December 31 (Year)

B Owner	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 full corporate 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 submit a single statement of account and royalty fee payment covering the entire accounting period. <input type="checkbox"/> 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 <small>(Number, street, rural route, apartment, or suite number)</small> PAGO PAGO, AMERICAN SAMOA 96799 <small>(City, town, state, zip)</small>

C System	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.	
	1	IDENTIFICATION OF CABLE SYSTEM:
	2	MAILING ADDRESS OF CABLE SYSTEM: <small>(Number, street, rural route, apartment, or suite number)</small> <small>(City, town, state, zip code)</small>

D Area Served	Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.			
	CITY OR TOWN		STATE	
First ► Community	PAGO PAGO		AMERICAN SAMOA	
	Below is a sample for reporting communities if you report multiple channel line-ups in Space G.			
Sample ►	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
	Alda	MD	A	1
	Alliance	MD	B	2
	Gering	MD	B	3

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: AMERICAN SAMOA ENTERTAINMENT INC.
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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	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
• Service to first set	2,192	\$55.99			
• Service to additional set(s)	404	\$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 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	\$9.99	• Motel, hotel			
• Pay cable—add'l channel	\$0.00	• Commercial			
• Fire protection		• Pay cable			
• Burglar protection		• Pay cable—add'l channel			
Installation: Residential		• Fire protection			
• First set	\$50.00	• Burglar protection			
• Additional set(s)	\$50.00	Other services:			
• FM radio (if separate rate)		• Reconnect	\$10.00		
• Converter		• Disconnect			
		• Outlet relocation	\$50.00		
		• Move to new address	\$50.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM: AMERICAN 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. ▶ <u>\$748,348.94</u> (Amount of gross receipts)	K 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 fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. ▶ If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. ▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.	L Copyright Royalty Fee
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. Line 1. Enter the amount of gross receipts from space K ▶ <u>\$748,348.94</u> Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee. ▶ ▶ <u>\$ 7,962.43</u>	
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? <input type="checkbox"/> Yes—Complete the DSE schedule. <input checked="" type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.	
Block 3 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 ▶ <u>\$.</u> Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero ▶ <u> .</u> Line 3. Add lines 1 and 2 and enter here ▶ ▶ <u>\$</u>	
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>\$ 7,962.43</u> 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. ▶ <u>\$</u> Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) ▶ <u>\$</u> Line 4. FILING FEE: ▶ <u>\$ 725.00</u> TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add Lines 1, 2, 3 and 4 of block 4 and enter total here ▶ ▶ <u>\$ 8,687.43</u> 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.)	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: AMERICAN SAMOA ENTERTAINMENT INC.	Name
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	6
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	84
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
	Name <u>Ala Poasa</u> Telephone <u>684-699-2759</u> <small>(Area code)</small>	
	Address <u>P.O. BOX 478</u> <small>(Number, street, rural route, apartment, or suite number)</small>	
	<u>PAGO PAGO, AMERICAN SAMOA 96799</u> <small>(City, town, state, zip)</small>	
	Email (optional) Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	
	<ul style="list-style-type: none"> • I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) 	
	<input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	<input type="checkbox"/> (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	
	<input checked="" type="checkbox"/> (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.	
	<ul style="list-style-type: none"> • 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. sec. 1001] 	
		Handwritten signature: <u><i>Danielle C. King</i></u>
		Typed or printed name: <u>Danielle C. King</u>
	Title: <u>CFO</u> <small>(Title of official position held in corporation or partnership)</small>	
	Date: <u>07/20/2020</u>	

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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
TOTAL	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	<u>(5,766.31)</u>

DIGITAL
Monthly Subcount

Month	Starz			HBO			TFC			Cinemax			Sports			NFL Redzone		
	Begin Count	End Count	AVG	Begin Count	End Count	AVG	Begin Count	End Count	AVG	Begin Count	End Count	AVG	Begin Count	End Count	AVG	Begin Count	End Count	AVG
Jul'19	2389	2356	2373	712	706	709	183	174	179	246	236	241	50	49	50	218	216	217
Aug'19	2356	2377	2367	706	725	716	174	167	171	236	229	233	49	52	51	216	216	216
Sep'19	2377	2460	2419	725	737	731	167	170	169	229	233	231	52	53	53	216	221	219
Oct'19	2460	2489	2450	737	715	726	170	163	167	233	219	226	53	52	53	221	225	223
Nov'19	2439	2315	2377	715	682	699	169	155	159	219	201	210	52	50	51	225	219	222
Dec'19	2315	2329	2322	682	687	685	155	157	156	201	192	197	50	51	51	219	218	219
Jan'20	2329	2305	2317	687	687	687	157	154	156	192	185	189	51	49	50	218	216	217
Feb'20	2305	2314	2310	687	698	693	154	152	153	185	183	184	49	52	51	216	219	218
Mar'20	2314	2185	2250	698	648	673	152	146	149	183	166	175	52	51	52	219	205	212
Apr'20	2185	2198	2192	648	640	644	146	139	143	166	152	159	51	47	49	205	204	205
May'20	2198	2191	2195	640	639	640	139	131	135	152	134	143	47	44	46	204	196	200
Jun'20	2191	2192	2192	639	624	632	131	135	134	134	129	132	44	51	48	196	192	194

GLDS COUNT	Starz			HBO			TFC			Cinemax			Sports			NFL Redzone			
	Begin Count	End Count	AVG	Begin Count	End Count	AVG	Begin Count	End Count	AVG	Begin Count	End Count	AVG	Begin Count	End Count	AVG	Begin Count	End Count	AVG	
Basic Service	2389	2356	2377	712	706	709	183	174	179	246	236	241	50	49	50	218	216	217	
Hotel/Notel	56	56	56	56	57	60	60	60	60	60	60	60	50	50	50	50	50	50	
TTL	2445	2412	2433	2516	2496	2375	2389	2365	2374	2245	2252	2217	2242	2242	2242	2242	2242	2242	
Reduce																			
New TTL	2445	2412	2433	2516	2496	2375	2389	2365	2374	2245	2252	2217	2242	2242	2242	2242	2242	2242	
Premium Starz	712	706	725	737	715	682	687	687	698	648	640	639	624	624	624	624	624	624	
HBO	183	174	167	170	163	155	154	154	152	146	139	131	136	136	136	136	136	136	
TFC	246	236	229	239	219	201	192	185	183	166	152	134	129	129	129	129	129	129	
Cinemax	50	49	52	53	52	50	51	49	52	51	47	44	51	51	51	51	51	51	
Sports	218	216	216	221	225	219	218	216	219	205	204	196	192	192	192	192	192	192	
NFL Redzone	16	13	15	17	18	18	17	17	17	14	15	13	14	14	14	14	14	14	

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

1st Approval: Mohan Rajathurai
2nd Approval: _____
Final Approval: Raj Deo

(Handwritten signature and date)
06/23/20

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	E!
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
31	AUSTRALIA		

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	ENCORE DRAMA
208	ENCORE FAMILY
209	ENCORE LOVE
210	ENCORE SUSPENSE
211	ENCORE WESTERN

TFC \$7.99

CH	LINEUP NAME
300	TFC
301	KNOWLEDGE
302	CINEMA ONE

HBO \$18.99

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

CINEMAX \$14.99

CH	LINEUP NAME
500	CINEMAX
501	MOREMAX
502	THRILLERMAX
503	ACTIONMAX

SPORTS \$4.00

CH	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