## 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						

Return to:
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	0		
<b>B</b> Owner	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	rrect information beside it. the cable system. If the owner is a sub- ent corporation. iich the owner conducts the business of e accounting period, only the owner on it e payment covering the entire accountir	the last day of the accounting period should submit	008146
	LEGAL NAME OF OWNER/MAILING ADD	DRESS OF CABLE SYSTEM		
	Vyve Broadband J, LLC			
				008146 2020/1
	Four International Drive, St Rye Brook, NY 10573	uite 330		
С			ify the business and operation of the system u	
System	IDENTIFICATION OF CABLE SYSTEM:	e 2, give the mailing address of the	system, if different from the address given in	space B.
System	1 DENTIFICATION OF CABLE SYSTEM.			
	MAILING ADDRESS OF CABLE SYSTEM: P.O. Box 37 (Number, street, rural route, apartment, or suite nu Waycross, GA 31502-0037 (City, town, state, zip code)	mber)		
D	in FCC rules: "a separate and distinct co	ommunity or municipal entitiy (includ	A "community" is the same as a "community ur ding unincorporated commuinites within uninco 5(dd). The first community that list will serve	orporated
Area	3 3 1	•	se it as the first community on all future filings	
Served	Note: Entities and properties such as ho the identified city.	otels, apartments, condiminiums, or	mobile home parks should be reported in para	atheses below
F! 4	CITY OR TOWN	STATE <b>GA</b>	CITY OR TOWN	STATE
First Community	Waycross	GA		
	Unincorporated Ware County	GA		

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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 008146 **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: 2,908 · Service to first set 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel 133 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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Vyve Broadband J, LLC

SYSTEM ID#

008146

# G

### Primary Transmitters: Television

### 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 the same on the form.

**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 identified.

1. CALL 2. SIGN	. B'CAST CHANNEL	3. TYPE OF	6. LOCATION OF STATION
SIGIN .	NUMBER	STATION	
MCM1	17	I	Jacksonville, FL
WCWJ-Bounce	17.2	I-M	Jacksonville, FL
WFOX	30	I	Jacksonville, FL
WFOX-MyNet	30.2	I-M	Jacksonville, FL
WJAX	47	ı	Jacksonville, FL
WJAX-GetTV	47.2	I-M	Jacksonville, FL
TXLW	4	1	Jacksonville, FL
WJXT-This TV	4.2	I-M	Jacksonville, FL
WJXX	25	N	Jacksonville, FL
WJXX-Weather	25.2	N-M	Jacksonville, FL
WPXC	21	I	Jacksonville, FL
WPXC-ION Life	21.3	I-M	Jacksonville, FL
WPXC-Qubo	21.2	I-M	Jacksonville, FL
WTLV	12	N	Jacksonville, FL
WTLV-Antenna TV	12.2	N-M	Jacksonville, FL
WTLV-Justice	12.3	N-M	Jacksonville, FL
WXGA	8	E	Waycross, GA
WXGA-Kids	8.4	E-M	Waycross, GA
WXGA-Knowledge	8.3	E-M	Waycross, GA
WJXX-Quest 25.3	25.3	N-M	Jacksonville
WFOX-Heroes & Icon	30.3	I-M	Jacksonville
WXGA-Create	8.2	Е-М	Waycross, GA

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#						Name			
Vyve Broadband J, LLC 008146									
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 Convigant Office regulations, an FM signal is generally.								<b>H</b> Primary	
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 (v) 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).									Transmitters: Radio
CALL SIGN	B' Cast Channel number	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
WCWJ-Movies! 17.3 Jacksonville	17.3	I-M	Jacksonville						
WJXT-Start TV 4.3									
Jacksonville	4.3	I-M	Jacksonville						

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	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#			
Name	Vyve Broadband J, LL0	С						008146			
ı	SUBSTITUTE CARRIAGE										
■ Substitute	In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.										
Carriage:	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.										
Special											
Statement and Program Log	broadcast by a distant station?  Yes XNo  Note: If your answer is "Yes," you must complete the program										
	log in block 2.			e blank. Il your answer is	res, you mu	isi complete	the program				
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Llee abbreviations	wherever nos	cible if their	meaning is				
	clear. If you need more spar Column 1: Give the title operiod, was broadcast by a under certain FCC rules, red Do not use general categori "NBA Basketball: 76ers vs.	ce, please a of every no distant stati gulations, o ies like "mo Bulls."	attach additiona nnetwork televi ion and that you r authorizations vies" or "baske	al pages. sion program (substitute p ur cable system substitute s. See page (v) of the gen	orogram) that, d for the prog eral instruction n titles, for exa	during the a ramming of a ns for furthe	accounting another station information.	n			
	Column 3: Give the call s Column 4: Give the broa	sign of the s dcast statio	station broadca on's location (th	sting the substitute progra e community to which the	m. station is lice		FCC or, in				
	the case of Mexican or Can- Column 5: Give the mon first. Example: for May 7 giv	th and day		community with which the em carried the substitute			vith the month	1			
	<b>Column 6:</b> State the time to the nearest five minutes.	es when the		gram was carried by your or ed by a system from 6:01:							
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that v	our system v	vas required				
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed pro				
	gram was substituted for pro	ogramming	that your syste	m was permitted to delete	under FCC r	ules and reg	ulations in				
	effect on October 19, 1976.										
	S	UBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED			7. REASON			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S	4 STATIONIS LOCATION	5. MONTH		IMES - TO	FOR DELETION			
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	_ то				
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LEGAL NAME OF OWNER OF CABLE SYSTEM:		•	SYSTEM ID#	Name
Vyve Broadband J, LLC			008146	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identifed in space E) during the accounting period. For a further explanation of how to 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.	econdary transmo compute this	nission service amount, see 51		<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 th  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th  See page (vi) of the general instructions for more information.		263,800		L Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR L	ESS			
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that yo accounting period is \$52.00	ou must pay for the	nis six-month		
Line 1. Royalty fee for accounting period				
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2				
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo	ore than \$137,1	00)		
Base amount under statutory formula	263,800.00			
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 I	ess than \$527,	600)		
Enter the amount of gross receipts from space K	517 177 10			
	262 900 00			
2. Base amount under statutory formula	263,800.00			
Subtract line 2 from line 1	253,377.18 ¢	2,533.77		
		1,319.00		
5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)		•		
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		\$	3,852.77	
<b>IMPORTANT</b> : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Co</i> general instructions for more information.	ppyrights. See pag	ge I of the		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC  00814	
	Vyve Broadband 0, EEO 00814	Ю
	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	
	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	The sail white of sail about the statement of account,	
Be Contacted		
for Further	Name Marie Censoplano Telephone 914-234-8313	
Information		
	Address Four International Drive, Suite 330	
	(Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573 (City, town, state, zip)	
	(City, town, state, zip)	
	Email (optional) Fax (optional)	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations,	
0	as explained in the general instructions.)	
Certifcation	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 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/ <b>Daniel J White</b>	
	Typed or printed name: <b>Daniel J. White</b>	
	Title: SVP - Financial Planning (Title of official position held in corporation or partnership)	
	(Title of official position field in corporation or partnership)	
		i
	Date: 8/27/2020	

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LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC		SYSTEM ID# 008146	Name
SPECIAL STATEMENT CONCERNING GROSS RECOME The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence:  "In determining the total number of subscribers and the growservice of providing secondary transmissions of primary by scribers and amounts collected from subscribers receiving.  For more information on when to exclude these amounts, see the During the accounting period did the cable system exclude any and made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below.	111(d)(1)(A), of the Copyright Act by adding oss amounts paid to the cable system for the oadcast transmitters, the system shall not in- secondary transmissions pursuant to section note on page (vii) of the general instructions nounts of gross receipts for secondary transmining transmissions.	basic clude sub- n 119."	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address		
INTEREST ASSESSMENTS			
You must complete this worksheet for those royalty payments sub For an explanation of interest assessment, see page (viii) of the g	• •	payment.	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	xxxxxx	- days	
Line 3 Multiply line 2 by the number of days late and enter the su	·	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block space L, (page 7)			
space L, (page 7)	(interest	charge)	
* To view the interest rate chart click on www.copyright.gov/lic contact the Licensing Division at (202) 707-8150 or licensing		ce please	
** 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 list below the owner, address, first community served, ID number,			
Owner Address			
ID number			
First community served Accounting period			

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