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

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

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY								
DATE RECEIVED	AMOUNT							
3/1/2021	\$ ALLOCATION NUMBER							

Return completed workbook by email to:

coplicsoa@loc.gov

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

A	ACCOUNTI	NG PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	2020/2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		Barcode Data Filing Period (optional - see instructions)							
Accounting Period									
	Instructi								
В	Give the	ions: full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title ubsidiary, not that of the parent corporation.							
Owner	List any o	other name or names under which the owner conducts the business of the cable system.							
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.								
	Check he	ere if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	063578						
	LEGA	L NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	сомма	ZOOM COMMUNICATIONS, LLC							
	BUSINE	ESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILIN	G ADDRESS OF OWNER OF CABLE SYSTEM							
		BOARDWALK ST street, rural route, apartment, or suite number)							
		ANTONIO, TX 78217							
	(City, towr	n, state, zip)							
С		NS: In line 1, give any business or trade names used to identify the business and operation of the system ur y appear in space B. In line 2, give the mailing address of the system, if different from the address given in s							
System	1 IDENTIF	ICATION OF CABLE SYSTEM:							
	COMI	MZOOM							
	MAILING	G ADDRESS OF CABLE SYSTEM:							
	2 (Number,	street, rural route, apartment, or suite number)							
	(City, town	n, state, zip code)							

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

Accounting Period:	2020/2									
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#								
Name	COMMZOOM COMMUNICATIONS, LLC 0635									
	Instructions: List each separate community served by the cable system. A "commu									
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known								
Area Served	identified city.									
	CITY OR TOWN	STATE								
First	LA VERNIA	TX								
Community										
Add Rows as Necessary										

Accounting Period: 2020/2 FORM SA1-2E, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 063578 COMMZOOM COMMUNICATIONS, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary last day of the accounting period (June 30 or December 31, as the case may be). Transmission Service: Sub-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 scribers and each category by counting the number of billings in that category (the number of persons or organizations charged Rates separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 NO. OF NO. OF CATEGORY OF SERVICE CATEGORY OF SERVICE **SUBSCRIBERS** RATE SUBSCRIBERS RATE Residential: · Service to first set 21 99.95 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel

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	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel			
Pay cable—add'l channel		Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set		Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 063578

COMMZOOM COMMUNICATIONS, 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 specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KABB	29	l	SAN ANTONIO, TX
KENS	5	N-M	SAN ANTONIO, TX
KHCE	23	E	SAN ANTONIO, TX
KLRN	9	E	SAN ANTONIO, TX
WOAI	4	N-M	SAN ANTONIO, TX
KPXL	26	l	UVALDE, TX
KMYS	35	l	KERRVILLE, TX
KSAT	12	N-M	SAN ANTONIO, TX
KVDA	60	N-M	SAN ANTONIO, TX
KWEX	41	N-M	SAN ANTONIO, TX

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 063578

COMMZOOM COMMUNICATIONS, LLC

PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

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

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

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

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

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
							
	 						
							
	 						
							
							
	T						
						l	
	T						
	T						
						<u> </u>	

Nana	.d. 2020/2						FOR	4044 OF DAOE 5	
Accounting Perio		CABLE SYS	STEM:				FURI	M SA1-2E. PAGE 5 SYSTEM ID#	
Name	соммиоом сомми	NICATIO	NS, LLC						
	SYSTEM ID# COMMZOOM COMMUNICATIONS, LLC 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 (v) of the general instructions in the paper SA1-2 form. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? 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. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programing of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball:" List specific program titles, for example, "I Love Lucy" or "NBA Basketball: "Toers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "517." Column 6: State the times when the substitute program wa								
	to delete under FCC rules was substituted for prograt effect on October 19, 1976	nming that						T	
	s	UBSTITUI	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REAS			7. REASON FOR	
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES TO	DELETION	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMZOOM COMMUNICATIONS, LLC	S	O63578
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this apage (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	7,744.24 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$200. • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		02.00
	1. Base amount under statutory formula	/	
	2. Enter amount of gross receipts from space K	•	
	3. Subtract line 2 from line 1	•	
	Substact line 2 information in a contract of gross receipts from space K	•	
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	<u>.</u>	
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
	TENOT LETITO TOTAL REMITTANCE DUL		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7				
Name	LEGAL NAME OF OWNER OF COMMZOOM COMMUN					SYSTEM ID# 063578				
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.									
	Enter the total number of system carried television			e		10				
	Enter the total number of on which the cable system and nonbroadcast service.	m carried television b	broadcas			141				
N Individual to Be Contacted	INDIVIDUAL TO BE CON- we can contact about this s			RMATION IS NEEDED (Identify an inc	dividual to whom					
for Further Information	Name JACOI	B T. GRAY			Telephone 2	210-736-3376, EXT 1004				
	(Number, s	BOARDWALK S street, rural route, apartm NTONIO, TX 78 , state, zip)	nent, or suit	te number)						
	Email	CFO@COMMZ	OOM.CO	DM	Fax (optional) 210-403-2688	3				
O Certification	Owner other the (Agent of owner in line 1 of sp X (Officer or parts in line 1 of sp I have examined the stater	certify that (Check of an corporation or particles of the corporation of particles of the corporation of the	ne, but on artnershi ition or p wner is no f a corpor	tified and signed in accordance with Conty one, of the boxes.) ip) I am the owner of the cable system a cartnership) I am the duly authorized agot a corporation or partnership; or ration) or a partner (if a partnership) of the cable content of the cable system and the capture of the cable system and the cable system and the cable system are captured by the cable system and the cable system and the cable system are captured by the cable system and the cable system are captured by the cable system and the cable system are captured by the captured	as identified in line 1 of space E ent of the owner of the cable s he legal entity identified as own ments of fact contained herein	system as identified ner of the cable system				
				/s/ JACOB T. GRAY electronic signature on the line above to nature using an "/s/ signature" (e.g., /s/ J						
		Typed or printed		JACOB T. GRAY						
		Title: (Title of off	CFO/C	Don held in corporation or partnership)						
		Date:			MARCH 01, 2021					

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counting Period: 20	20/2				FORM SA1-2E. PAGE 8.
GAL NAME OF OWNE	ER OF CABLE SYSTEM:				SYSTEM ID#
OMMZOOM CON	MMUNICATIONS, LLC				063578
The Satellite Hon lowing sentence: "In determ service of scribers a For more informa located in the pap During the accou	nining the total number of subscribers and the griporous providing secondary transmissions of primary but amounts collected from subscribers receiving ation on when to exclude these amounts, see the	n 111(d)(1)(A), of the Coross amounts paid to the proadcast transmitters, the g secondary transmission in the enote on page (vii) of the	e cable system for the basic ne system shall not include su ns pursuant to section 119." e general instructions	ıb-	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter th	he total here and list the satellite carrier(s) below	v <u>\$</u>			
Name Mailing Address		Name Mailing Address			
INTEREST AS	SSESSMENT				
You must comple	ete this worksheet for those royalty payments su on of interest assessment, see page (viii) of the			nt.	Q
Line 1 Enter the	amount of late payment or underpayment		\$	67.00	Interest Assessment
			x 1%		
Line 2 Multiply li	ine 1 by the interest rate* and enter the sum her	re	· ·	0.67	
			x d	ays	
Line 3 Multiply li	ine 2 by the number of days late and enter the s	sum here		-	
			x 0.00274		
	ine 3 by 0.00274** and enter here L, (page 6) block 1, line 2, or block 2 line 8, or bl	lock 3 line 6	\$ (interest charge)		
	interest rate chart click on www.copyright.gov/li Licensing Division at (202) 707-8150 or licensin		f. For further assistance plea	se	
** This is the	decimal equivalent of 1/365, which is the interes	st assessment for one da	ay late.		
•	filing this worksheet covering a statement of ac ner, address, first community served, ID number	•		se	
Owner					
Address					
ID number First community s	served				
Accounting period					

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