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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any 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 here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CableSouth Media III, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1056 Jones Blvd
		(Number, street, rural route, apartment, or suite number) Milan, TN 38358 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM: Swyft Connect, LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	1056 Jones Blvd (Number, street, rural route, apartment, or suite number)
		Milan, TN 38358 (City, town, state, zip code)
	1	(City town state zin code)

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

9/2/2021

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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CableSouth Media III, LLC	3353
D	Instructions: List each separate community served by the cable system. A "c separate and distinct community or municipal entity (including unincorpora unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li community." Please use it as the first community on all future filings.	community" is the same as a "community unit" as defined in FCC rules: "a ted communities within unincorporated areas and including single, discret- ist will serve as a form of system identification hereafter known as the "firs
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or city.	mobile nome parks should be reported in parentheses below the identifie
	CITY OR TOWN	STATE
First	Poplarville	MS
Community	Pearl River	MS
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C						FORM SA1	TEM ID
Name							515	3353
	CableSouth Media III, LI	_0						
-	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRIBERS AND	RATES				
E	In General: The information in s	•	Ũ					
Secondary	system, that is, the retransmissi				•			
Secondary Transmission	about other services (including plast day of the accounting period					lnose exis	ung on the	
Service: Sub-	Number of Subscribers: Both					ble system	ı, broken	
scribers and	down by categories of secondary							
Rates	each category by counting the n separately for the particular server	•				,	charged	
	Rate: Give the standard rate of						ge and the	
	unit in which it is generally billed				rd rate variation	s within a l	particular rate	
	category, but do not include disc						as that askis	
	Block 1: In the left-hand block systems most commonly provide	•		•				
	that applies to your system. Not							
	categories, that person or entity					•		
	subscriber who pays extra for ca				d in the count ur	ider "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system				service that are	e different t	from those	
	printed in block 1 (for example, t	-						
	with the number of subscribers a	and rates, in th	e right-hand block. A	two- or thre	e-word descript	ion of the s	service is	
	sufficient.	2014					()	
	BLU	OCK 1 NO. OF				BLOC	NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:							
	 Service to first set 		59 31.3	5				
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RAT	ES				
-	In General: Space F calls for ra				all your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t				,			
Services	service for a single fee. There al furnished at cost or (2) services	•	•	•		0.	,	
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the						-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that		•				were not	
Rates	listed in block 1 and for which a	• •		-	-			
	brief (two- or three-word) descrip		•					
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF SE	RVICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installation: Non-r	esidential				
	• 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	39.99	 Burglar protecti 	on				
	 Additional set(s) 		Other services:					
					40.00			
	• FM radio (if separate rate)		Reconnect		49.99			
	• FM radio (if separate rate) • Converter	5.00	Disconnect		49.99			
		5.00			39.99			

counting Period: 2	2021/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
	CableSouth Media III,	LLC		3353
G Primary Transmitters:	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	(1) stations carried only on a part-tin le carriage of certain network program 1(e)(2) and (4))]; and (2) certain stati	ne basis under ns [sections ons carried on a
Television	Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	With respect to any distant stations ca les, regulations, or authorizations: in space G—but do list it in space I (th a substitute basis. Iso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction rogram services such as HBO, ESPI -air designation. For example, report vision station for broadcasting over the station, an independent station, or a for for network multicast), "I" (for independent for network multicast), "I" (for independent) for network multicast), "I" (for independent) for network multicast), "I" (for independent)	og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" unal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WLBT	2	N	Jackson, MS
	WLOX	3	N	Biloxi, MS
dd Rows as Necessary	WLOX	4	N	Biloxi, MS
	WDAM	4	N	Laurel, MS
	WHPM	6	I	Hattiesburg, MS
	WHLT	6	Е	Hattiesburg, MS
	WMAH	7	Е	Biloxi, MS
	WHPM2	9	N	Hattiesburg, MS
	WGN	48	1	Chicago, IL

EGAL NAME OF			YSTEM:					SYSTEM ID
CableSouth	Media III, L	LC						335
	every radio s	tation ca	rried on a separate and discre					Н
Special Instruct eceivable if (1) on the basis of it for detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate it Column 4: G	tions Concernities carried by monitoring, to primation about m. entify the call tate whether the radio state the radio state this by placing ive the station	rning All y the sys be recei t the Co sign of e he statio ion's sign g a checl y's locati	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	copyright Office re t the system's hea system's FM ante his point, see pag ed by the cable s e station is licens	egulations, an adend, and (2) nna, during ce ge (v) of the ge ystem as a se red by the FCC	FM sigr) it can b ertain sta eneral ir parate a	al is generally be expected, ated intervals. Istructions in the.	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
SALL SIGN		3,0	LOOKTION OF STATION	UNLL SIGN		5,0	LOOKTION OF STATION	
		 						

Accounting Perio							FOR	RM SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CableSouth Media III,	LLC						33537
	SUBSTITUTE CARRIAGE							
1	In General: In space I, identi							
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMENT	-			general mour		paper er ri	
Special	During the accounting per				is any nonne	twork televi	sion program	n
Statement and	broadcast by a distant sta	•		ourly, on a substitute bas	io, any nonne			
Program Log	,					L	YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is	"Yes," you mu	ust complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subsicient clear. If you need more spa				wherever pos	sible, if the	ir meaning is	S
				sion program ("substitute	program") tha	at. durina the	e accounting	a
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for ex	ample, "I Lo	ove Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	No."			
				sting the substitute progra				
				e community to which the			FCC or, in	
	the case of Mexican or Can			community with which the tem carried the substitute			with the me	nth
	first. Example: for May 7 give		when your sys		program. Use	numerais,	with the mo	i iu i
			e substitute pro	gram was carried by your	cable system	. List the tim	nes accurate	ely
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. s	hould be	
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	was substituted for progra	amming that y	our evetem	was require	ad
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.							
							титг	
		UBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7			7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
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Accounting Period:	2021/1 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID
Ivanie	CableSouth Media III, LLC 33537
K Gross Receipts	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 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.
	COPYRIGHT ROYALTY FEE
L 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 \$263,800 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.
	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 this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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 \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here)
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	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)
	1. Enter the amount of gross receipts from space K
	2. Base amount under statutory formula
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) FALSE
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 \$ 15.00
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2021/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNEF CableSouth Media II				SYSTEM ID# 33537
M Channels	to its subscribers, and		total num	Is on which the cable system carried television broadcast stations ber of activated channels during the accounting period. le	8
	system carried telev	vision broadcast station	s		5
	on which the cable	ber of activated channe system carried televisio services	n broadca	ast stations	177
N Individual to Be Contacted		CONTACTED IF FURTH this statement of accou		PRMATION IS NEEDED (Identify an individual to whom	
for Further	Name Cris	sty Workman		Telephone	731-686-9227
Information					
		6 Jones Blvd ber, street, rural route, apartr	ment. or suit	te number)	
		an, TN 38358			
		town, state, zip)			
	Email	cworkman@swy	yftconneo	ct.com Fax (optional	
	CERTIFICATION (This s	statement of account mu	ust be cer	tified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, here	eby certify that (Check or	ne, <i>but onl</i>	<i>y one</i> , of the boxes.)	
	(Owner othe	r than corporation or p	artnershi	${\bf p}{\bf)}$ I am the owner of the cable system as identified in line 1 of space	B; or
				artnership) I am the duly authorized agent of the owner of the cable a not a corporation or partnership; or	system as identified
		partner) I am an officer (i 1 of space B.	f a corpora	ation) or a partner (if a partnership) of the legal entity identified as ow	ner of the cable system
		d correct to the best of my	-	clare under penalty of law that all statements of fact contained herein ge, information, and belief, and are made in good faith.	
			X	/s/ Thomas Pate	-
				electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name:	Thomas Pate	
		Title: (Tit	CFO tle of official	position held in corporation or partnership)	
		Date:		08/30/2021	

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ounting Period: 2021/1			FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTE	M:		SYSTEM ID
bleSouth Media III, LLC			33537
The Satellite Home Viewer Act of 198 lowing sentence: "In determining the total numb service of providing secondar scribers and amounts collecter For more information on when to exc located in the paper SA1-2 form. During the accounting period, did the made by satellite carriers to satellite	CERNING GROSS RECEIPTS EXCLUSI 38 amended Title 17, section 111(d)(1)(A), of the oper of subscribers and the gross amounts paid to by transmissions of primary broadcast transmitters and from subscribers receiving secondary transmis lude these amounts, see the note on page (vii) of cable system exclude any amounts of gross rece dish owners?	Copyright Act by adding the fol- the cable system for the basic s, the system shall not include sub- sions pursuant to section 119." The general instructions sipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address	• •	-
For an explanation of interest assess	r those royalty payments submitted as a result of ment, see page (viii) of the general instructions lo ment or underpayment	ocated in the paper SA1-2 form.	Q Interest Assessment
For an explanation of interest assess	ment, see page (viii) of the general instructions lo	x	Q Interest Assessment
For an explanation of interest assess Line 1 Enter the amount of late pays Line 2 Multiply line 1 by the interest	ment, see page (viii) of the general instructions lo	xdays	Q Interest Assessment
For an explanation of interest assess Line 1 Enter the amount of late pays Line 2 Multiply line 1 by the interest Line 3 Multiply line 2 by the number Line 4 Multiply line 3 by 0.00274** a	ment, see page (viii) of the general instructions lo ment or underpayment	xdays	Q Interest Assessment
For an explanation of interest assess Line 1 Enter the amount of late pays Line 2 Multiply line 1 by the interest Line 3 Multiply line 2 by the number Line 4 Multiply line 3 by 0.00274** a in space L, (page 6) block 1, * To view the interest rate chart of	ment, see page (viii) of the general instructions lo ment or underpayment	x	Q Interest Assessment
 For an explanation of interest assess Line 1 Enter the amount of late pays Line 2 Multiply line 1 by the interest Line 3 Multiply line 2 by the number Line 4 Multiply line 3 by 0.00274** a in space L, (page 6) block 1, * To view the interest rate chart of contact the Licensing Division a 	ment, see page (viii) of the general instructions lo ment or underpayment rate* and enter the sum here of days late and enter the sum here and enter here line 2, or block 2 line 8, or block 3 line 6 lick on www.copyright.gov/licensing/interest-rate.j	x	Q Interest Assessment
 For an explanation of interest assess Line 1 Enter the amount of late pays Line 2 Multiply line 1 by the interest Line 3 Multiply line 2 by the number Line 4 Multiply line 3 by 0.00274** a in space L, (page 6) block 1, * To view the interest rate chart of contact the Licensing Division a ** This is the decimal equivalent of NOTE: If you are filing this workshee 	ment, see page (viii) of the general instructions lo ment or underpayment rate* and enter the sum here of days late and enter the sum here and enter here line 2, or block 2 line 8, or block 3 line 6 lick on www.copyright.gov/licensing/interest-rate.pat (202) 707-8150 or licensing@copyright.gov.	x	Q Interest Assessment
 For an explanation of interest assess Line 1 Enter the amount of late pays Line 2 Multiply line 1 by the interest Line 3 Multiply line 2 by the number Line 4 Multiply line 3 by 0.00274** a in space L, (page 6) block 1, * To view the interest rate chart of contact the Licensing Division a ** This is the decimal equivalent of NOTE: If you are filing this workshee 	ment, see page (viii) of the general instructions lo ment or underpayment rate* and enter the sum here of days late and enter the sum here and enter here line 2, or block 2 line 8, or block 3 line 6 lick on www.copyright.gov/licensing/interest-rate./ at (202) 707-8150 or licensing@copyright.gov. of 1/365, which is the interest assessment for one t covering a statement of account already submitt	x	Q Interest Assessment
For an explanation of interest assess Line 1 Enter the amount of late pays Line 2 Multiply line 1 by the interest Line 3 Multiply line 2 by the number Line 4 Multiply line 3 by 0.00274** a in space L, (page 6) block 1, * To view the interest rate chart of contact the Licensing Division a ** This is the decimal equivalent of NOTE: If you are filing this worksheet list below the owner, address, first co	ment, see page (viii) of the general instructions lo ment or underpayment rate* and enter the sum here of days late and enter the sum here and enter here line 2, or block 2 line 8, or block 3 line 6 lick on www.copyright.gov/licensing/interest-rate./ at (202) 707-8150 or licensing@copyright.gov. of 1/365, which is the interest assessment for one t covering a statement of account already submitt	x	Q Interest Assessment

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