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					
03/01/2022	\$ ALLOCATION NUMBER					

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	ACCOUNTING 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 corpora title of the subsidiary, not that of the parent corporation.	te							
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								
	Homeland Optical Technology Inc.								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	1137 SW 7th Rd (Number, street, rural route, apartment, or suite number)								
	Ocala, FL 34471								
	(City, town, state, zip)								
С	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the sys ames already appear in space B. In line 2, give the mailing address of the system, if different from the address give								
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	нот								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 same as above (Number, street, rural route, apartment, or suite number)								
	(City, town, 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.

		FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Homeland Optical Technology Inc.	ID 60572
	Instructions: List each separate community served by the cable system. A "con	
D	"a separate and distinct community or municipal entity (including unincorporat	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future filin Note: Entities and properties such as hotels, apartments, condominiums, or mo	
Area	identified city.	obile nome parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Ocala Palms, Ocala	FL
Community		
•		
dd Rows as Necessary		
ida nows as recessary		

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Homeland Optical Technology Inc.

SYSTEM ID# ID 60572

Е

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.

BL	OCK 1		BLOCK 2
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
 Service to first set 	785	\$19.07/mth	
 Service to additional set(s) 	0	-	
 FM radio (if separate rate) 	0	-	
Motel, hotel	0	-	
Commercial	0	-	
Converter	0	-	
Residential	0	-	
Non-residential	0	-	
	[*************************************		1

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	\$39.88	Motel, hotel	N/A	Deluxe Phone	\$38
 Pay cable—add'l channel 	N/A	Commercial	N/A	Premier Phone	\$19
Fire protection	N/A	• Pay cable	N/A	Digital Phone	\$29
•Burglar protection	N/A	 Pay cable-add'l channel 	N/A		
Installation: Residential		 Fire protection 	N/A		
• First set	\$45	 Burglar protection 	N/A		
 Additional set(s) 	\$115	Other services:			
 FM radio (if separate rate) 	N/A	 Reconnect 	\$10	Internet 25 Mbps	\$40
Converter	N/A	Disconnect	\$10	Internet 50 Mbps	\$60
		 Outlet relocation 		Internet 100 Mbps	\$90
		Move to new address			

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# ID 60572

Homeland Optical Technology Inc.

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 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
WESH2-DT	2.1	N	Daytona Beach, FL
WGFL-DT	4.1	N	High Springs, FL
WUFT-DT	5.1	N	Gainesville, FL
WUFT-DT2	5.2	N-M	Gainesville, FL
WUFT-DT3	5.3	N-M	Gainesville, FL
WKMG-DT	6.1	N	Orlando, FL
WKMG-DT2	6.2	N-M	Orlando, FL
WKMG-DT3	6.3	N-M	Orlando, FL
WKMG-DT4	6.4	N-M	Orlando, FL
WNBW-DT	9.1	N	Gainesville, FL
WNBW-DT2	9.2	N-M	Gainesville, FL
WNBW-DT3	9.3	N-M	Gainesville, FL
WNBW-DT4	9.4	N-M	Gainesville, FL
WFTV-HD	9.1	N	Orlando, FL
WFTV-DT2	9.2	N-M	Orlando, FL
WFTV-DT4	9.3	N-M	Orlando, FL
WRUF	10.1	E	Gainesville, FL
WGFL-DT2	11.1	N-M	High Springs, FL
WKCF-DT	18.1	N	Orlando, FL
WKCF-DT2	18.2	N-M	Orlando, FL
WKCF-DT3	18.3	N-M	Orlando, FL
WCJB-DT	20.1	N	Winter Park, FL
WCJB-DT2	20.2	N-M	Winter Park, FL
WCJB-DT3	20.3	N-M	Winter Park, FL

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# ID 60572

Homeland Optical Technology Inc.

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 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WCJB-DT4	20.4	N-M	Winter Park, FL
WRCF-CD	26.1	N	Orlando, FL
WOTF-DT2	26.2	N-M	Orlando, FL
WRDQ-DT2	26.5	N-M	Orlando, FL
WRDQ-DT	27.1	I	Orlando, FL
WRDQ-DT4	27.4	N-M	Orlando, FL
WGFL-DT3	28.3	N-M	High Springs, FL
WTMO-CD	31.2	N	Orlando, FL
WOFL-DT	35.1	N	Kissimme, FL
WOFL-DT2	35.2	N-M	Kissimme, FL
WVEN-DT	43.1	N	Melbourne, FL
WVEN-DT2	43.2	N-M	Melbourne, FL
WVEN-DT3	43.3	N-M	Melbourne, FL
WVEN-DT4	43.4	N-M	Melbourne, FL
WVEN-DT5	43.5	N-M	Melbourne, FL
WVEN-DT6	43.6	N-M	Melbourne, FL
WYKE-CD	47.1	<u> </u>	INGLIS/YANKEETOWN, FL
WOGX-DT	51.1	N	Gainesville, FL
WOGX-DT2	51.2	N-M	Gainesville, FL
WOGX-DT3	51.3	N-M	Gainesville, FL
WOGX-DT4	51.4	N-M	Gainesville, FL
WOFL-DT3	65.1	N	Orlando, FL
WKMG-DT6	6.6	N-M	Orlando, FL
WFTV-DT3	65.4	N-M	Orlando, FL

Accounting Period: 2021/1	FORM SA1-2E. PAGE 4
Accounting 1 chod. 2021/1	TORW ON ZE. THE

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Homeland Optical Technology Inc.

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
N/A							
N/A							
						ļ	
						ļ	
		<u> </u>					
		l					
		 				 	

Accounting Perio	d: 2021/1						FOR	M SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#		
	Homeland Optical Technology Inc.						ID 6057			
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, identical substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting period broadcast by a distant state of the	ify every no accounting paining that mu T CONCERTION, did you tion? ", leave the E PROGRA titute prograte, please of every no	nnetwork televineriod, under specific to included RNING SUBS are cable system and a separadd additional connetwork televineriod.	ision program, broadcast by pecific present and former F in this log, see page (v) of the strict CARRIAGE of the carry, on a substitute based blank. If your answer is trate line. Use abbreviations I rows to the tables.	or a distant star CC rules, reg he general ins sis, any nonr s "Yes," you r s wherever po	ulations, o structions in metwork te must compossible, if hat, during	r authorization in the paper Selevision progression pr	ns. For a further SA1-2 form. Tram X NO gram g is ting		
	Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mol first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	ries like "mo Bulls." m was broa sign of the adcast stati nadian stati hth and day ve "5/7." es when th a Example: ter "R" if the and regulat nming that	dcast live, ent station broadd on's location (ons, if any, the when your sy e substitute pr a program car e listed progrations in effect of	er "Yes." Otherwise enter casting the substitute prograthe community to which the community with which the community with which the stem carried the substitute rogram was carried by you ried by a system from 6:01 m was substituted for programing the accounting period	am titles, for each titles, for each titles, for each title each tit each title each title each title each title each title each tit	censed by entified). se numera m. List the ::28:30 p.r t your syst etter "P" it	the FCC or, als, with the retimes accurm, should be tem was requifithelisted prolations in	in month rately		
	s	UBSTITUT	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FO					
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION		

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Homeland Optical Technology Inc.	S	STEM ID# ID 60572
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, se),819.70
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 \$ 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 to accounting period is \$52.00	nis six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$	0.26
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.26
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1)	00)	
	1. Base amount under statutory formula		
	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		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 \$ 263,800.00		
	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.		
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.26	
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	\$	67.26
	EFT Trace # or TRANSACTION ID # 26V55T8J		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	d: 2021/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Homeland Optical Technology Inc.	SYSTEM ID# ID 60572
M 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 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	133
N Individual to Be Contacted		064
for Further Information	Address 1137 SW 7th Road (Number, street, rural route, apartment, or suite number) Ocala, FL 34471	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(City, town, state, zip) Email jodi@homelandop.com Fax (optional)	
•	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O 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 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 iden in line 1 of space B and that the owner is not a corporation or partnership; or	itified
	(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 cabl in line 1 of space B.	e system
	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)]	
	X /s/ Cornelis Skatenborg	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Cornelis Skatenborg	
	Title: GM (Title of official position held in corporation or partnership)	
	Date: 3/1/2022	

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

ounting Period:	2021/1					FORM SA1-2E. PAGE 8
SAL NAME OF OW	NER OF CABLE SYSTEM:					SYSTEM ID:
meland Optic	cal Technology Inc.					ID 60572
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions						P Special Statement Concerning Gross Receipts Exclusion
During the acc	paper SA1-2 form. counting period, did the cable system exclude any allite carriers to satellite dish owners?	mounts of gross rece	eipts for seconda	ry transmissions		
X NO						
YES. Ente	er the total here and list the satellite carrier(s) below.		\$			
Name Mailing Address		Name Mailing Address				
INTEDEST	ASSESSMENT					
You must com	plete this worksheet for those royalty payments sub					0
For an explana	ation of interest assessment, see page (viii) of the g	eneral instructions lo	cated in the pap	er SA1-2 form.		Q
Line 1 Enter t	the amount of late payment or underpayment			5	2.00	Interest Assessment
			x	1%		
Line 2 Multipl	ly line 1 by the interest rate* and enter the sum here)		(0.52	
			х	184		
Line 3 Multipl	ly line 2 by the number of days late and enter the su	ım here	· · · · <u>· · · · · · · · · · · · · · · </u>	9:	5.68	
				x 0.00274		
•	ly line 3 by 0.00274** and enter here see L, (page 6) block 1, line 2, or block 2 line 8, or block	ock 3 line 6	\$	nterest charge)	0.26	
	he interest rate chart click on www.copyright.gov/lic he Licensing Division at (202) 707-8150 or licensing	-	odf. For further a	assistance please		
** This is th	ne decimal equivalent of 1/365, which is the interest	assessment for one	day late.			
•	are filing this worksheet covering a statement of accowner, address, first community served, ID number,	•	., .			
Owner						
Address						
ID number						
First communit	ty served					
Accounting per	riod					

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

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)