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

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

Α	ACC	DUNTING 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)						
counting 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						
		COMMZOOM COMMUNICATIONS, LLC						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		2438 BOARDWALK ST (Number, street, rural route, apartment, or suite number)						
		(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:						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or suite number)						
		(City, town, state, zip code)						

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

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AMOUNT

ALLOCATION NUMBER

for Secondary Transmissions by Cable Systems (Short Form)

STATEMENT OF ACCOUNT

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

\$

DATE RECEIVED

8/24/2021

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID				
Name	COMMZOOM COMMUNICATIONS, LLC	000992				
D	Instructions: List each separate community served by the cable system. A "conseparate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings.	ommunity" is the same as a "community unit" as defined in FCC rules: "a eed communities within unincorporated areas and including single, discrete st will serve as a form of system identification hereafter known as the "first				
Area	Note: Entities and properties such as hotels, apartments, condominiums, or city.	mobile home parks should be reported in parentheses below the identified				
Served						
	CITY OR TOWN	STATE				
First Community	KENEDY KADNES CITY	TX TY				
Community	KARNES CITY	ТХ				
d Rows as Necessary						
a nons as necessary						

									1-2E. PAGE	
Name	LEGAL NAME OF OWNER OF CA		SYSTEM ID 000992							
	COMMZOOM COMMUNI	CATIONS, L	LC						00033	
_	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRIB	ERS AND RA	TES					
E	In General: The information in s	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 Transmission		ast day of the accounting period (June 30 or December 31, as the case may be).								
Service: Sub-	ervice: Sub- Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system									
scribers and	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									
Rates	each category by counting the n	•		0,0		•	•	s charged		
	separately for the particular serv Rate: Give the standard rate c							rge and the		
	unit in which it is generally billed	-	-	•				-		
	category, but do not include disc									
	Block 1: In the left-hand block	•		0						
	systems most commonly provide that applies to your system. Not									
	categories, that person or entity									
	subscriber who pays extra for ca					l in the count u	nder "Serv	ice to the		
	first set" and would be counted of Block 2: If your cable system					anning that a	a different	from these		
	printed in block 1 (for example, t	0		,						
	with the number of subscribers a									
	sufficient.	-	0							
	BLC	DCK 1 NO. OF					BLOC	K 2 NO. OF	<u> </u>	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATI	
	Residential:									
	 Service to first set 		113	58.68						
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel		31	58.68						
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS		3					
-	In General: Space F calls for rat				-	Il your cable sy	vstem's ser	vices that were		
F	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services		,		0		0 (/		
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the	rate column.				0		0		
ransmissions:	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.									
		BLOC	K 1					BLOCK 2		
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:			ion: Non-res			0,1120	0111 01 01 01 01010		
	• Pay cable		• Mote	l, hotel						
	• Pay cable—add'l channel		• Com	mercial						
	Fire protection		• Pay	cable			1			
	•			cable-add'l ch	nannel					
	 Burglar protection 		. Fina .] [1	
	•Burglar protection Installation: Residential		• Fire	protection						
	3			protection lar protection						
	Installation: Residential			lar protection						
	Installation: Residential • First set		• Burg Other se	lar protection						
	Installation: Residential • First set • Additional set(s)		• Burg Other se • Reco	lar protection ervices:						
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burg Other se • Reco • Disco	lar protection ervices: onnect						

	2021/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	COMMZOOM COMMU	JNICATIONS, LLC		000992
G rimary smitters: levision	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 statior 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	TELEVISION ntify every television station (including t n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph. : With respect to any distant stations ca iles, regulations, or authorizations: a in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pri- d with a station according to its over-the-	(1) stations carried only on a part-tir e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also see page (v) of the general instructi- ogram services such as HBO, ESP air designation. For example, repo vision station for broadcasting over the tation, an independent station, or a or network multicast), "I" (for indepen- tions in the paper SA1-2 form.	evision stations) ne basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast).
		A of each station. For U.S. stations, list dian stations, if any, give the name of th	-	
	КАВВ	29	1	SAN ANTONIO, TX
	KENS	5	N-M	SAN ANTONIO, TX
	KENO	.	11-111	
Necessary	KIRN	9	F	SAN ANTONIO TX
lecessary	KLRN	9 4	E N-M	SAN ANTONIO, TX
lecessary	KLRN WOAI KPXL	4	E N-M	SAN ANTONIO, TX
Necessary	WOAI KPXL	4 26		SAN ANTONIO, TX UVALDE, TX
Necessary	WOAI	4		SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX
Necessary	WOAI KPXL KMYS KSAT	4 26 35 12	N-M I I N-M	SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX
ecessary	WOAI KPXL KMYS	4 26 35	N-M I I	SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX
vs as Necessary	WOAI KPXL KMYS KSAT KVDA	4 26 35 12 60	N-M I I N-M N-M	SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
vs as Necessary	WOAI KPXL KMYS KSAT KVDA	4 26 35 12 60	N-M I I N-M N-M	SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX

EGAL NAME OF								SYSTEM I 0009
PRIMARY TRA		RADIO						
n General: List	every radio s	tation ca	arried on a separate and discre nerally receivable by your cabl					Н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing	y the sys be receint t the Co sign of e he static ion's sign g a check	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on th each station carried. on is AM or FM. nal was electronically processes k mark in the "S/D" column.	the system's heary system's FM anten his point, see page ed by the cable s	adend, and (2 nna, during ca ge (v) of the go ystem as a se) it can t ertain sta eneral ir parate a	be expected, ated intervals. astructions in the.	Primary Transmitters Radio
			on (the community to which the the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
								

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF C							SYSTEM ID# 000992
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every non counting pe	network televisi riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> statio C rules, regula	ations, or au	thorizations.	For a further
Substitute Carriage: Special Statement and Program Log	 SPECIAL STATEMENT During the accounting peribroadcast by a distant stat Note: If your answer is "No" log in block 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, report to use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the calls Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." 	CONCER iod, did you ion? ', leave the PROGRA itute progra ce, please a of every noi distant stati gulations, o es like "mo' Bulls." n was broad sign of the s dcast static adian statio th and day e "5/7." s when the Example: a er "R" if the	NING SUBST r cable system rest of this pag MS m on a separa add additional r nnetwork televi on and that you r authorizations vies" or "baske dcast live, enter station broadca n's location (th ns, if any, the o when your syst substitute pro- program carrie	ITUTE CARRIAGE carry, on a substitute bas ge blank. If your answer is te line. Use abbreviations rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen tball." List specific progra tr "Yes." Otherwise enter "I usting the substitute progra the community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for program	is, any nonne "Yes," you mu wherever pos program") that d for the prog eral instructio n titles, for ex am. station is lice station is lice station is lice cable system 15 p.m. to 6:2 amming that y	twork televi ust complete ssible, if thei at, during the ramming of ns for furthe ample, "I Lo ensed by the tiffied). e numerals, . List the tim 28:30 p.m. s rour system	sion program YES e the program ir meaning is e accounting if another state or information ove Lucy" or e FCC or, in with the momens accurate hould be was require	n X NO m s g ttion n.
	was substituted for program effect on October 19, 1976.		our system wa	·	WHE	and regulation	TUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. 1 FROM	-imes — to —	DELETION
					· · · · · · · · · · · · · · · · · · ·			
					· · · · · · · · · · · · · · · · · · ·			
							<u> </u>	
							_	

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMZOOM COMMUNICATIONS, LLC	S	STEM ID# 000992
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service mount, see	,718.41
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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	163,800	
	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 th accounting period is \$52.00	is 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		0.00
	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,	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		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)	
	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)	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		
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		ts!

Accounting Period:	2021/1	FORM SA1-2E	E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMZOOM COMMUNICATIONS, LLC		TEM ID# 000992
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system to its subscribers, and (2) the cable system's total number of activated channels of 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	during the accounting period.	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Ic we can contact about this statement of account.)	dentify an individual to whom	
for Further Information	Name JACOB T. GRAY	Telephone 210-736-3376, EXT 1004	
	Address 2438 BOARDWALK ST (Number, street, rural route, apartment, or suite number) SAN ANTONIO, TX 78217 (City, town, state, zip)		
	Email CFO@COMMZOOM.COM	Fax (optional 210-403-2688	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordation of the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cabe (Agent of owner other than corporation or partnership) I am the duly au in line 1 of space B and that the owner is not a corporation or partner (if a partner) I am an officer (if a corporation) or a partner (if a partner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law the are true, complete, and correct to the best of my knowledge, information, and belief, a [18 U.S.C., Section 1001(1986)] 	ble system as identified in line 1 of space B; or uthorized agent of the owner of the cable system as identified ership; or nership) of the legal entity identified as owner of the cable system nat all statements of fact contained herein	
	X /s/ JACOB T. GRAY Enter an electronic signature on the line inter signature using an "/s/ signature Typed or printed name: JACOB T. GRAY Title: CFO/COO CTULE of official position held in corporation or p Date:	ine above to certify this statement. e" (e.g., /s/ John Smith)	

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.

unting Period: 2021/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
IMZOOM COMMUNICATIONS, LLC	000992
 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 located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name	-
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	

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