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						
8/26/2022	\$					
	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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
Accounting		Barcode Data Filing Period (optional - see instructions)						
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.	63595					
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM						
		DIRECTV, LLC						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	2260 E Imperial Hwy Room 839							
	(Number, street, rural route, apartment, or suite number)							
	El Segundo, CA 90245 (City, town, state, zip)							
	INISTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unl	ass these					
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp						
System	1	IDENTIFICATION OF CABLE SYSTEM:						
	1							
		MAILING ADDRESS OF CABLE SYSTEM:						
	2							
	_	(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.

Accounting Period: 2022/1								
Accounting Period.	2022/1	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	DIRECTV, LLC	63595						
	Instructions: List each separate community served by the cable system. A "community							
D	separate and distinct community or municipal entity (including unincorporated communincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	unities within unincorporated areas and including single, discrete ve as a form of system identification hereafter known as the "first						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First	Gainesville	FL						
Community	Alachua Unincorporated County	FL						
	Newberry	FL						
Add Rows as Necessary								

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

DIRECTV, LLC

#63595

# Ε

## 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	725	\$19	HD Tech Fee	655	\$10.00	
Service to additional set(s)			Set-Top Box	728	\$0-\$15	
					\$8.99-	
• FM radio (if separate rate)			Broadcast TV Surcharge	725	\$9.99	
Motel, hotel						
Commercial	3	\$20				
Converter						
Residential						
Non-residential						
	T			1	7	

# 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	
ATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				CATEGORY OF SERVICE	RATE	
Continuing Services:	ontinuing Services: Installation: Non-residential					
• Pay cable		• Motel, hotel			Video on Demand	\$0 \$100
• Pay cable—add'l channel	\$5-\$199	Commercial			Service Activation Fee	\$0 \$3!
Fire protection		• Pay cable			Credit Management Fe	\$0 \$449
•Burglar protection		Pay cable-add'l channel		ļ	Dispatch on Demand	\$99
Installation: Residential		Fire protection			Wireless Receiver	\$0 \$49
<ul> <li>First set</li> </ul>	\$0-\$199	Burglar protection		Ī	HD Premium Tier	\$10
<ul> <li>Additional set(s)</li> </ul>		Other services:		Ī	DVR Upgrade Fee	\$10
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$0-\$35	Ī	Vacation Hold	\$7
<ul> <li>Converter</li> </ul>		Disconnect			Program Downgrade F	\$5
		Outlet relocation	\$0-\$55		Non-return Equipment	0-\$150
		Move to new address				

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
DIRECTV, LLC
SYSTEM ID#

G

# Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

WCJB/WCJBHD 20/1020 Ν Gainesville, FL WCJBD2/WCJBH2 20/1020 ı Gainesville, FL Ν WGFL/WGFLHD 28/1028 High Springs, FL High Springs, FL WGFLD2/WGFLH2 28/1028 I Gainesville, FL WNBW/WNBWHD 9/1009 Ν WOGX/WOGXHD 51/1051 ī Ocala, FL Gainesville, FL WUFT/WUFTHD 5/1005 Ε

3. TYPE OF STATION

4. LOCATION OF STATION

Add Rows as Necessary

	2022/1 LEGAL NAME OF OWNER	OF CABLE SYSTEM:						SYSTEM	
Name	DIRECTV, LLC	O. ONDER STOTEM.						635	
<b>K</b> Fross 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.								
	·	om subscribers for sec nting period ust complete a statem					\$ (Amount	<b>256,492.69</b> of gross receipts)	
L Copyright Royalty Fee	COPYRIGHT ROYAL Instructions: To compute block 1, blo Use block 1 if the amo Use block 2 if the amo Use block 3 if the amo See page (vi) of the general page (vii) of th	ute the royalty fee you lock 2, or block 3. bount of gross receipts bount of gross receipts bount of gross receipts	in space K is \$137,10 in space K is more tha in space K is more tha	an \$137,100 an \$263,800	but less th	nan \$527,600			
		BLOC	K 1: GROSS RECEI	PTS OF \$13	7,100 OF	RLESS			
	Instructions: As a cable accounting period is \$5	e system with gross red 52.00	ceipts of \$137,100 or le	ess, the royalt	y fee that	you must pay for	this six-mon	th	
	Line 1. Royalty fee for	accounting period							
	Line 2. Interest charge	. Enter the amount from	m line 4, space Q, pag	e 8				0.00	
	Line 3. TOTAL ROYAL	LTY FEE PAYABLE FO	OR ACCOUNTING PE	RIOD. Add li	nes 1 and	2			
		BLOCK 2: GROSS	RECEIPTS OF \$263	,800 OR LE	SS (but r	more than \$137	,100)		
	1. Base amount under	statutory formula			\$	263,800.00	<u> </u>		
	2. Enter amount of gro	ss receipts from space	κ		\$	256,492.69	<u> </u>		
	3. Subtract line 2 from	line 1			\$	7,307.31	_		
	4. Enter the amount of	gross receipts from sp	ace K			\$	256,492.6	9_	
	5. Enter the amount fro	om line 3				\$	7,307.3	<u>1</u>	
	6. Subtract line 5 from	line 4				\$	249,185.3	8_	
	7. Multiply line 6 by .00	05 (enter figure here)					\$	1,245.93	
	8. Interest charge. Ent	ter the amount from line	e 4, space Q, page 8 .					0.00	
	9. <b>TOTAL ROYALTY I</b>	FEE PAYABLE FOR A	CCOUNTING PERIOR	). Add lines	7 and 8		·· <u>\$</u>	1,245.93	
	I	BLOCK 3: GROSS R	ECEIPTS OF MORE	E THAN \$26	3,800 (bu	ıt less than \$52	7,600)		
	1. Enter the amount of	gross receipts from sp	ace K						
	2. Base amount under	statutory formula			\$	263,800.00	<del></del> '		
	3. Subtract line 2 from	line 1					_		
	4. Multiply line 3 by .01	l							
	5. Royalty due on the f	irst \$263,800 of gross r	receipts (under statutor	y formula)		\$	1,319.0	0	
	6. Interest charge. Ent	ter the amount from line	e 4, space Q, page 8 .				0.0	0	
	7. TOTAL ROYALTY I	FEE PAYABLE FOR A	CCOUNTING PERIOR	). Add lines	1, 5, and 6			 	
		FILING FEE	AND TOTAL REMI	TTANCE DI	JE				
Filing Fee and							_	_	
otal Remittance	Royalty Fee Payable	e for Accounting Period	(from Block 1, 2, or 3,	above)		\$	1,245.9	3_	
Due	2. Filing Fee (See the i	instructions for more inf	formation on filing fee o	calculations) .		\$	20.0	<u>0</u>	
	3. TOTAL AMOUNT D	DUE FOR ACCOUNTIN	IG PERIOD. Add line	s 2 and 3			\$	1,265.93	
	Important: Yo								

Accounting Period: 2	2022/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER DIRECTV, LLC	OF CABLE SYSTEM:				SYSTEM ID# 63595
<b>M</b> Channels	to its subscribers, and (	(2) the cable system's er of channels on which ision broadcast station	total numl	is on which the cable system carried tel ber of activated channels during the act	counting period.	14
	on which the cable s	ystem carried television	on broadca	ast stations		582
N Individual to Be Contacted	INDIVIDUAL TO BE CO			PRMATION IS NEEDED (Identify an ind	lividual to whom	
for Further Information	Name <b>Myri</b> a	am Nassif			Telephone	310-964-1930
	(Numbe	E Imperial Hwy r, street, rural route, apartm egundo, CA 9024 wn, state, zip)	nent, or suite			
	Email	mn112s@att.co	m		Fax (optional	
	CERTIFICATION (This sta	atement of account mu	ıst be cert	tified and signed in accordance with Co	pyright Office regulations)	
O Certification	I, the undersigned, hereby (Owner other to the control of the			y one, of the boxes.)  a) I am the owner of the cable system as	identified in line 1 of space B	<b>3</b> ; or
				rtnership) I am the duly authorized agen not a corporation or partnership; or	at of the owner of the cable s	system as identified
		rtner) I am an officer (if of space B.	a corpora	tion) or a partner (if a partnership) of the	legal entity identified as owr	ner of the cable system
		correct to the best of my		clare under penalty of law that all stateme ge, information, and belief, and are made		
			X	/s/ William Kuhn		-
				electronic signature on the line above to ce lature using an "/s/ signature" (e.g., /s/ Joh		
		Typed or printed	name:	William Kuhn		
		Title:		Finance position held in corporation or partnership)		
_		Date:			8/25/22	

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counting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
RECTV, LLC	6359
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 flowing 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 scribers 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 transmiss	sub- " Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayn For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Lines the amount of late payment of underpayment	
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x 0.00274	
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	
(interest charge	<del>)</del> )
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance ple contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ease
** 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, pl list below the owner, address, first community served, ID number, and accounting period as given in the original filing	
Owner	
Address	
ID number	
First community served	
Accounting period	

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