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					
08/18/22	\$					
	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							
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.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	yondoo Broadband LLC							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	PO Box 22467							
	(Number, street, rural route, apartment, or suite number)  Baltimore MD 21203							
	(City, town, state, zip)							
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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	IDENTIFICATION OF CABLE SYSTEM:							
	1 yondoo Broadband Point Mugu							
	MAILING ADDRESS OF CABLE SYSTEM:							
	PO Box 22467 (Number, street, rural route, apartment, or suite number)							
	Baltimore MD 21203 (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#							
	yondoo Broadband LLC	63745							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Area		or mobile home parks should be reported in parentheses below the							
Served	identified city.								
	CITY OR TOWN	STATE							
First	Point Mugu Naval Air Station	CA							
Community									
dd Rows as Necessary									
	0.00.00.00.00.00.00.00.00.00.00.00.00.0								
	0.00.00.00.00.00.00.00.00.00.00.00.00.0								

Accounting Period: 2022/1 FORM SA1-2E, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63745 yondoo Broadband LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Secondary last day of the accounting period (June 30 or December 31, as the case may be). Transmission Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in scribers and each category by counting the number of billings in that category (the number of persons or organizations charged Rates separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 П BLOCK 2

DL	OCK I		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
Service to first set	23	81.50	Starter	8	31.50		
Service to additional set(s)							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
					I		

## F

#### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
vondoo Broadband LLC

63745

PRIMARY TRANSMITTERS: TELEVISION

# G

#### Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
- **Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KABC	7	N	Los Angeles, CA
KTLA	57	N-M	Los Angeles, CA
KCBS	2	N	Los Angeles, CA
KNBC	55	N-M	Los Angeles, CA
KTLA	5	N	Los Angeles, CA
KCBS	53	N-M	Los Angeles, CA
KTTV	11	N	Los Angeles, CA
KCAL	9	<u> </u>	Los Angeles, CA
KABC	59	N-M	Los Angeles, CA
KABC	51	N-M	Los Angeles, CA
КСОР	13	N	Los Angeles, CA
KNBC	4	N	Los Angeles, CA
KCET	28	E	Los Angeles, CA
KVEA	52	<u>l</u>	Los Angeles, CA
KVEA	60	I-M	Los Angeles, CA
KTLA	58	N-M	Los Angeles, CA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## yondoo Broadband LLC

63745

#### 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
	<del> </del>						
	<del> </del>						
	<del> </del>						
	<del> </del>						
	<b></b>						
	<b></b>						
	<b></b>						
	T						
						l	
	T						
	T						
						<u> </u>	

Accounting Perio	nd: 2022/1						FOR*	// SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF yondoo Broadband LL		STEM:				FORI	SYSTEM ID# 63745
	yondoo Broadband EL							63745
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN* • During the accounting per broadcast by a distant sta Note: If your answer is "No log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spa Column 1: Give the title period, was broadcast by a	ify every not coounting pring that mu  F CONCERTION, did you tion?  ", leave the E PROGRA titute progratice, please of every not	nnetwork televineriod, under sp st be included RNING SUBS ur cable system e rest of this pa AMS am on a separadd additional	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE of carry, on a substitute base ge blank. If your answer is tate line. Use abbreviations I rows to the tables.	a distant sta CC rules, reg he general ins sis, any nonr s "Yes," you r s wherever po	ulations, or a structions in the structions in the structions in the structions in the struction in the stru	vision progr YES ete the prog eir meaning	ns. For a further A1-2 form.  Tam  X NO  ram  g is
	under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	gulations, of the substitution of the substitu	or authorization ovies" or "bask deast live, ent station broadd on's location (ons, if any, the when your sy e substitute pra program car listed prograrions in effect of	ns. See page (v) of the general sets and its specific programmer "Yes." Otherwise enter the community to which the community with which the stem carried the substitute or carried the substitute or carried by you ried by a system from 6:01 m was substituted for progluring the accounting periodetestall."	neral instruct am titles, for e 'No." ram. e station is lide program. Use r cable system 1:15 p.m. to 6 ramming that od; enter the leter FCC rules	censed by the entified). Se numerals m. List the ties 28:30 p.m. by your systemetter "P" if the and regular	ne FCC or, is, with the maines accurate should be may require the listed protions in	tion. or in nonth ately
	SI	JBSTITUT	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REA			7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	ATION'S	5. MONTH AND DAY	6. TII FROM –		DELETION
							<u></u>	
			Γ	1				

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  yondoo Broadband LLC	S	STEM ID# 63745
<b>K</b> 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	,189.50
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 \$0.00 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.	\$263,80(	
	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 the accounting period is \$52.00	his 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 \$137,1)	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)	
	1. Enter the amount of groce receipts from space K		
	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	4 040 00	
	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	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		<b>=</b> 0.00	
Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
240	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
	EFT Trace # or TRANSACTION ID #		
	<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:	2022/1					FORM SA1-2E. PAGE 7		
Name	LEGAL NAME OF OW yondoo Broadba	NER OF CABLE SYSTEM:				SYSTEM ID# 63745		
M Channels	to its subscribers, a	= ::	otal numb	s on which the cable system carried television broadcast st per of activated channels during the accounting period.				
	system carried television broadcast stations							
	O Finten the tetal in							
	on which the cab	umber of activated channels le system carried television l st services	oroadcas	t stations		20		
N Individual to		BE CONTACTED IF FURTHI		RMATION IS NEEDED (Identify an individual to whom				
Be Contacted for Further Information	Name I	Robert Steffen		Tel	ephone <b>410-727-8250</b> e	ext 121		
	Address	PO Box 22467 Number, street, rural route, apartm						
		Number, street, rural route, apartm	nent, or sur	te number)				
		City, town, state, zip)						
	Email			Fax (optional)				
	CERTIFICATION (T	his statement of account mu	ıst be cer	tified and signed in accordance with Copyright Office regul	ations)			
0					,			
Certification	• I, the undersigned	, hereby certify that (Check o	ne, <i>but on</i>	ly one, of the boxes.)				
	(Owner	other than corporation or pa	artnershi	<b>p)</b> I am the owner of the cable system as identified in line 1 c	f space B; or			
				artnership) I am the duly authorized agent of the owner of the occupant of the content of the comporation or partnership; or	e cable system as identified			
		or partner) I am an officer (i e 1 of space B.	f a corpor	ration) or a partner (if a partnership) of the legal entity identifie	ed as owner of the cable syst	em		
		and correct to the best of my	-	eclare under penalty of law that all statements of fact containe ge, information, and belief, and are made in good faith.	ed herein			
			X	/s/Robert Steffen				
				electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)				
		Typed or printed	name:	Robert Steffen	1941941941941941941941941941941941941941	10.10.10.10.10.10.10.10.10.10.10.10.10.1		
		Title:		President of Finance on held in corporation or partnership)				
		Date:		08/18/2022		111111111111111111111111111111111111111		

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counting Period: 2022/	'1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER O	OF CABLE SYSTEM:	SYSTEM ID#
ndoo Broadband	LLC	63745
The Satellite Home Nowing sentence:  "In determining service of proscribers and service of proscribers	EMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ing the total number of subscribers and the gross amounts paid to the cable system for the basic oviding secondary transmissions of primary broadcast transmitters, the system shall not include sub- amounts collected from subscribers receiving secondary transmissions pursuant to section 119." In on when to exclude these amounts, see the note on page (vii) of the general instructions SA1-2 form. In period, did the cable system exclude any amounts of gross receipts for secondary transmissions rivers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the t	total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST ASSI	FSSMENT	
•	this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the am	nount of late payment or underpayment	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	
	3 by 0.00274** and enter here page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (interest charge)	
	erest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please ensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the dec	simal equivalent of 1/365, which is the interest assessment for one day late.	
list below the owner,	ng this worksheet covering a statement of account already submitted to the Copyright Office, please address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address		
ID number		
First community serv	/ed	

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