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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
-	ary Transmissions by	DATE RECEIVED	AMOUNT	
-	ems (Short Form)	08/22/2022	\$	Coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at:
	o of this workbook	00,22,2022	ALLOCATION NUMBER	Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT: ((YYY/(Period))	
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optiona	al - see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of title of the subsidiary, not that of the particular of the pa		osidiary of another corporation, give the full o	corporate
Owner	List any other name or names under wh	nich the owner conducts the business o	f the cable system.	
	If there were different owners during the single statement of account and royalty		n the last day of the accounting period should unting period.	d submit a
	Check here if this is the system's first fil	ling. If not, enter the system's ID numb	er assigned by the Licensing Division.	63841
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTE	M	
	Zito West Holding LLC			
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	IT)	
	Zito Media			
	MAILING ADDRESS OF OWNER O	OF CABLE SYSTEM		
	PO Box 665 (Number, street, rural route, apartment, or suite	a number)		
	Coudersport, PA 16915 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any bus			
	names already appear in space B. In lin		the system, if different from the addre	ess given in space B
System	1 Zito Media - Palm Cay, FL			
	MAILING ADDRESS OF CABLE SYSTE			
	2 (Number, street, rural route, apartment, or suite	e number)		
	(City, town, state, zip code)			
Privacy Act Noti	ce: Section 111 of title 17 of the United States Code a	authorizes the Copyright Offce to collect t	he personally identifying information (PII) reque	ested on this

Final of Notice: Section 111 of title 17 of the United States Code autonorzes the Copyright Office to collect the personally identifying information (Pil) 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM
Name		638
	Zito West Holding LLC Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	munities within unincorporated areas and including single
A.r.o.o	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the
Area Served	identified city.	
Served		
	CITY OR TOWN	STATE
First	Palm Cay	FL
Community	Marco Polo	FL
- ,	Sun Valley	FL
dd Rows as Necessary	Sandy Pines	FL
	Eagle Pass	FL
	Forest Glen	FL
	Florida Highlands	FL
	Bradford Farms	FL
	Meadow Glenn	FL
	Bell Lago	FL
		FL
	West Wind	
	Pedro	FL
	Majestic Oaks	FL
	Kingsland	FL
	Alejandria Estates	FL
	Glen Manor	FL
	Hidden Lake	FL
	Hidden Oaks	FL
	Kings Court	FL
	Oakcrest	FL
	Paddock Park Ranches	FL
	Prince Rose Estates	FL
	Rainbow Springs Heights	FL
	Rock Hollow	FL
	Fairfield Village	FL
	Country Meadows	FL
	Woods and Meadows East	FL
	Emerald Point	FL
	Fox Run Estates	FL
	Fairfield Extension	FL
	Wispering Pines	FL
	Wingspread Farms	FL
	Ocala Horse Complex	FL
	Spruce Creek North	FL
	Spruce Creek Preserve	FL
	Pacifica	FL
	Oakland Hills	FL
	Floridian Club Extension	FL
	Bridle Trail Estates	FL
	Stonecrest	FL
	Spruce Creek South	FL
	Spruce Creek Golf & Country Club	FL
	การการการการการการการการการการการการการก	

	LEGAL NAME OF OWNER OF C								1-2E. PAGI
Name	Zito West Holding LLC	ADLE STOTEM	•					51	638 ⁴
	Zito West Holding LEO								
Е	SECONDARY TRANSMISSION								
L	In General: The information in s system, that is, the retransmission	-		-		•			
Secondary	about other services (including p								
Fransmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	n blocks in spa	ce E ca	all for the numbe	er of subso	cribers to the ca	-		
scribers and	down by categories of secondary								
Rates	each category by counting the n separately for the particular serv		<i>.</i>	0,(<i>,</i>	s charged	
	Rate: Give the standard rate c					•	,	ge and the	
	unit in which it is generally billed	-	-					-	
	category, but do not include disc								
	Block 1: In the left-hand block								
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted o	once again unc	ler "Ser	vice to additiona	al set(s)."				
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-i	nand block. A tv	vo- or thre	e-wora descrip	tion of the	service is	
		DCK 1					BLOC	< 2	
		NO. OF					<u></u>	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		748	34.09					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	 Non-residential 								
	SERVICES OTHER THAN SEC		Nemie		e				
_	In General: Space F calls for rat					Il your cable sy	stem's ser	vices that were	
F	not covered in space E, that is, t								
	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services								
Secondary	amount of the charge and the ur enter only the letters "PP" in the		usualiy	/ billed. If any fa	ites are cr	larged on a var	lable per-p	iogram basis,	
ransmissions:	Block 1: Give the standard rat		he cab	le system for ea	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a		,		shed. List	these other ser	vices in th	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the r	ate for each.			1		
		BLO				_		BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	E RA
	Continuing Services:			ation: Non-resi	idential				
	• Pay cable			itel, hotel					
	• Pay cable—add'l channel			mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	30.00		rglar protection					
	• Additional set(s)	20.00		services:					
	• FM radio (if separate rate)			connect		30.00			
	Converter		• Dis	sconnect					
	-								- T
			• Ou	tlet relocation		30.00			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM							
Name	Zito West Holding LL			63							
	PRIMARY TRANSMITTERS: TELEVISION										
G Primary ansmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. t the community to which the station	-time basis under rams [sections rations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the							
	1. CALL SIGN	CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCA									
	WESH	2.1	N	Orlando, FL							
	WESH	2.2	NM	Orlando, FL							
Rows as Necessary	WFTV	9.1	N	Orlando, FL							
-	WKCF	18.1	l	Orlando, FL							
	WKCF	18.3	<u> </u>	Orlando, FL							
	WKMG	6.1	Ν	Orlando, FL							
	WKMG	6.2	NM	Orlando, FL							
	WKMG	6.3	NM	Orlando, FL							
				0.10.100,1 =							
	WOFL	35.1	Ν	Orlando, FL							
	WOFL	35.1 65.1	N	Orlando, FL Orlando, FL							
	WRBW	65.1	-	Orlando, FL							
	WRBW WRBW	65.1 65.2	-	Orlando, FL Orlando, FL							
	WRBW WRBW WRDQ	65.1 65.2 27.1	-	Orlando, FL Orlando, FL Orlando, FL							
	WRBW WRBW WRDQ WRDQ	65.1 65.2 27.1 27.2		Orlando, FL Orlando, FL Orlando, FL Orlando, FL							
	WRBW WRBW WRDQ WRDQ WACX	65.1 65.2 27.1 27.2 55.1		Orlando, FL Orlando, FL Orlando, FL Orlando, FL Orlando, FL							
	WRBW WRBW WRDQ WRDQ WACX WCJB	65.1 65.2 27.1 27.2 55.1 20.1	I I I I I N	Orlando, FL Orlando, FL Orlando, FL Orlando, FL Orlando, FL Gainesville, FL							
	WRBW WRBW WRDQ WRDQ WACX WCJB WUFT	65.1 65.2 27.1 27.2 55.1 20.1 5.1	I I I I I N E	Orlando, FL Orlando, FL Orlando, FL Orlando, FL Orlando, FL Gainesville, FL Orlando, FL							
	WRBW WRBW WRDQ WRDQ WACX WCJB	65.1 65.2 27.1 27.2 55.1 20.1	I I I I I N	Orlando, FL Orlando, FL Orlando, FL Orlando, FL Orlando, FL Gainesville, FL							
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	WRBW WRBW WRDQ WRDQ WACX WCJB WUFT	65.1 65.2 27.1 27.2 55.1 20.1 5.1	I I I I I N E	Orlando, FL Orlando, FL Orlando, FL Orlando, FL Orlando, FL Gainesville, FL Orlando, FL							
	WRBW WRBW WRDQ WRDQ WACX WCJB WUFT	65.1 65.2 27.1 27.2 55.1 20.1 5.1	I I I I I N E	Orlando, FL Orlando, FL Orlando, FL Orlando, FL Orlando, FL Gainesville, FL Orlando, FL							

EGAL NAME O									SYSTEM 638
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cat						н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: C	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	at the syste this sed b	e system's hea em's FM ante point, see pag by the cable s ation is licens	adend, and (2 nna, during cr ge (v) of the g ystem as a se ed by the FC) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	(CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	7 OF TW	5,0					5,0		

Accounting Perio	od: 2022/1						FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Zito West Holding LLC	C						63841
	SUBSTITUTE CARRIAG	E: SPECIAI	L STATEME	NT AND PROGRAM LC)G			
	In General: In space I, ident	tify every nonr	network televi	<i>ision program</i> , broadcast by	y a <i>distant</i> sta	tion, that ye	our cable sy	stem carried on a
	substitute basis during the a	accounting per	riod, under sp	pecific present and former F	CC rules, reg	ulations, or	authorizati	ons. For a further
Substitute	explanation of the programn	ning that must	t be included	in this log, see page (v) of t	the general ins	structions in	n the paper	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCERN	NING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	riod, did your	r cable syster	n carry, on a substitute ba	asis, any nonr	network tel	evision pro	gram
Statement and Program Log	broadcast by a distant sta						YES	NO
Program Log	-					L		
	Note: If your answer is "No	o", leave the r	rest of this pa	age blank. If your answer i	s "Yes," you r	nust comp	lete the pro	ogram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs				s wherever po	ossible, if t	heir meanii	ng is
	clear. If you need more spa				o	aat duwima	the economic	tin a
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		oneod by	the ECC or	in
	the case of Mexican or Car		· · · · · · · · · · · · · · · · · · ·	5		,		, 111
				stem carried the substitute			ls, with the	month
	first. Example: for May 7 gi		5 5					
				ogram was carried by you				
	to the nearest five minutes		program car	ried by a system from 6:0	1:15 p.m. to 6	:28:30 p.m	1. should be	9
	stated as "6:00–6:30 p.m."		listed program	n was substituted for prog	ramming that	vour evet	m was red	wired
	to delete under FCC rules							
	was substituted for prograr				der FCC rules	and regul	ations in	
		mming that yo			der FCC rules	and regul	ations in	
	was substituted for program	mming that yo			11	Ũ		1
	was substituted for prograr effect on October 19, 1976	mming that yo	our system w	as permitted to delete und	WHE	N SUBST	ITUTE	
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE	our system w	as permitted to delete und	WHE CARRI	N SUBST	ITUTE URRED	7. REASON FOR DELETION
	was substituted for prograr effect on October 19, 1976	UBSTITUTE	our system w	as permitted to delete und	WHE	N SUBST	ITUTE	
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE	our system w <u>E PROGRAM</u> 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE	our system w <u>E PROGRAM</u> 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	
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	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE	our system w <u>E PROGRAM</u> 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	

Accounting Period:	2022/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC			S	YSTEM ID# 63841
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic 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	ystem's se on of how to	condary transm o compute this a	ission service amount, see	8,406.39 pss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 l • Use block 3 if the amount of gross receipts in space K is more than \$263,800 l See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less than nformation	an \$527,600 I.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	200 1 ond 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula				
	2. Enter amount of gross receipts from space K		198,406.39		
	3. Subtract line 2 from line 1		•		
	4. Enter the amount of gross receipts from space K			198,406.39	
	Enter the amount from line 3			65,393.61	
	6. Subtract line 5 from line 4			133,012.78	
	7. Multiply line 6 by .005 (enter figure here)			· · ·	665.06
	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				665.06
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (but	less than \$527	.600)	
		,			
	1. 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			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	665.06	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	685.06
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		hts!

Accounting Period:	2022/1											FORI	M SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF Zito West Holding LLC	CABLE SYSTEM:											SYSTEM ID# 63841
M Channels	CHANNELS Instructions: You must giv to its subscribers, and (2) th 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system	he cable system's t f channels on whicl broadcast stations f activated channel	total numbers total numbers total numbers to the cable s	ber of ac le	ctivated ch	hannels du	uring the a	accounting p		tions		16	
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s	ACTED IF FURTH	HER INFOR						whom	· · · · · <u> </u>			
for Further Information	Name Teri M	cMullen							Telep	ohone 81	4-260-043	34	
	Coude	x 665 street, rural route, apart rsport PA 169 , state, zip) teri.mcmullen@	915					Fax (opt	ional)				
	CERTIFICATION (This state			utificad co									
O Certification	(Agent of owner in line 1 of sp	an corporation or p other than corpor ace B and that the c ner) I am an officer (ace B. nent of account and ect to the best of my	partnership ration or pa owner is no (if a corpora d hereby de	nip) I am t partnersI not a corp pration) or leclare ur	the owner hip) I am t poration or or a partner nder penai	the duly au r partnersh er (if a partr alty of law t	uthorized a lip; or nership) of hat all stat	agent of the o f the legal en tements of fa	owner of the tity identified act contained	cable syst	em as identi		
				n electron		re on the li		o certify this : / John Smith)					
		Typed or printed			nes Riga	as							
		Title: (Title of o	Presid official position		corporation	n or partners	hip)						
		Date:						08/2	3/2022				

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

AL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE
	SYSTEM II
West Holding LLC	6384
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? NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address	
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 Assessmen
x1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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 days Line 3 Multiply line 2 by the number of days late 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 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 \$	
x	
x	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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