ACCOUNTING PERIOD: 2022/1 (for header)

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

January 1-June 30, 2022

Period

	INST	RUCTIONS:	
B Owner	corpo In lin	the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full orate title of the subsidiary, not that of the parent corporation.  The 2, list any other names under which the owner conducts the business of the cable system.  There were different owners during the accounting period, only the owner on the last day of the accounting period should submit the 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.	BARCODE DAT/
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	*008:
		Vyve Broadband J, LLC	
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):	
	_		
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:	
		Four International Drive, Suite 330	
		(Number, street, rural route, apartment, or suite number)	
		Rye Brook, NY 10573	
		(City, town, state, zip)	4
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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:	
		HALLING ADDRESS OF GADIE DISTERN	-
		MAILING ADDRESS OF CABLE SYSTEM: P.O. Box 37	
	2	P.U. DOX 37 (Number, street, rural route, apartment, or suite number)	
		Waycross, GA 31502-0037	
		(City, town, state, zip code)	"

E		NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBI	SUBSCRIBERS			
Secondary	Residential:					
Transmission	<ul> <li>Service to first set</li> </ul>	2	2,174			
Service: Sub-	<ul> <li>Service to additional set(s)</li> </ul>					
scribers and	<ul> <li>FM radio (if separate rate)</li> </ul>					
Rates	Motel, hotel		99	54.99		
	Commercial					
	Converter					
	Residential					
	Non-residential					
			• • • • • • • • • • • • • • • • • • • •			
	BLOCK 1					
_	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	/ICE	RATE
F	Continuing Services:		Instal	lation: Non-resi		
	• Pay cable	19.95		<ul> <li>Motel, hotel</li> </ul>		T&M
Services	<ul> <li>Pay cable—add'l channel</li> </ul>	15.95		<ul> <li>Commercial</li> </ul>		T&M
Other Than	Fire protection	N/A		<ul> <li>Pay cable</li> </ul>		T&M
Secondary	•Burglar protection	N/A		• Pay cable-add	I channel	T&M
Transmissions:	Installation: Residential			<ul> <li>Fire protection</li> </ul>		N/A
Rates	• First set	59.99		<ul> <li>Burglar protection</li> </ul>		N/A
	<ul> <li>Additional set(s)</li> </ul>	19.99	Other	services:		
	<ul> <li>FM radio (if separate rate)</li> </ul>	N/A		<ul> <li>Reconnect</li> </ul>		29.99
	Converter	-		<ul> <li>Disconnect</li> </ul>		-
				Outlet relocation	on	29.99
				Move to new a	ddress	29.99

BLOCK 1

	CHANNELS										
M	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.										
Channels						ì					
	Enter the total number of ch	1. Enter the total number of channels on which the cable									
	system carried television bu	roadcast stations			20						
	2. Enter the total number of ac	ctivated channels									
	on which the cable system	carried television broadcast static	ons		246						
	and nonbroadcast services	and nonbroadcast services									
						•					
N	we can write or call about this	CTED IF FURTHER INFORMATION	ON IS NEEDED: (I	dentity an individual to whom							
Individual to	we can write or can about this	Statement of account.)									
Be Contacted	No	Maria Canaanlana		Talantana.	044 024 0242						
for Further Information	Name	Marie Censoplano		Telephone	914-234-8313						
	Address	Four International Drive	e. Suite 330								
		(Number, street, rura		r suite number)							
	Rye Brook, NY 10573										
		(City, town, state, zip	p)			•					
	Email (optional)			Fax (optional)	)	•					
	CERTIFICATION (This statemen	at of account must be cortifed and	Leignod in accorda	ace with Convright Office requ	lations						
0	as explained in the general instru	nt of account must be certifed and uctions.)	i signed in accorda	ice with Copyright Office regu	uiations,						
Certifcation	· -	tify that (Check one, but only one	e. of the boxes.)								
Gertification	i, and anadroighed, norday don	any anat (Grissia sins, Sut Griny Gris	, or the bence,								
	(Owner other than corn	oration or partnership) I am the	owner of the cable	system as identifed in line 1	of space B: or						
	(	or paramorompy rain and	0111101 01 410 04210	cyclom ac rachanca in inic i	o. opaso 2, s.						
	i										
	•	nan corporation or partnership)		-	the cable system as identified						
	in line 1 of space i	3 and that the owner is not a corp	oration or partners	nip; or							
	(Officer or partner) I am	an officer (if a corporation) or a p	partner (if a partne	ship) of the legal entity identi	fed as owner of the cable syste	em					
	in line 1 of space I	3.		•	·						
	. There exemple 100 - 111	4 - <b>f</b>		with at all atatam with 188	- material end be a series						
		nt of account and hereby declare ι at to the best of my knowledge, inf									
	[18 U.S.C., Section 1001(1986		iorniation, and ben	on, and are made in good laid							
	. ,	<del></del>									
		Handwritte	n signature:								
		Typed or n	rinted name:	Doniel I White							
		ı yped or pi	rinted name:	Daniel J. White							
		Title	CVD Fire	sial Blanning							
		Title:	SVP - Finance (Title of official posi	ion held in corporation or partne	ership)						
			, 2. 3 pool	name of parties	17						
		Date:		02/26/2022							
						•					

2. B'cast
Channel 3. Type of

	Channel	3. Type of	
1. Call Sign	Number	Station	6. Location of Station
WCWJ 17 (CW)	17	1	Jacksonville, FL
WFOX-FOX 30	30	1	Jacksonville, FL
WFOX-MyNetworkTV 30.2	30.2	1	Jacksonville, FL
WJAX-CBS 47	47	1	Jacksonville, FL
WJAX-getTV 47.2	47.2	1	Jacksonville, FL
WJXT-IND 4	4	1	Jacksonville, FL
WJXT-Start TV 4.3	4.3	1	Jacksonville, FL
WJXT-DABL 4.2	4.2	1	Jacksonville, FL
WJXX-ABC 25	25	N	Jacksonville, FL
WJXX-Weather Plus 25.2	25.2	N	Jacksonville, FL
WPXC-ION 24	24	1	Jacksonville, FL
WPXC-ION Plus 21.3	21.3	l	Jacksonville, FL
WPXC-Qubo 21.2	21.2	l	Jacksonville, FL
WTLV-Antenna TV 12.2	12.2	N	Jacksonville, FL
WTLV-NBC 12	12	N	Jacksonville, FL
WTLV-The Justice Network	12.5	N	Jacksonville, FL
WXGA-Create 8.2	8.2	Е	Waycross, GA
WXGA-PBS Kids 8.4	8.4	Е	Waycross, GA
WXGA-PBS Kids 8.4 HD	8.5	Е	Waycross, GA
WXGA-PBS Knowledge 8.3	8.3	Е	Waycross, GA
WXGA-PBS 8	8	Е	Waycross, GA
WJXX-Quest 25.3	25.3	N	Jacksonville, FL
WCWJ-Bounce 17.2	17.2	I	Jacksonville, FL
WCWJ-Movies!17.3	17.3	I	Jacksonville, FL
WCWJ-Movies!17.3	17.4	I	Jacksonville, FL
WFOX-Heros and Icons 30.3	30.3	I	Jacksonville, FL

### THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

### SA1-2 Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
8/29/2022	\$					
	ALLOCATION NUMBER					

Return to:
Library of Congress
Copyright Office
Licensing Division
101 Independence Ave. SE
Washington, DC 20557-6400
(202) 707-8150

For courier deliveries, see page ii of the general

instructions

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting Period	January 1-June 30, 202	22						
B Owner	incorrect information and print or type the considerate title of the subsidiary, not that of the print it is any other name or names under with the rewere different owners during the a single statement of account and royalty is	orrect information beside it.  of the cable system. If the owner is a subarent corporation.  which the owner conducts the business of the accounting period, only the owner on	the last day of the accounting period should subming period.	nit 008146				
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Vyve Broadband J, LLC							
			*00	0814620221*				
				008146 2022/1				
	Four International Drive, S Rye Brook, NY 10573	uite 330						
С	, 0		fy the business and operation of the system ur system, if different from the address given in s					
System	1 IDENTIFICATION OF CABLE SYSTEM:	73 3	<u>, , , , , , , , , , , , , , , , , , , </u>					
	MAILING ADDRESS OF CABLE SYSTEM: P.O. Box 37 2 (Number, street, rural route, apartment, or suite number) Waycross, GA 31502-0037 (City, town, state, zip code)							
D	•	, ,	"community" is the same as a "community uning unincorporated communities within uninco					
	5 5 1	'	5(dd). The first community that list will serve a	s a form				
Area Served	*	·	ee it as the first community on all future filings. mobile home parks should be reported in para	itheses below				
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First Community	Waycross	GA						
	Unincorporated Ware County	GA						

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 effects 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.

Form SA1-2c Rev 04/2011

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 008146 Vyve Broadband J, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

## Ε

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.

BLO	OCK 1		BLOCK	<b>(</b> 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	2,174	25.00			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel	99	54.99			
Commercial					
Converter					
Residential					
Non-residential					

## 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	19.95	Motel, hotel	T&M		
<ul> <li>Pay cable—add'l channel</li> </ul>	15.95	Commercial	T&M		
Fire protection	N/A	• Pay cable	T&M		
<ul> <li>Burglar protection</li> </ul>	N/A	Pay cable-add'l channel	T&M		
Installation: Residential		Fire protection	N/A		
First set	59.99	Burglar protection	N/A		
<ul> <li>Additional set(s)</li> </ul>	19.99	Other services:			
• FM radio (if separate rate)	N/A	Reconnect	29.99		
Converter		Disconnect			
		Outlet relocation	29.99		
		Move to new address	29.99		

PRIMARY TRANSMITTERS: TELEVISION

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Vyve Broadband J, LLC

008146

## 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.

**Column 2:** Give the number of the channel on which the station's broadcasts are carried in its own community.

This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form.

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.

**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	6. LOCATION OF STATION
WCWJ 17 (CW)	17	ı	Jacksonville, FL
WFOX-FOX 30	30	I	Jacksonville, FL
WFOX-MyNetworkTV 30.2	30.2	I	Jacksonville, FL
WJAX-CBS 47	47	I	Jacksonville, FL
WJAX-getTV 47.2	47.2	I	Jacksonville, FL
WJXT-IND 4	4	I	Jacksonville, FL
WJXT-Start TV 4.3	4.3	I	Jacksonville, FL
WJXT-DABL 4.2	4.2	I	Jacksonville, FL
WJXX-ABC 25	25	N	Jacksonville, FL
WJXX-Weather Plus 25.2	25.2	N	Jacksonville, FL
WPXC-ION 24	24	I	Jacksonville, FL
WPXC-ION Plus 21.3	21.3	I	Jacksonville, FL
WPXC-Qubo 21.2	21.2	I	Jacksonville, FL
WTLV-Antenna TV 12.2	12.2	N	Jacksonville, FL
WTLV-NBC 12	12	N	Jacksonville, FL
WTLV-The Justice Network	12.5	N	Jacksonville, FL
WXGA-Create 8.2	8.2	Е	Waycross, GA
WXGA-PBS Kids 8.4	8.4	E	Waycross, GA
WXGA-PBS Kids 8.4 HD	8.5	Е	Waycross, GA
WXGA-PBS Knowledge 8.3	8.3	Е	Waycross, GA
WXGA-PBS 8	8	Е	Waycross, GA
WJXX-Quest 25.3	25.3	N	Jacksonville, FL
WCWJ-Bounce 17.2	17.2	ı	Jacksonville, FL

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 008146 Vyve Broadband J, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary Transmitters: 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 Television basis under specifc 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. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. 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. 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 identifed. 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN CHANNEL OF NUMBER STATION WCWJ-Movies!17.3 17.3 Jacksonville, FL WCWJ-Movies!17.3 17.3 Jacksonville, FL Jacksonville, FL WFOX-Heros and Icons 30.3 30.3

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC  008146								Name	
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.  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 the Copyright Office regulations on this point, see page (v) of the general instructions.  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).									
Mexican or Canadian stations, if any, the community with which the station is identified).									
B' Cast Channel number S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION									
			<u>_</u>						

Vyve Broadband J, LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system substitute basis during the accounting period, under specific present and former FCC rules and Program Log  Program Log  Special Statement and Program Log  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program on a separate line. Use abbreviations wherever possible, if their meaning in clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another st under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatic Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: "Gers vs. Bulls."  Column 3: Give the call sign of the station broadcasting the substitute program. Use numerals, with the mother of Mexica nor Canadian stations, if any, the community to which the station is identified).  Column 6: Give the month and day when your system carried the substitute program. Use numerals, with the mother of the nearest five minutes. Example: a program was carried by your cable system. List the times accurat to the nearest five minutes. Example: a program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the	or a further  No  m
Substitute Carriage: Special Statement and Program Log  In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. explanation of the programming that must be included in this log, see page (v) of the general instructions.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television progration broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the prograting in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another st under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatic Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month of the program in the substitute program was carried by your cable system. List the times accurated to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p	carried on a or a further
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. explanation of the programming that must be included in this log, see page (v) of the general instructions.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  1. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the prograting in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning in clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programing of another stander certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatic Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried by your cable system. List the times accurate to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column	or a further  No  m
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	nth ely
SUBSTITUTE PROGRAM  WHEN SUBSTITUTE CARRIAG OCCURRED OCCURRED	7. REASON FOR DELETION
1. TITLE OF PROGRAM  2. LIVE? Yes or No CALL SIGN 4. STATION'S LOCATION  5. MONTH AND DAY FROM — TO	

FORM SA1-2. I		EVETEM ID#	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC	SYSTEM ID# 008146	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the tot all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission of (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount, spage (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	ervice	<b>K</b> Gross Receipts
	during the accounting period.	406,735.00	
	IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Am	nount of gross receipts)	
Instructions:	TROYALTY FEE  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 \$263,800  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600  of the general instructions for more information.		L Copyright Royalty Fee
	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 this six-naccounting period is \$52.00	month	
	Line 1. Royalty fee for accounting period		
	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		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)		
	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 gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	29.35	
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	19.00	
	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	2,748.35	
	FILING FEE AND TOTAL REMITTANCE DUE	1	
Filing Fee and Total Remittance Due	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	2,748.35	
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	2,768.35	
	EFT Trace # or TRANSACTION ID # No	t Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#			
Name	Vyve Broadband J, LLC	008146			
	CHANNELC				
М	CHANNELS				
IVI	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	lations			
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.				
	Enter the total number of channels on which the cable	200			
	system carried television broadcast stations	26			
	2. Enter the total number of activated channels				
	on which the cable system carried television broadcast stations	246			
	and nonbroadcast services				
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom				
	we can write or call about this statement of account.)				
Individual to					
Be Contacted	Total Control of the	244 004 0040			
for Further Information	Name Marie Censoplano Telephone 9	914-234-8313			
illomation					
	Address Four International Drive, Suite 330				
	(Number, street, rural route, apartment, or suite number)				
	Rye Brook, NY 10573				
	(City, town, state, zip)				
	Email (optional) Fax (optional				
	Little (optional)				
_	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Office regulations,				
0	as explained in the general instructions.)				
Certifcation	• 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 identifed 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 identified				
	in line 1 of space B and that the owner is not a corporation or partnership; or				
	(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 cable system				
	in line 1 of space B.				
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained	d 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)]				
	[10 0.3.0., 3ection 1001(1900)]				
	Handwritten signature: /s/ Daniel J White				
	Typed or printed name: Daniel J. White				
	Title: SVP - Financial Planning				
	(Title of official position held in corporation or partnership)				
	Date: 8/22/22				

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 effects 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.

LEGAL NAME OF OWNER OF CA  Vyve Broadband J, LLC	BLE SYSTEM:		008146	Name
The Satellite Home Viewer A lowing sentence: "In determining the to service of providing s	T CONCERNING GROSS RECEIPT Act of 1988 amended Title 17, section 111( otal number of subscribers and the gross and secondary transmissions of primary broadces s collected from subscribers receiving second	d)(1)(A), of the Copyright Act by adding the mounts paid to the cable system for the bast transmitters, the system shall not inclinate	pasic ude sub-	P Special Statement
	en to exclude these amounts, see the note d did the cable system exclude any amount satellite dish owners?		issions	Concerning Gross Receipts Exclusion
YES. Enter the total her  Name  Mailing Address	re and list the satellite carrier(s) below			
INTEREST ASSESSME	ENTS			
·	ksheet for those royalty payments submitte st assessment, see page (viii) of the genera		ayment.	Q
Line 1 Enter the amount of	late payment or underpayment	x		Interest Assessment
Line 2 Multiply line 1 by the	e interest rate* and enter the sum here	x	days	
	e number of days late and enter the sum he	x 0.002	74	
	00274** enter here and on line 3, block 4, age 7)	<b>\$</b>	-	
	ie chart click on <i>www.copyright.gov/licensin</i> Division at (202) 707-8150 or licensing@loc	•	3 /	
** This is the decimal eq	uivalent of 1/365, which is the interest asse	essment for one day late.		
	orksheet covering a statement of account as, first community served, ID number, and			
Owner Address				
First community served Accounting period				

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