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 | | | | | |
| 2/24/23 | \$ | | | | | |
| | 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 |
| | |
| | Barcode Data Filing Period (optional - see instructions) |
| Accounting 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 |
| | Zito Media LP |
| | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) |
| | Zito Media |
| | MAILING ADDRESS OF OWNER OF CABLE SYSTEM |
| | PO Box 665 (Number, street, rural route, apartment, or suite number) |
| | Coudersport, PA 16915 |
| | (City, town, state, zip) |
| С | INSTRUCTIONS: 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: |
| | Zito Media - Coudersport PA 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.

| Name Control Control | | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM II | | | | |
|--|-------------------|--------------------------------------|---|--|--|--|--|
| Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including singl 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 kn 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 identified city. CITY OR TOWN STATE Community Annin Township PA Austin Borough PA Eulalia Township PA Roulette Borough PA Roulette Borough PA Sweden Valley Township PA Genesee Township PA Hebron Township PA Hebron Township PA Mills PA Emporium Borough PA Emporium Borough PA Emporium Borough PA Emporium Surrounding Areas PA Lumber Township PA Lumber Township PA Lumber Township PA | Name | | | | | | |
| "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including singl 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 kn 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 identified city. CITY OR TOWN STATE Community CITY OR TOWN STATE COUDERSONT BOROUGH PA Annin Township PA Austin Borough PA Eulalia Township PA Liberty Township PA Port Allegany Borough PA Roulette Borough PA Genesee Township PA Genesee Township PA Hebron Township PA Ulysses Borough PA Hebron Township PA Westfield Borough PA Westfield Borough PA Emporium Borough PA Emporium Surrounding Areas PA Eigson Township PA Lumber Township PA Lumber Township PA | | | | | | | |
| 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 kn 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 identified city. CITY OR TOWN | ח | | | | | | |
| 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 identified city. City OR TOWN | D | | | | | | |
| 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 | | | 1 Serve as a rount of system and a | | | | |
| CITY OR TOWN STATE | | | a parks should he reported in parentheses below the | | | | |
| CITY OR TOWN STATE | | | parks should be reported p | | | | |
| First Coudersport Borough PA Community Annin Township PA Austin Borough PA Rows as Necessary Eulalia Township PA Liberty Township PA Port Allegany Borough PA Roulette Borough PA Sweden Valley Township PA Genesee Township PA Hebron Township PA Ulysses Borough PA Harrison Valley PA Westfield Borough PA Westfield Borough PA Emporium Borough PA Emporium Borough PA Emporium Surrounding Areas PA Gibson Township PA Lumber Township PA Lumber Township PA | Served | identifica city. | | | | | |
| First Coudersport Borough PA Community Annin Township PA Austin Borough PA Rows as Necessary Eulalia Township PA Liberty Township PA Port Allegany Borough PA Roulette Borough PA Sweden Valley Township PA Genesee Township PA Hebron Township PA Ulysses Borough PA Harrison Valley PA Westfield Borough PA Westfield Borough PA Emporium Borough PA Emporium Borough PA Emporium Surrounding Areas PA Gibson Township PA Lumber Township PA Lumber Township PA | | | | | | | |
| First Coudersport Borough PA Community Annin Township PA Austin Borough PA Rows as Necessary Eulalia Township PA Liberty Township PA Port Allegany Borough PA Roulette Borough PA Sweden Valley Township PA Genesee Township PA Hebron Township PA Ulysses Borough PA Harrison Valley PA Westfield Borough PA Westfield Borough PA Emporium Borough PA Emporium Borough PA Emporium Surrounding Areas PA Gibson Township PA Lumber Township PA Lumber Township PA | | CITY OR TOWN | STATE | | | | |
| Community Annin Township PA Austin Borough PA Rows as Necessary Eulalia Township PA Liberty Township PA Port Allegany Borough PA Roulette Borough PA Sweden Valley Township PA Genesee Township PA Hebron Township PA Harrison Valley PA Westfield Borough PA Mills PA Emporium Borough PA Emporium Surrounding Areas PA Gibson Township PA Lumber Township PA | First | | | | | | |
| Austin Borough PA Rows as Necessary Eulalia Township PA Liberty Township PA Port Allegany Borough PA Roulette Borough PA Sweden Valley Township PA Genesee Township PA Hebron Township PA Harrison Valley PA Westfield Borough PA Mills PA Emporium Borough PA Emporium Surrounding Areas PA Gibson Township PA Lumber Township PA | | | | | | | |
| Rows as Necessary Eulalia Township PA Liberty Township PA Port Allegany Borough PA Roulette Borough PA Sweden Valley Township PA Genesee Township PA Hebron Township PA Ulysses Borough PA Harrison Valley PA Westfield Borough PA Mills PA Emporium Borough PA Emporium Surrounding Areas PA Gibson Township PA Lumber Township PA | | | | | | | |
| Liberty TownshipPAPort Allegany BoroughPARoulette BoroughPASweden Valley TownshipPAGenesee TownshipPAHebron TownshipPAUlysses BoroughPAHarrison ValleyPAWestfield BoroughPAMillsPAEmporium BoroughPAEmporium Surrounding AreasPAGibson TownshipPALumber TownshipPA | Necessary | | | | | | |
| Port Allegany Borough Roulette Borough PA Sweden Valley Township PA Genesee Township PA Hebron Township PA Ulysses Borough PA Harrison Valley PA Westfield Borough PA Emporium Borough PA Emporium Surrounding Areas Gibson Township PA Lumber Township PA | KOWS do Necessa., | | | | | | |
| Roulette BoroughPASweden Valley TownshipPAGenesee TownshipPAHebron TownshipPAUlysses BoroughPAHarrison ValleyPAWestfield BoroughPAMillsPAEmporium BoroughPAEmporium Surrounding AreasPAGibson TownshipPALumber TownshipPA | | | | | | | |
| Sweden Valley Township PA Genesee Township PA Hebron Township PA Ulysses Borough PA Harrison Valley PA Westfield Borough PA Mills PA Emporium Borough PA Emporium Surrounding Areas PA Gibson Township PA Lumber Township PA | | | | | | | |
| Genesee Township PA Hebron Township PA Ulysses Borough PA Harrison Valley PA Westfield Borough PA Mills PA Emporium Borough PA Emporium Surrounding Areas PA Gibson Township PA Lumber Township PA | | | | | | | |
| Hebron Township PA Ulysses Borough PA Harrison Valley PA Westfield Borough PA Mills PA Emporium Borough PA Emporium Surrounding Areas PA Gibson Township PA Lumber Township PA | | Sweden Valley Township | | | | | |
| Ulysses Borough PA Harrison Valley PA Westfield Borough PA Mills PA Emporium Borough PA Emporium Surrounding Areas PA Gibson Township PA Lumber Township PA | | | | | | | |
| Ulysses Borough PA Harrison Valley PA Westfield Borough PA Mills PA Emporium Borough PA Emporium Surrounding Areas PA Gibson Township PA Lumber Township PA | | | PA | | | | |
| Harrison Valley PA Westfield Borough PA Mills PA Emporium Borough PA Emporium Surrounding Areas PA Gibson Township PA Lumber Township PA | | | PA | | | | |
| Westfield Borough PA Mills PA Emporium Borough PA Emporium Surrounding Areas PA Gibson Township PA Lumber Township PA | | | | | | | |
| Mills PA Emporium Borough PA Emporium Surrounding Areas PA Gibson Township PA Lumber Township PA | | | | | | | |
| Emporium Borough PA Emporium Surrounding Areas PA Gibson Township PA Lumber Township PA | | | | | | | |
| Emporium Surrounding Areas PA Gibson Township PA Lumber Township PA | | _ | | | | | |
| Gibson Township PA Lumber Township PA | | | | | | | |
| Lumber Township PA | | | | | | | |
| | | | | | | | |
| Portage Township Portage Town | | | | | | | |
| | | Portage Township | PA | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| P | | | | | | | |
| | | | | | | | |

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Media LP

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 | 1,055 | 16.78 | |
| Service to additional set(s) | | | |
| • FM radio (if separate rate) | | | |
| Motel, hotel | | | |
| 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 | | Motel, hotel | | |
| Pay cable—add'l channel | | Commercial | | |
| Fire protection | | • Pay cable | | |
| •Burglar protection | | Pay cable-add'l channel | | |
| Installation: Residential | | Fire protection | | |
| First set | 30.00 | Burglar protection | | |
| Additional set(s) | 20.00 | Other services: | | |
| • FM radio (if separate rate) | | Reconnect | 30.00 | |
| Converter | | Disconnect | | |
| | | Outlet relocation | 30.00 | |
| | | Move to new address | 30.00 | |
| | | | | |

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

1188

Name Zito Media LP

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 |
|--------------|--------------------------|--------------------|------------------------|
| WATM | 23.1 | N | Johnstown, PA |
| WATM | 23.3 | I-M | Johnstown, PA |
| WATM | 23.4 | <u> </u> | Johnstown, PA |
| WGRZ | 2 | N | Buffalo, NY |
| WIVB | 4 | N | Buffalo, NY |
| WJAC | 6.1 | N | Johnstown, PA |
| WKBS | 47.1 | <u>l</u> | Johnstown, PA |
| WKBW | 7.1 | N | Buffalo, NY |
| WNYB | 26 | 1 | Jamestown, NY |
| WJAC | 6.2 | <u> </u> | Jeannette, PA |
| WPSU | 3 | E | State College, PA |
| WTAJ | 10 | N | Johnstown, PA |
| WWCP | 8 | N | Johnstown, PA |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Media LP

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).

| 0411 01051 | A B 4 E 2 4 | 0/0 | LOGATION OF OTATION | 0411 0101 | ANA EN4 | 0/0 | LOGATION OF OTATION |
|------------|-------------|-----|---------------------|-----------|----------|-----|---------------------|
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Accounting Perio | nd: 2022/2 | | | | | | F∩RI | M SA1-2E. PAGE 5. |
|----------------------|---|---------------|-----------------|--|------------------|----------------|---------------|-------------------|
| accounting Penic | LEGAL NAME OF OWNER OF | CABLE SYS | STEM: | | | | FURI | SYSTEM ID# |
| Name | Zito Media LP | | | | | | | 1188 |
| | SUBSTITUTE CARRIAG | F: SPECIA | AI STATEME | ENT AND PROGRAM LO | nG | | | |
| - 1 | In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a | | | | | | | |
| - | substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further | | | | | | | |
| Substitute | explanation of the programm | ming that mu | st be included | in this log, see page (v) of t | he general ins | tructions in | the paper S | A1-2 form. |
| Carriage: Special | 1. SPECIAL STATEMEN | IT CONCE | RNING SUBS | STITUTE CARRIAGE | | | | |
| Statement and | During the accounting per | eriod, did yo | ur cable syste | m carry, on a substitute ba | sis, any nonr | etwork tele | vision prog | |
| Program Log | broadcast by a distant sta | ation? | | | | | YES | × NO |
| | Note: If your answer is "No | o", leave the | rest of this pa | age blank. If your answer is | s "Yes," you r | nust comple | ete the prog | gram |
| | log in block 2. | | | | | | | |
| | 2. LOG OF SUBSTITUT | | _ | | | | | |
| | In General: List each subsclear. If you need more sp | | | | s wherever po | ossible, if th | eir meanin | g is |
| | | | | evision program ("substitute | e program") th | nat, during t | the account | ting |
| | period, was broadcast by a | a distant sta | tion and that y | our cable system substitut | ed for the pro | ogramming | of another | station |
| | under certain FCC rules, ro Do not use general catego | | | ons. See page (v) of the ge | | | | |
| | "NBA Basketball: 76ers vs | | JVIES OI DASI | retball. List specific progra | iiii uues, ioi e | sxample, i | Love Lucy | Oi |
| | | | | ter "Yes." Otherwise enter | | | | |
| | | | | casting the substitute progi (the community to which th | | rensed by t | he FCC or | in |
| | the case of Mexican or Ca | | | | | | 110 1 00 01, | |
| | | , | when your sy | stem carried the substitute | e program. Us | se numerals | s, with the r | nonth |
| | first. Example: for May 7 g | | a substituta ni | rogram was carried by you | r cahle eveter | n liet the t | imes accur | ately |
| | to the nearest five minutes | | | | | | | atory |
| | stated as "6:00-6:30 p.m." | | | | | | | |
| | to delete under FCC rules | | | m was substituted for prog | | | | |
| | | | | vas permitted to delete und | | | | ogram |
| | effect on October 19, 1976 | 6. | | | | | | |
| | | | | | WHEN SUBSTITUTE | | | |
| | S | UBSTITUT | E PROGRAM | Л | | AGE OCCI | _ | 7. REASON FOR |
| | 1. TITLE OF PROGRAM | | 3. STATION'S | | 5. MONTH | | IMES | DELETION |
| | | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM - | <u> ТО</u> | |
| | | | | | | = | | |
| | | | | | | - | | |
| | | | | | | - | _ | |
| | | | | | | | _ | |
| | | | | | | | | |
| | | | | | | | — | |
| | | | | | | | <u> </u> | |
| | | | | | | - | _ | |
| | | | | | | - | _ | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | " |
| | | | | | | | | |
| | | | | | | | — | |
| | | | | | | - | | |
| | | | | | | | _ | |
| | | | | | | | _ | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | - | | |
| | | | | | | | _ | |

| ccounting Period: | | | SA1-2E. PAGI |
|----------------------------|---|-----------------|-----------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Media LP | • | 11 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transn (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. | nission service | |
| | 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. | - | 98,459.49 ross receipts) |
| 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 \$ • Use 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. | | |
| | 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 accounting period is \$52.00 | this six-mon | |
| | 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 | - 346.59 | |
| | 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 | . \$ | 1,665.59 |
| | FILING FEE AND TOTAL REMITTANCE DUE | | |
| Filing Fee and | Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | 1,665.59 | |
| Total Remittance Due | | | |
| | 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 | \$ | 1,685.59 |
| | Important: Your remittance must be in the form of an electronic payment payable to the Regi See page i of the general instructions in the paper SA1-2 form for more informa | | ghts! |

| Accounting Period: | 2022/2 | | | | | FORM SA1-2E. PAGE 7. |
|------------------------------------|---|--|----------------------------------|--|--------------------------------|-----------------------------|
| Name | LEGAL NAME OF O Zito Media LP | WNER OF CABLE SYSTEM: | | | | SYSTEM ID# 1188 |
| M Channels | to its subscribers The total system carried to the state of the total system. | , and (2) the cable system's to number of channels on which | tal number of the cable | which the cable system carried to activated channels during the ac | ecounting period. | 13 |
| | | ast services | | | | 109 |
| N Individual to Be Contacted | we can contact a | bout this statement of accoun | | TION IS NEEDED (Identify an in | | 244.000.0404 |
| for Further Information | Name | Teri McMullen | | | Telepho | one 814-260-0434 |
| | Address | PO Box 665 (Number, street, rural route, apartin Coudersport PA 1691 (City, town, state, zip) | | ber) | | |
| | Email | teri.mcmullen@ | zitomedia.cor | n | Fax (optional) | |
| | CERTIFICATION (| (This statement of account mu | st be certified | and signed in accordance with 0 | Copyright Office regulation | ns) |
| O Certification | • I, the undersigne | ed, hereby certify that (Check o | ne, <i>but only one</i> | e, of the boxes.) | | |
| | (Owner | r other than corporation or pa | artnership) I ai | m the owner of the cable system a | as identified in line 1 of spa | ace B; or |
| | | of owner other than corpora ine 1 of space B and that the or | | rship) I am the duly authorized acorporation or partnership; or | gent of the owner of the ca | ble system as identified |
| | | er or partner) I am an officer (ine 1 of space B. | f a corporation) | or a partner (if a partnership) of t | the legal entity identified as | s owner of the cable system |
| | | e, and correct to the best of my | | under penalty of law that all state ormation, and belief, and are mad | | erein |
| | | | Enter an electr | James Rigas | | |
| | | | Enter signature | e using an "/s/ signature" (e.g., /s/ | Jonn Smith) | |
| | | Typed or printed | name: Ja l | mes Rigas | | |
| | | Title: (Title of of | President icial position held | in corporation or partnership) | | |
| | | Date: | | | 02/27/2023 | |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

| ounting Period: 2022/2 | FORM SA1-2E. PAGE 8 |
|---|-------------------------|
| SAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID: |
| o Media LP | 1188 |
| 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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not inconscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section | basic Special Statement |
| 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 transmade by satellite carriers to satellite dish owners? | nissions |
| X NO | |
| YES. Enter the total here and list the satellite carrier(s) below | |
| 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 undergreater as explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 | |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessment |
| x | 1% |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | _ |
| | daye |
| X | days |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | 274 |
| 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 \$ | <u>-</u> |
| (interest c | - ' |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistant contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | ce please |
| ** 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 list below the owner, address, first community served, ID number, and accounting period as given in the original | • • |
| Owner | |
| Address | |
| ID number | |
| First community served | |
| Accounting period | |

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 th 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.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)