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					
3/1/2023	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))											
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31										
Accounting		Barcode Data Filing Period (optional - see instructions)										
Period												
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.										
Owner		List any other name or names under which the owner conducts the business of the cable system.										
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.										
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	060969									
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM										
		Blue Stream Communications, LLC										
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)										
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM										
		12409 NW 35th Street (Number, street, rural route, apartment, or suite number)										
		Coral Springs, FI 33065 (City, town, state, 2jp)										
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle	ss these									
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa										
System	1	IDENTIFICATION OF CABLE SYSTEM:										
		MAILING ADDRESS OF CABLE SYSTEM:										
	2	(Number, street, rural route, apartment, or suite number)										
		(Clb. Issue, Alab., alr. code)										
		(City, town, state, zip code)										

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

Accounting Period:	2022/2	
accounting i criou.	2022/2	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Blue Stream Communications, LLC	060969
D	Instructions: List each separate community served by the cable system. A "coseparate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or note that the first community is a such as hotels.	ed communities within unincorporated areas and including single, discrete t will serve as a form of system identification hereafter known as the "first
Area Served	city.	noune nome parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First Community	Weston	FL
Add Rows as Necessary		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Blue Stream Communications, LLC

SYSTEM ID# 060969

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	1,459	39.00				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel	3	14.50				
Commercial						
Converter						
Residential	492	5.99				
Non-residential						
1		1		1		

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					ATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	20.95	Motel, hotel				
Pay cable—add'l channel	11.95	Commercial				
Fire protection		Pay cable	3.00			
•Burglar protection						
Installation: Residential		Fire protection				
• First set	28.64-68.74	Burglar protection				
Additional set(s)	11.46	Other services:				
• FM radio (if separate rate)		Reconnect	15.28			
Converter	4.99	Disconnect	-			
		Outlet relocation	15.00			
		Move to new address	20.00			
				7		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 060969

Blue Stream Communications, LLC

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), 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
WPBT	2	E	MIAMI, FL
WFOR	4	N	MIAMI, FL
WAMI	69	I	MIAMI, FL
WTVJ	6	N - M	MIAMI, FL
WSVN	7	I	MIAMI, FL
WBFS	33	I	MIAMI, FL
WSFL	39	I - M	MIAMI, FL
WPLG	10	N - M	MIAMI, FL
WPXM	35	I - M	MIAMI, FL
WLRN	17	E	MIAMI, FL
WLTV	23	1	MIAMI, FL
WXEL	42	E	WEST PALM BCH, FL
WHFT	45	I	MIAMI, FL
WSCV	51	1	MIAMI, FL
WSBS	22	I	MIAMI, FL
WGEN	8	1	MIAMI, FL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 060969

Blue Stream Communications, LLC

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an

Н

Primary Transmitters: Radio

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 Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	d: 2022/2 LEGAL NAME OF OWNER OF (CABLE SYST	EM:						FOR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	Blue Stream Communi									060969
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LO	G					
Substitute	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 explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	ITUTE CARRIAGE						
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	roadcast by a distant station?									X NO
	Note: If your answer is "No"	. leave the	rest of this pag	ie blank. If vour answer i	s "Ye	s." vou mu	st comple	te the	e prograr	
	log in block 2.	,		,			•		. 0	
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations w clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute properiod, was broadcast by a distant station and that your cable system substituted under certain FCC rules, regulations, or authorizations. See page (v) of the gener Do not use general categories like "movies" or "basketball." List specific program "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "Noteolumn 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 state case of Mexican or Canadian stations, if any, the community with which the state Column 5: Give the month and day when your system carried the substitute profirst. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cate to the nearest five minutes. Example: a program carried by a system from 6:01:15 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for program to delete under FCC rules and regulations in effect during the accounting period; was substituted for programming that your system was permitted to delete under							nt, during the ramming of the for furth ample, "I Less the time and the first the	ne acc of and er in ove e FC , with mes a shou	counting other stat formation Lucy" or CC or, in the more accurated by the second of t	ion n. hth dy
	effect on October 19, 1976.				П	WHEN SUBSTITUTE				
	S	JBSTITUT	E PROGRAM	T	4		AGE OCC			7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		5. MONTH AND DAY	FROM	TIME —	TO	
								_		
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Accounting Period: 2	2022/2		FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
Name	Blue Stream Communications, LLC			060969
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's second (as identified in space E) during the accounting period. For a further explanation of how to compage (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.	dary transmi	ission service mount, see	2,457.63 sss receipts)
	CODVENEUT DOVALTY FFF			
L 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$5 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	S		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you mu accounting period is \$52.00	ust pay for th	nis six-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 the	nan \$137,10	00)	
		3,800.00	,	
	·			
	<u></u>	2,457.63		
	3. Subtract line 2 from line 1	1,342.37		
	4. Enter the amount of gross receipts from space K	1	82,457.63	
	5. Enter the amount from line 3		81,342.37	
	6. Subtract line 5 from line 4	1	01,115.26	
	7. Multiply line 6 by .005 (enter figure here)		\$	505.58
	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	· · · · · · · · · · · <u>-</u>	\$	505.58
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less	than \$527,6	600)	
	1. Enter the amount of gross receipts from space K			
	·	3,800.00		
	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 DUE			
Eiling For and				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		505.58	
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	[\$	525.58
	EFT Trace # or TRANSACTION ID #			
	Important: Your remittance must be in the form of an electronic payment payable to the See page i of the general instructions in the paper SA1-2 form and the Excel instruction			

Accounting Period: 2	2022/2				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: mmunications, LLC			SYSTEM ID# 060969
M Channels	Enter the total system carried Enter the total on which the control of t	s, and (2) the cable system's number of channels on which d television broadcast station number of activated channels cable system carried television	total num th the cab is		. 16
N Individual to Be Contacted	we can contact a	about this statement of accou		DRMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Address	PO Box 397			e 772-597-3161
		(Number, street, rural route, apart Indiantown, FL 3495 (City, town, state, zip)		te number)	
	Email	dmarreel@blue	streamfil	per.com Fax (optional	
0	CERTIFICATION (This statement of account m	ust be cer	tified and signed in accordance with Copyright Office regulations)
O Certification	• I, the undersigned	d, hereby certify that (Check o	ne, <i>but on</i>	ly one, of the boxes.)	
	(Owner	other than corporation or p	artnershi	p) I am the owner of the cable system as identified in line 1 of space	B; or
				artnership) I am the duly authorized agent of the owner of the cable and a corporation or partnership; or	system as identified
		r or partner) I am an officer (n line 1 of space B.	if a corpor	ation) or a partner (if a partnership) of the legal entity identified as o	wner of the cable system
		e, and correct to the best of m		clare under penalty of law that all statements of fact contained herei ge, information, and belief, and are made in good faith.	1
			_X	/s/Joseph Canavan	_
		- 0		electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	I name:	Joseph Canavan	
		Title:	CEO tle of officia	position held in corporation or partnership)	
		Date:		03/01/2023	

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counting Period: 2022/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ue Stream Communications, LLC	060969
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? X NO	P Special Statement Concerning Gross Receipts Exclusion
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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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	
contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** 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, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	
Address	
ID number First community served Accounting period	

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