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 COPYRIGE	IT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instructions are located in the first tab of this workbook.	1/30/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	OUNTING 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)
ccounting 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
		COMMUNICATION CONSTRUCTION SERVCES, INC.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		4400 PGA BLVD. STE. 200 (Number, street, rural route, apartment, or suite number)
		PALM BEACH GARDENS, FL 33410-6775 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space E
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		FORT POLK, LA

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	COMMUNICATION CONSTRUCTION SERVCES, INC.	6212
D	Instructions: List each separate community served by the cable system. A "commur "a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single, t will serve as a form of system identification hereafter knowr
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
First	CITY OR TOWN FORT POLK	LA STATE
Community		
-		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM.							1-2E. PAGI STEM II
Name			I SERVCE	S, INC.				U.I.	6212
E	SECONDARY TRANSMISSION In General: The information in s					transmission	service of th	e cable	
_	system, that is, the retransmission	•		-					
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the n	,	•						
Nates	separately for the particular serv							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed	• •	,		standar	d rate variation	s within a pa	articular rate	
	category, but do not include disc							4	
	Block 1: In the left-hand block			-		-			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			0		•			
	subscriber who pays extra for ca	ble service to a	dditional set	s would be	included	in the count ur	nder "Servic	e to the	
	first set" and would be counted o								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.	and rates, in the	ngni-nanu i	NUCK. A LWO	- or three	-word descript		ervice is	
		OCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		ATE	САТ	EGORY OF SE		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCITIBL	.1.0 1		CAIL			SUBSCITIBLITS	NA1
	Service to first set		20	39.50					
	Service to additional set(s)			00.00					•
	• FM radio (if separate rate)								
	Motel, hotel		0						
	Commercial		•						•
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISSION	S: RATES					
F	In General: Space F calls for rat	•	,	•		• •			
Г	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services		,	0			0()		
Other Than	amount of the charge and the ur								
	enter only the letters "PP" in the		,	,				g,	
Secondary			o coblo ave	and far aaak	of the a	pplicable servi	ces listed.		
ransmissions:	Block 1: Give the standard rat							vere not	
•	Block 1: Give the standard rat Block 2: List any services that	t your cable sys	tem furnishe	d or offered	during t	-	period that v		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	t your cable sys separate charge	tem furnishe e was made	d or offered or establish	during t	-	period that v		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that	t your cable sys separate charge ption and include	tem furnishe e was made e the rate fo	d or offered or establish	during t	-	period that v	form of a	
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	t your cable sys separate charge otion and includ BLOC	tem furnishe e was made e the rate fo CK 1	d or offered or establish [.] each.	during t ed. List t	hese other ser	period that v vices in the	form of a BLOCK 2	
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	t your cable sys separate charge otion and include BLOC RATE	tem furnishe e was made e the rate fo CK 1 CATEGOR	d or offered or establish · each. / OF SERVI	during ti ed. List t CE	-	period that v vices in the	form of a	RATE
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	t your cable sys separate charge otion and include BLOC RATE	tem furnishe e was made e the rate fo CK 1 CATEGOR Installation	d or offered or establish · each. <u>′ OF SERVI</u> : Non-resid	during ti ed. List t CE	hese other ser	period that v vices in the	form of a BLOCK 2	RATE
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	t your cable sys separate charge otion and include BLOC RATE 12.95	tem furnishe was made the rate fo CK 1 CATEGOR Installation • Motel, h	d or offered or establish each. <u>OF SERVI</u> Non-resid otel	during ti ed. List t CE	hese other ser	period that v vices in the	form of a BLOCK 2	RATE
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	t your cable sys separate charge otion and include BLOC RATE	tem furnishe e was made e the rate fo CK 1 CATEGOR • Motel, h • Comme	d or offered or establish each. <u>OF SERVI</u> Non-resid otel cial	during ti ed. List t CE	hese other ser	period that v vices in the	form of a BLOCK 2	RATE
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	t your cable sys separate charge otion and include BLOC RATE 12.95	tem furnishe e was made e the rate fo CK 1 CATEGOR Installation • Motel, h • Comme • Pay cab	d or offered or establish each. OF SERVI Non-resid otel cial	during ti ed. List t CE ential	hese other ser	period that v vices in the	form of a BLOCK 2	RATE
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	t your cable sys separate charge otion and include BLOC RATE 12.95	tem furnishe e was made e the rate fo CK 1 CATEGOR Installation • Motel, h • Comme • Pay cab • Pay cab	d or offered or establish reach. <u>OF SERVI</u> Non-resid otel cial e e e- add'l cha	during ti ed. List t CE ential	hese other ser	period that v vices in the	form of a BLOCK 2	RATE
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	t your cable sys separate charge btion and includ BLOC RATE 12.95 13.50	tem furnishe e was made e the rate fo CK 1 CATEGOR Installation • Motel, h • Comme • Pay cab • Pay cab • Fire pro	d or offered or establish each. <u>OF SERVI</u> Non-resid otel cial e e-add'l cha ection	during ti ed. List t CE ential	hese other ser	period that v vices in the	form of a BLOCK 2	RATI
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	t your cable sys separate charge btion and include BLOO RATE 12.95 13.50 50.00	tem furnishe e was made e the rate fo CK 1 CATEGOR` Installation • Motel, h • Comme • Pay cab • Pay cab • Fire prof • Burglar	d or offered or establish reach. COF SERVI : Non-resid otel cial cial e e-add'l cha ection protection	during ti ed. List t CE ential	hese other ser	period that v vices in the	form of a BLOCK 2	RATI
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection Installation: Residential • First set • Additional set(s)	t your cable sys separate charge btion and include BLOO RATE 12.95 13.50 50.00	tem furnishe e was made e the rate fo CK 1 CATEGOR Installation • Motel, h • Comme • Pay cab • Pay cab • Fire prof • Burglar Other servi	d or offered or establish reach. COF SERVI Non-resid otel rcial readd'I cha ection protection ces:	during ti ed. List t CE ential	hese other ser	period that v vices in the	form of a BLOCK 2	RATI
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	t your cable sys separate charge btion and include BLOO RATE 12.95 13.50 50.00	tem furnishe e was made e the rate fo CK 1 CATEGOR Installation • Motel, h • Comme • Pay cab • Pay cab • Fire prof • Burglar Other servi • Reconne	d or offered or establish each. OF SERVI : Non-resid otel cial e e-add'l cha ection protection ces: ect	during ti ed. List t CE ential	hese other ser	period that v vices in the	form of a BLOCK 2	RATI
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection Installation: Residential • First set • Additional set(s)	t your cable sys separate charge btion and include BLOO RATE 12.95 13.50 50.00	tem furnishe e was made e the rate fo CK 1 CATEGOR Installation • Motel, h • Comme • Pay cab • Pay cab • Fire prof • Burglar Other servi	d or offered or establish each. OF SERVI : Non-resid otel cial e e-add'l cha ection protection ces: ect	during ti ed. List t CE ential	hese other ser	period that v vices in the	form of a BLOCK 2	RATI
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	t your cable sys separate charge btion and include BLOO RATE 12.95 13.50 50.00	tem furnishe e was made e the rate fo CK 1 CATEGOR Installation • Motel, h • Comme • Pay cab • Pay cab • Fire prof • Burglar Other servi • Reconne	d or offered or establish reach. <u>OF SERVI</u> Non-resid otel cial e e-add'l cha ection protection ces: ect	during ti ed. List t CE ential	hese other ser	period that v vices in the	form of a BLOCK 2	RATI

		E OADLE OVOTEM.		SYSTEM
Name	LEGAL NAME OF OWNER O			62
		ONSTRUCTION SERVCES, INC.		V2
	PRIMARY TRANSMITTERS:			
G		entify every television station (including m during the accounting period, except		
•		in effect on June 24, 1981, permitting th		
Primary		e)(2) and (4), or 76.63 (referring to 76.6	1(e)(2) and (4))]; and (2) certain sta	ations carried on a
ransmitters: Television		as explained in the next paragraph. : With respect to any distant stations ca	rried by your cable system on a su	bstitute program
	basis under specific FCC r	ules, regulations, or authorizations:		
	 Do not list the station her station was carried only or 	e in space G—but do list it in space I (th a substitute basis	e Special Statement and Program	Log)—if the
		also in space I, if the station was carried	l both on a substitute basis and als	o on some other
		on concerning substitute basis stations,		
		n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	c	
	"WETA-2" as the same on	the form.	c	
		el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	vision station for broadcasting over	the air in its community
		r case whether the station is a network s	station, an independent station, or a	a noncommercial
		ering the letter "N" (for network), "N-M" (
		, "E" (for noncommercial educational), o erms, see page (iv) of the general instru		ional multicast).
		on of each station. For U.S. stations, list		is licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of th	e community with which the station	n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КУНР	29	N	LAKE CHARLES, LA
	KLAX	31	N	ALEXANDRIA, LA
Rows as Necessary	KLPA	25	N	ALEXANDRIA, LA
nows as necessary				
	KLFY	10	Ν	LaFAYETTE, LA
		_		
	KALB	5	N	ALEXANDRIA, LA
	KALB	5	N	ALEXANDRIA, LA
	KALB	5	N	ALEXANDRIA, LA
	KALB	5	N	ALEXANDRIA, LA
	KALB	5	N	ALEXANDRIA, LA
	KALB	5	N	ALEXANDRIA, LA
	KALB	5	N	ALEXANDRIA, LA
	KALB	5	N	
		5	N	ALEXANDRIA, LA
		5	N	
		5	N	
		5	N	
		5	N	
		5	N	
		5		
		5		
		5		
		5		
		5		
		5		
		5		
		5		

EGAL NAME OF			ICTION SERVCES, INC.					SYSTEM I
			,					521
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be rece to the Co sign of the static ion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s pyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante his point, see page ed by the cable s he station is licen	eadend, and (ź enna, during c ge (v) of the g system as a se sed by the FC	2) it can ærtain s eneral ir eparate	be expected, tated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2022/2						FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	COMMUNICATION CO	NSTRUC	TION SERVO	CES, INC.				62120
	SUBSTITUTE CARRIAGI	E: SPECIA			G			
	In General: In space I, ident	-	-			tion that your	cable syst	em carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	network televi	sion progr	am
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram Log	Note: If your answer is "No		rest of this na	ge blank. If your answer is	s "Ves " vou r	must complete		
	log in block 2.	, leave the	iest of this pa	ge blank. If your answer is	s res, your	nust complete	e the prog	rain
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			ate line. Use abbreviations	s wherever po	ossible, if thei	r meaning	is
	clear. If you need more spa						-	
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.							-
				er "Yes." Otherwise enter "				
				asting the substitute progr he community to which the		opport by the	ECC or i	
	the case of Mexican or Car							11
	Column 5: Give the mor	nth and day		stem carried the substitute			with the m	onth
	first. Example: for May 7 giv							
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carr	Ted by a system from 6:01	:15 p.m. to 6	:28:30 p.m. s	noula be	
		er "R" if the	listed program	n was substituted for prog	ramming that	vour svstem	was requi	ired
	to delete under FCC rules a							
	was substituted for program	• •	our system w	as permitted to delete und	ler FCC rules	and regulation	ons in	
	affect on October 10, 1076							
	effect on October 19, 1976							
					WHE	N SUBSTITI	JTE	
		UBSTITUT	E PROGRAM		CARRI	AGE OCCU	RRED	7. REASON FOR
			E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION			RRED	7. REASON FOR DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUP 6. TIM	RRED ES	

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
Name	COMMUNICATION CONSTRUCTION SERVCES, INC.		62120
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmers (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service	.52
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 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.	5263,800	
	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 th accounting period is \$52.00.	nis six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
			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		
	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		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 273HT6P1		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: TION CONSTRUCTION SERVCES, INC.	SYSTEM ID# 62120
M Channels	 to its subscribe 1. Enter the tol system carrie 2. Enter the tol on which the 	You must give (1) the number of channels on which the cable system carried television broa rs, and (2) the cable system's total number of activated channels during the accounting per al number of channels on which the cable d television broadcast stations	
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.)	
for Further Information	Name	Timothy Natole	Telephone 561-775-1208
	Address	4400 PGA Blvd., Ste 200 (Number, street, rural route, apartment, or suite number) Palm Beach Gardens, FL 33410-6775 (City, town, state, zip)	
	Email	tnatole@corp.warrior.tv Fax (optiona)
O Certification	I, the undersig X (Owr (Age in (Offi in in I have examinare true, complete	(This statement of account must be certified and signed in accordance with Copyright Offined, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in I and of owner other than corporation or partnership) I am the duly authorized agent of the owner in line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity in in ine 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact cr tete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ition 1001(1986)] X /s/Tim Evard	ine 1 of space B; or er of the cable system as identified dentified as owner of the cable system ontained herein
		Enter an electronic signature on the line above to certify this state. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Tim Evard	ement.
		Title: Exec. VP (Title of official position held in corporation or partnership)	
		Date: 01/27/20.	23

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 telephon 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 i 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 th completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law

Inting Period: 2022/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
IMUNICATION CONSTRUCTION SERVCES, INC.	6212
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
NO	
YES. Enter the total here and list the satellite carrier(s) below.	-
Name 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 Assessmer
	-
X	-
x	-
x	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
xdays	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$	- - -
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$ - - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$ - - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	-
Line 3 Multiply line 2 by the number of days late and enter the sum here -	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$ - - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	-
x	-
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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