STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

SA3E Long Form

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY TH	IIS STATEMENT:			
Accounting Period	2022/2				
B Owner	Instructions: Give the full legal name of the owner of the cable rate title of the subsidiary, not that of the parent corpor List any other name or names under which the owners during the account a single statement of account and royalty fee payment Check here if this is the system's first filing. If r	ration. wner conducts the business of the cable system <i>ing period, only the owner on the last day of the</i>	accounting period should su		62557
	LEGAL NAME OF OWNER/MAILING ADDRESS O	F CABLE SYSTEM			
	Frontier Florida LLC				
				6255	720222
				62557	2022/2
	401 Merritt 7 Norwalk, CT 06851				
С	INSTRUCTIONS: In line 1, give any business or names already appear in space B. In line 2, give				
System	1 IDENTIFICATION OF CABLE SYSTEM: (Temple Terrace, FL) VHO 2				
	MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)				
	(City, town, state, zip code)				
D	Instructions: For complete space D instructions	s, see page 1b. Identify only the first comm	unity served below and re	elist on page	1b
Area	with all communities.				
Served	CITY OR TOWN	STATE			
First	Temple Terrace	FL			
Community	Below is a sample for reporting communities if	you report multiple channel line-ups in Sp	ace G.		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Sample	Alda	MD	A		1
	Alliance Gering	MD MD	B		2 3
	Gening		D		5
Privacy Act Notic	e: Section 111 of Title 17 of the United States Code authorizes t	the Copyright Office to collect the personally identifying	information (PII) requested on t	his	
	ocess your statement of account. PII is any personal information	•			
• •	ding PII, you are agreeing to the routine use of it to establish and pared for the public. The effect of not providing the PII requested		•		

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2-27-23

D

Area

Served

SYSTEM ID#

62557

FORM	SA3E.	PAGE	1b.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

Frontier Florida LLC

Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 known 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 or town.

If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).

When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.

CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	1
Temple Terrace	FL	Α	2	First
Bartow	FL	В	1	Community
Belleair	FL	Α	1	
Belleair Ranch	FL	Α	1	
Belleair Bluffs	FL	Α	1	
Belleair Shore	FL	Α	1	See instructions for
Bradenton	FL	С	1	additional information
Clearwater	FL	Α	2	on alphabetization.
Davenport	FL	В	1	
Dundee	FL	В	1	
Dunedin	FL	Α	2	
Eagle Lake	FL	В	1	Add rows as necessary
Haines City	FL	В	1	
Hillsborough county	FL	Ā	2	
Indian Rocks Beach	FL	Α	1	
indian Shores	FL	A	1	
Kenneth city	FL	A	2	
Lake Wales	FL	B	1	
Lakeland	FL	B	1	
	FL		1	
Largo Longboat Key	FL	A C	1	
	FL			
Madeira Beach		A	1	
New Port Richey	FL FL	C	1	
North Port	FL	<u>A</u>		
North Reddington Beach	FL	C	1	
Oldsmar	FL	A C	2	
Palmetto	FL		1	
Pasco County	FL	Α	2 2	
Pinellas County	FL	Α	2	
Pinellas Park	FL	Α	2	
Plant City	FL	Α	2	
Polk County	FL	В	1	
Port Richey	FL	Α	1	
Redington Beach	FL	Α	1	
Redinton Shores	FL	Α	1	
Safety harbor	FL	Α	2	
Sarasota	FL	С	1	
Sarasota County	FL	С	1	
Seminole	FL	Α	1	
St. Petersburg	FL	Α	2	
Tampa	FL	Α	2	
Tarpon Springs	FL	Α	1	
Venice	FL	С	1	
Winter Haven	FL	В	1	

Zephyrhills	FL	Α	1	

Nomo	LEGAL NAME OF OWNER OF CABL	E SYSTEM:								SYSTEM ID
Name	Frontier Florida LLC									6255
· _ ·	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRI	BERS AND R	ATES					
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
ļ	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Transmission	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									
Service: Sub-		•						•		
scribers and Rates	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									
Rales	separately for the particular serv								schargeu	
	Rate: Give the standard rate of								ge and the	
	unit in which it is generally billed	-	-						-	
	category, but do not include disc									
	Block 1: In the left-hand block									
	systems most commonly provide									
	that applies to your system. Not									
	categories, that person or entity subscriber who pays extra for ca									
	first set" and would be counted of						una			
	Block 2: If your cable system					service that	are	different	from those	
	printed in block 1 (for example, t	tiers of services	that in	clude one or n	nore secon	dary transmis	ssior	ns), list th	em, together	
	with the number of subscribers a	and rates, in the	right-h	nand block. A t	two- or thre	e-word desci	riptic	on of the s	service is	
	sufficient.									
	BLO	OCK 1						BLOC		-
	CATEGORY OF SERVICE	NO. OF SUBSCRIBEI	RS	RATE	САТІ	EGORY OF S	SER	VICE	NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCIRIBLI	1.0	NATE	UA1			VICE	SUBSCRIBERS	INATE
	Service to first set	74	,840	\$ 24.99						
	Service to additional set(s)	/4,	,040	ə 24.99						
	()									
	• FM radio (if separate rate)									
	Motel, hotel	45	404	¢ 24.00						
	Commercial	15,	,481	\$ 34.99						
	Converter									
	Residential									
	Residential Non-residential									
	Residential Non-residential SERVICES OTHER THAN SEC				-				icos that work	
F	Residential Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra	te (not subscribe	er) info	ormation with r	espect to a					
F	Residential Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, f	te (not subscribe those services th	er) info nat are	ormation with r not offered in	espect to a combination	on with any s	ecor	ndary trar	nsmission	
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Category of Service Block 1	Residential Rate	Commercial Rate
Installation – Initial		
Installation	75	89.99
Installation - Additional	34.99	34.99
Set(s)		
Outlet Relocation Block 2	69.99	69.99
FiOS TV Prime HD	94	89.99
FiOS TV Custom (2		
channel)	N/A	64.99
FiOS TV Extreme HD	99	94.99
FiOS TV Custom Essentials	83	104.99
FiOS TV Ultimate HD	110	
Global Sports Pass	6	11.99
Sports Pass	9.99	
Kids, Teen and Family	6	
Cinemax	5	15.99
EPIX	5	15.99
Showtime, Starz	29.99	up to 28.99
Entertainment Pack		
Starz/Encore	5	N/A
HBO	5	
Starz/Encore Pack - Ultimate HD		N/A
Starz/Encore Pack -		10.00
Extreme HD		13.99
Showtime/The Movie	5	N/A
Channel / Flix	·	
Fully Loaded Ent. Pack	N1/A	48.99
nere! Music Choice	N/A N/A	8.99 34.99
Showtime	N/A N/A	15.99
Playboy + Playboy en		
Espanol		N/A
Fully Loaded Ent. Pack - Ultimate HD		31.98
Extreme Fully Loaded Ent. Pack		41.97
Prime Fully Loaded Ent. Pak		N/A
Showtime Starz Ent. Pack		N/A
Showtime Starz Ent. Pack -		9.99
Ultimate HD Latino Package	15	14.99
STARZ	15 N/A	14.99
Too Much for TV!	N/A N/A	15.99
International Premium		
Channels	Varies	Varies

On Demand/Pay Per View Cable Card	Varies 5.99	Varies 4.99
Digital Adapter	6.99	4.99 5.99
Set Top Box	8.99	8.99
FiOS Wireless Router	9.99	9.99 / 199.99
Quantum Whole-Home DVR	11	N/A
Quantum Enhanced ExperienceDVR Service Quantum Premium	10	19.99
Experience Quantum TV - Enhanced	20	N/A
Standard TV Whole-Home DVR Quantum TV - Premium	15	N/A
		N/A
Additional Outlet.Set-Top		N/A
Box Connection	34.99	34.99
		49.99
New Outlet Installation	54.99 69.99	69.99
Existing Outlet Connection	34.99	34.99
FiOS TV Activation Fee	N/A	99.99
Service Repair Visit (1st 1/2 hr)	91	120
Service Repair (add'l 1/2 hr)	46	53
Set Top Box Retrieval		99.99
Tech Visit Charge	99.99	99.99
STB Return = Drop off	Free	No Charge N/A
Specialty DVR Upgrade Set Top Box Add/Upgrade Drop Fee		N/A 19.99
TV Equipment Upgrade Fee		N/A
TV Equipment Tech Install		N/A
Seasonal Service Suspension	34.99	N/A
Service Suspend for nonpayment		29.99
Additional or Big Button Remote	14.99	
Replacement Remote	14.99	14.99
		199.99
		100
		175
Unreturned/Damaged STB SD	100.00.	240
Unreturned/Damaged STB Media Client	100	N/A

Unreturned/Damaged STB HD	100	350
Unreturned/Damaged STB SD DVR	200	N/A
Unreturned/Damaged STB HD DVR	200	550
Unreturned/Damaged STB Media Server	200	N/A

FORM SA3E. PAGE 3.						
LEGAL NAME OF OW	NER OF CABLE SY	STEM:			SYSTEM ID#	t Name
Frontier Florid	la LLC				62557	, Name
RIMARY TRANSMITT	TERS: TELEVISIO	N				
carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7	system during th ations in effect or '6.61(e)(2) and (4	ne accounting 1 June 24, 198 4), or 76.63 (r	period, except 81, permitting th referring to 76.6	(1) stations carrie le carriage of cert	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary
	Stations: With r	espect to any	distant stations	s carried by your o	cable system on a substitute program	Transmitters: Television
asis under specific F Do not list the statio station was carried	n here in space	G-but do list		e Special Statem	ent and Program Log)—if the	
List the station here	, and also in spa	ice I, if the sta			tute basis and also on some other of the general instructions located	
	ch station's call				s such as HBO, ESPN, etc. Identify tion. For example, report multi-	
			U U	•	h stream separately; for example	
Column 2: Give th			0		ion for broadcasting over-the-air in may be different from the channel	
	te in each case v	vhether the st			ependent station, or a noncommercial	
or independent mult	ticast), "E" (for no	oncommercial	l educational), o	r "E-M" (for nonco	ast), "I" (for independent), "I-M" ommercial educational multicast).	
Column 4: If the s	station is outside	the local serv	/ice area, (i.e. "o	distant"), enter "Ye	he paper SA3 form. es". If not, enter "No". For an ex-	
•	have entered "Ye	es" in column	4, you must cor	mplete column 5,	stating the basis on which your	
able system carried arried the distant sta	the distant static	•	υ.	•	tering "LAC" if your cable system	
	ation on a part-tir	ne basis beca	ause of lack of a	ictivated channel	capacity.	
For the retransmis	sion of a distant	multicast stre	eam that is not s	subject to a royalt	y payment because it is the subject	
For the retransmis a written agreemer a cable system and	ssion of a distant nt entered into or I a primary transi	multicast stre n or before Ju mitter or an as	eam that is not s ne 30, 2009, be ssociation repre	subject to a royalt tween a cable system senting the prima	y payment because it is the subject stem or an association representing ry transmitter, enter the designa-	
For the retransmis f a written agreemer ne cable system and on "E" (exempt). For xplanation of these t	ssion of a distant nt entered into or I a primary transi r simulcasts, also three categories,	multicast stree n or before Ju mitter or an as o enter "E". If , see page (v)	eam that is not s ne 30, 2009, be ssociation repre you carried the of the general i	subject to a royalt tween a cable system senting the prima channel on any of instructions locate	y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.	
For the retransmis f a written agreemen the cable system and on "E" (exempt). For xplanation of these the Column 6: Give the CC. For Mexican or	ssion of a distant nt entered into or l a primary transi simulcasts, also three categories, ne location of ea Canadian station	multicast stree n or before Ju mitter or an as o enter "E". If see page (v) ch station. Fo ns, if any, give	eam that is not s ne 30, 2009, be ssociation repre you carried the of the general i r U.S. stations, e the name of th	subject to a royalt tween a cable systemating the prima channel on any or instructions locate list the community	y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identified.	
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For the retransmis a written agreemer e cable system and on "E" (exempt). For column 6: Give th CC. For Mexican or ote: If you are utilizing . CALL SIGN WCLF WEDU WTOG WFTT WVEA WWSB WFLA WTSP	ssion of a distant the entered into or l a primary transport r simulcasts, also three categories, he location of ear Canadian station ing multiple char 2. B'CAST CHANNEL NUMBER 22 3 44 50 62 40 8 10	multicast stree n or before Ju mitter or an as o enter "E". If see page (v) ch station. Fo ns, if any, give neel line-ups, ' CHANN 3. TYPE OF STATION I E N I I N N N	eam that is not s ne 30, 2009, be ssociation repre you carried the of the general i r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO	subject to a royalt tween a cable systematic actions and or any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE	y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identified. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 6. LOCATION OF STATION 6. LOCATION OF STATION 7 Tampa,FL 7 St. Petersburg,FL 7 Tampa,FL Venice,FL Sarasota,FL 7 Tampa,FL St. Petersburg,FL	additional information
For the retransmis f a written agreemen te cable system and on "E" (exempt). For xplanation of these f Column 6: Give th CC. For Mexican or ote: If you are utilizing . CALL SIGN WCLF WEDU WTOG WFTT WVEA WWSB WFLA WTSP WFTS	ssion of a distant the entered into or l a primary transport r simulcasts, also three categories, he location of ear Canadian station ing multiple chan 2. B'CAST CHANNEL NUMBER 22 3 44 50 62 40 8 10 28	multicast stree n or before Ju mitter or an as o enter "E". If see page (v) ch station. Fo ns, if any, give neel line-ups, ' CHANN 3. TYPE OF STATION I E N I I N N N	eam that is not s ne 30, 2009, be ssociation repre you carried the of the general i r U.S. stations, e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No	subject to a royalt tween a cable systematic actions and or any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE	y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identified. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 6. LOCATION OF STATION Clearwater,FL Tampa,FL St. Petersburg,FL Tampa,FL Venice,FL Sarasota,FL Tampa,FL St. Petersburg,FL Tampa,FL St. Petersburg,FL Tampa,FL	additional information
For the retransmis f a written agreemen the cable system and on "E" (exempt). For xplanation of these f Column 6: Give th CC. For Mexican or ote: If you are utilizing . CALL SIGN WCLF WEDU WTOG WFTT WVEA WFTT WVEA WFLA WTSP WFTS WMOR	ssion of a distant the entered into or l a primary transport r simulcasts, also three categories, he location of ear Canadian station ing multiple char 2. B'CAST CHANNEL NUMBER 22 3 44 50 62 40 8 10 28 32	multicast stree n or before Ju mitter or an as o enter "E". If see page (v) ch station. Fo ns, if any, give neel line-ups, ' CHANN 3. TYPE OF STATION I E N I I N N N N I	eam that is not s ne 30, 2009, be ssociation repre you carried the of the general i r U.S. stations, e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO NO NO	subject to a royalt tween a cable systematic actions and or any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE	y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identified. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Clearwater,FL Tampa,FL St. Petersburg,FL Tampa,FL Venice,FL Sarasota,FL Tampa,FL St. Petersburg,FL Tampa,FL St. Petersburg,FL Tampa,FL Lakeland,FL	additional information
For the retransmis f a written agreemen he cable system and on "E" (exempt). For xplanation of these f Column 6: Give th CC. For Mexican or lote: If you are utilizing . CALL SIGN WCLF WEDU WTOG WFTT WVEA WVEA WVEA WVEA WFLA WTSP WFTS WMOR	ssion of a distant the entered into or l a primary transport r simulcasts, also three categories, he location of ear Canadian station ing multiple char 2. B'CAST CHANNEL NUMBER 22 3 44 50 62 40 8 10 28 32 13	multicast stree n or before Ju mitter or an as o enter "E". If see page (v) ch station. Fo ns, if any, give neel line-ups, ' CHANN 3. TYPE OF STATION I E N I I N N N N I	eam that is not s ne 30, 2009, be ssociation repre you carried the of the general i r U.S. stations, e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO NO NO NO	subject to a royalt tween a cable systematic actions and or any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE	y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identified. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 6. LOCATION OF STATION Clearwater,FL Tampa,FL St. Petersburg,FL Tampa,FL Venice,FL Sarasota,FL Tampa,FL St. Petersburg,FL Tampa,FL St. Petersburg,FL Tampa,FL Lakeland,FL Tampa,FL	additional information
For the retransmis f a written agreemen he cable system and on "E" (exempt). For xplanation of these f Column 6: Give th CC. For Mexican or lote: If you are utilizing . CALL SIGN WCLF WEDU WTOG WFTT WVEA WTOG WFTT WVEA WVEA WVSB WFLA WTSP WFTS WMOR WTVT WTTA	ssion of a distant the entered into or l a primary transport r simulcasts, also three categories, he location of ear Canadian station ing multiple char 2. B'CAST CHANNEL NUMBER 22 3 44 50 62 40 8 10 28 32 13 38	multicast stree n or before Ju mitter or an as o enter "E". If see page (v) ch station. Fo ns, if any, give neel line-ups, f CHANN 3. TYPE OF STATION I E N I I I N N N N I I I I I I I I I	eam that is not s ne 30, 2009, be ssociation repre you carried the of the general i r U.S. stations, e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO NO NO NO NO	subject to a royalt tween a cable systematic actions and or any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE	y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the owhich the station is identified. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 6. LOCATION OF STATION Clearwater,FL Tampa,FL St. Petersburg,FL Tampa,FL Venice,FL Sarasota,FL Tampa,FL St. Petersburg,FL Tampa,FL Lakeland,FL Tampa,FL St. Petersburg,FL	additional information
For the retransmis f a written agreemen he cable system and on "E" (exempt). For xplanation of these f Column 6: Give th CC. For Mexican or lote: If you are utilizing to CALL SIGN WCLF WEDU WTOG WFTT WVEA WTOG WFTT WVEA WFLA WFLA WTSP WFTS WMOR WTVT WTTA WUSF	ssion of a distant the entered into or l a primary transport r simulcasts, also three categories, he location of ear Canadian station ing multiple chart 2. B'CAST CHANNEL NUMBER 22 3 44 50 62 40 8 10 28 32 13 38 16	multicast stree n or before Ju mitter or an as o enter "E". If see page (v) ch station. Fo ns, if any, give neel line-ups, f CHANN 3. TYPE OF STATION I E N I I I N N N N I I I I I I I I I	eam that is not s ne 30, 2009, be ssociation repre you carried the of the general i r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO NO NO NO NO	subject to a royalt tween a cable systematic actions and or any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE	y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identified. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 6. LOCATION OF STATION 6. LOCATION OF STATION 7 ampa,FL 7 St. Petersburg,FL 7 Tampa,FL 8 St. Petersburg,FL 7 Tampa,FL 8 St. Petersburg,FL 7 Tampa,FL Lakeland,FL 7 ampa,FL 5 St. Petersburg,FL 7 ampa,FL 5 St. Petersburg,FL 7 Tampa,FL 5 St. Petersburg,FL 7 Tampa,FL 7 Tampa,FL	additional information
For the retransmis f a written agreemen e cable system and on "E" (exempt). For xplanation of these f Column 6: Give th CC. For Mexican or lote: If you are utilizing I. CALL SIGN WCLF WEDU WTOG WFTT WEDU WTOG WFTT WVEA WVEA WVEA WVEA WVSB WFTS WMOR WTVT WTTA WUSF WRMD	ssion of a distant the entered into or l a primary transport r simulcasts, also three categories, he location of ear Canadian station ing multiple chan 2. B'CAST CHANNEL NUMBER 22 3 44 50 62 40 8 10 28 32 13 38 16 49	multicast stree n or before Ju mitter or an as o enter "E". If see page (v) ch station. Fo ns, if any, give neel line-ups, f CHANN 3. TYPE OF STATION I E N I I I N N N N I I I I I I I I I	eam that is not s ne 30, 2009, be ssociation repre you carried the of the general is r U.S. stations, e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO NO NO NO NO	subject to a royalt tween a cable systematic actions and or any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE	y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identified. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 6. LOCATION OF STATION Clearwater,FL Tampa,FL St. Petersburg,FL Tampa,FL Venice,FL Sarasota,FL Tampa,FL St. Petersburg,FL Tampa,FL St. Petersburg,FL Tampa,FL Lakeland,FL Tampa,FL St. Petersburg,FL Tampa,FL St. Petersburg,FL Tampa,FL St. Petersburg,FL Tampa,FL St. Petersburg,FL Tampa,FL	additional information
For the retransmiss of a written agreemen he cable system and ion "E" (exempt). For explanation of these f Column 6: Give th FCC. For Mexican or Note: If you are utilizing 1. CALL SIGN V WEDU V WEA V V WEA V WEA V WEA V WEA V WEA V WEA V WEA V WEA V WEA V WEA V WEA V WEA V WEA V WEA V WEA V V WEA V WEA V WEA V V WEA V V WACA V V WACA V WEA V V WACA V V WACA V V WACA V V WACA V WEA V V WACA V V WACA V V WACA V V WACA V WACA V V WACA V V WACA V V WACA V V WACA V V WACA V V WACA V V WACA V V WACA V V WACA V V WACA V V WACA V V WACA V V WACA V V WACA V V V V V V V V V V V V V V V V V V	ssion of a distant internet entered into or l a primary transport r simulcasts, also three categories, he location of ear Canadian station ing multiple charn 2. B'CAST CHANNEL NUMBER 22 3 44 50 62 40 8 10 28 32 13 38 16 49 22	multicast stree n or before Ju mitter or an as o enter "E". If see page (v) ch station. Fo ns, if any, give neel line-ups, ' CHANN 3. TYPE OF STATION I E N I I I N N N N I I I I I I I I I	eam that is not s ne 30, 2009, be ssociation repre you carried the of the general i r U.S. stations, e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO NO NO NO NO	subject to a royalt tween a cable systematic actions and or any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE	y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identified. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 6. LOCATION OF STATION 6. LOCATION OF STATION 7 Tampa,FL 7 St. Petersburg,FL 7 Tampa,FL Venice,FL Sarasota,FL 7 Tampa,FL St. Petersburg,FL 7 Tampa,FL Lakeland,FL 7 Tampa,FL St. Petersburg,FL 7 Tampa,FL St. Petersburg,FL 7 Tampa,FL St. Petersburg,FL 7 Tampa,FL St. Petersburg,FL 7 Tampa,FL St. Petersburg,FL 7 Tampa,FL Clearwater,FL	additional information

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Frontier Florida	LLC				62557	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulation	ystem during th ons in effect or	ne accounting 1 June 24, 198	period, except 31, permitting th	(1) stations carrie e carriage of cert	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
substitute program bas Substitute Basis S	is, as explaine tations: With r	d in the next pespect to any	paragraph. distant stations		and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters Television
Dasis under specifc FC Do not list the station station was carried	here in space	G-but do lis		e Special Statem	ent and Program Log)—if the	
List the station here, a basis. For further in	and also in spa formation conc	ice I, if the sta			itute basis and also on some other of the general instructions located	
	h station's call				es such as HBO, ESPN, etc. Identify	
					ation. For example, report multi- ch stream separately; for example	
Column 2: Give the			-		tion for broadcasting over-the-air in may be different from the channel	
on which your cable sy Column 3: Indicate			ation is a netwo	rk station. an inde	ependent station, or a noncommercial	
educational station, by	entering the le	tter "N" (for ne	etwork), "N-M" (f	for network multic	cast), "I" (for independent), "I-M"	
(for independent multic For the meaning of the					ommercial educational multicast).	
Column 4: If the sta	ation is outside	the local serv	/ice area, (i.e. "c	listant"), enter "Y	es". If not, enter "No". For an ex-	
planation of local servio Column 5: If you ha					e paper SA3 form. stating the basis on which your	
cable system carried th	ne distant statio	on during the	accounting perio	d. Indicate by en	tering "LAC" if your cable system	
carried the distant stati	•					
					y payment because it is the subject stem or an association representing	
the cable system and a	a primary transi	mitter or an as	ssociation repre	senting the prima	ary transmitter, enter the designa-	
· · /					ther basis, enter "O." For a further ed in the paper SA3 form.	
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the communit	y to which the station is licensed by the	
					h which the station is identifed.	
Note: If you are utilizing	y multiple char	• *	•		channel line-up.	
		CHANN	EL LINE-UP	AB		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE (If Distant)		
N , WVEA-simulcast	NUMBER 25	STATION	No		Vanica El	
WWSB-simulcast		I NI			Venice,FL Sarasota El	
WWSB-simulcast	52 7	N	No		Sarasota,FL	
-L	7	N	No		Tampa,FL	
WTSP-simulcast	24	N	No		St. Petersburg,FL	
WFTS-simulcast	29	N ·	No		Tampa,FL	
WMOR-simulcast	19	l	No		Lakeland,FL	
WTVT-simulcast	12	l	No		Tampa,FL	
WTTA-simulcast	57	 	No		St. Petersburg,FL	
WUSF-simulcast	16	E	No		Tampa,FL	
WFLA 8 Prime	8	N-M	No		Tampa,FL	
WTSP Antenna TV	10	N-M	No		St. Petersburg,FL	
W WFTS ABC LAFF	29	N-M	No		Tampa,FL	
Th This TV Network s_IWMOR1	32	I-M	No		Lakeland,FL	
W WMOR Estrella	32	I-M	No		Lakeland,FL	
W V WVEA LATV	62	I-M	No		Venice,FL	
W WTVT Movies!	12	I-M	No		Tampa,FL	
W U WUSF 2	16	E-M	No		Tampa,FL	
W	4.4		NL.	1		

WUSF Knowledge

16

E-M

No

Tampa,FL

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Na
Frontier Florida	LLC				62557	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati	ystem during th ons in effect or .61(e)(2) and (4	ne accounting 1 June 24, 198 4), or 76.63 (r	period, except 31, permitting th eferring to 76.61	 stations carrie carriage of cert 	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters
basis under specifc FC	C rules, regula	tions, or auth	orizations:		cable system on a substitute program ent and Program Log)—if the	Television
	and also in spa	ice I, if the sta			tute basis and also on some other f the general instructions located	
each multicast stream	h station's call associated with	n a station acc	cording to its over	er-the-air designa	s such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example	
WETA-simulcast). Column 2: Give the	e channel numb	per the FCC h	as assigned to t	he television stat	ion for broadcasting over-the-air in may be different from the channel	
on which your cable sy Column 3: Indicate	stem carried th in each case v	ne station. whether the st	ation is a netwo	rk station, an inde	ependent station, or a noncommercial	
for independent multic For the meaning of the	ast), "E" (for no se terms, see	oncommercial page (v) of the	educational), o e general instruc	r "E-M" (for nonco ctions located in t		
olanation of local servi Column 5: If you ha	ce area, see pa ave entered "Ye	age (v) of the es" in column	general instructi 4, you must cor	ions located in the nplete column 5,	stating the basis on which your	
carried the distant stati	on on a part-tir	ne basis beca	use of lack of a	ctivated channel	tering "LAC" if your cable system capacity. y payment because it is the subject	
of a written agreement	entered into or	n or before Ju	ne 30, 2009, be	tween a cable sy	stem or an association representing ry transmitter, enter the designa-	
ion "E" (exempt). For s explanation of these th	simulcasts, also ree categories,	o enter "E". If , see page (v)	you carried the o of the general i	channel on any o nstructions locate	ther basis, enter "O." For a further ed in the paper SA3 form.	
					y to which the station is licensed by the n which the station is identifed.	
Note: If you are utilizin	g multiple char	nel line-ups,	use a separate s	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AC		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL		(Yes or No)	CARRIAGE		
W WUSF CRT	NUMBER	STATION		(If Distant)	Tomas El	
WUSF CRT	16 10	E-M	No		Tampa,FL	
	16 54	E-M	No		Tampa,FL Tampa Fl	
E WEDU FLA	54 54	E-M	No		Tampa,FL Tampa Fl	
WEDU FLA	54 54	E-M	No		Tampa,FL Tampa Fl	
E WEDO Plus W WTTA Cozi TV	54 57	E-M	No		Tampa,FL St. Botorsburg El	
WITA Cozi TV WWTSP Justice	57 10	I-M	No		St. Petersburg,FL	
T Network	10	N-M	No		St. Petersburg,FL	
Bounce TV WFTT	47	I-M	No		Tampa,FL	
WTOG Decades	59 10	N-M	No		St. Petersburg,FL	
WTVT Buzzr	12	I-M	No		Tampa,FL	
WFTT Escape TV	47	I-M	No		Tampa,FL	
WFTT getTV	47	I-M	No		Tampa,FL	
	22	 _	No		Clearwater,FL	
	3	E	No		Tampa,FL	
T	44	N	No		St. Petersburg,FL	
W F W	50	l	No		Tampa,FL	
WVEA	62		No		Venice,FL	
				1		

W

WWSB

40

Ν

No

Sarasota,FL

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Nama
Frontier Florida	a LLC				62557	Name
RIMARY TRANSMITTE	ERS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during th ons in effect or 6.61(e)(2) and (sis, as explaine	ne accounting n June 24, 198 4), or 76.63 (r d in the next p	period, except 31, permitting th eferring to 76.6 paragraph.	(1) stations carrie e carriage of cert 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
Substitute Basis S basis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the ts community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st balanation of local servi Column 5: If you ho cable system carried th	Stations: With r CC rules, regula here in space only on a subst and also in spa formation conc rm. h station's call associated with -2". Simulcast e channel numb se For example rstem carried the in each case w entering the le cast), "E" (for ne pation is outside ce area, see pa ave entered "Yo he distant static ion on a part-tir	respect to any itions, or auth G—but do list titute basis. ice I, if the sta erning substit sign. Do not r n a station acc streams must ber the FCC h be, WRC is Cha te station. whether the st tter "N" (for no page (v) of the the local serv. age (v) of the ess" in column on during the a me basis beca	distant stations orizations: it in space I (th it in space I (th it in space I (th it in space I (th et in space I (th eport origination cording to its ow be reported in o as assigned to th annel 4 in Wash ation is a netwo et work), "N-M" (th educational), o e general instruct 4, you must cor accounting period ause of lack of a	e Special Statem I both on a substi- ns, see page (v) of program service er-the-air designal column 1 (list eac the television stat ington, D.C. This rk station, an inder for network multion r "E-M" (for nonco tions located in the instant"), enter "Ye ions located in the nplete column 5, od. Indicate by em ctivated channel	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	Television
ne cable system and a on "E" (exempt). For xplanation of these th Column 6: Give the	a primary transi simulcasts, also nee categories, e location of ea Canadian statio	mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, give mel line-ups,	ssociation repre you carried the of the general i r U.S. stations, e the name of th	senting the prima channel on any of nstructions locate list the community e community with space G for each	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the which the station is identifed. channel line-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WFLA	8	N	No	(Tampa,FL	
V WTSP	10	N	No		St. Petersburg,FL	
V WFTS	28	N	No		Tampa,FL	
W WMOR	32	1	No		Lakeland,FL	
V WTVT	13	· · ·	No		Tampa,FL	
W WTTA	38	· · ·	No		St. Petersburg,FL	
WUSF	16	E	No		Tampa,FL	
WRMD	49	-	No		Tampa,FL	
V WFTV	9	N	No		Orlando,FL	
V WOFL	35	1	No		Orlando,FL	
V WCLF-simulcast	22	· · ·	No		Clearwater,FL	
V WEDU-simulcast	54	E	No		Tampa,FL	
WTOG-simulcast	59	N	No		St. Petersburg,FL	
WFTT-simulcast	47	1	No		Tampa,FL	
WVEA-simulcast	25	1	No		Venice,FL	
WWSB-simulcast	25 52	N N	No		Sarasota,FL	
W WFLA-simulcast	52 7	N	No		Tampa,FL	
	· · · ·	IN	NU	.	ranipa,i L	

W T WTSP-simulcast

24

Ν

No

St. Petersburg,FL

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Nama
Frontier Florida	LLC				62557	Name
RIMARY TRANSMITTE	RS: TELEVISIO	N				
n General: In space G carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas substitute Basis S pasis under specifc FC Do not list the station station was carried List the station here, i basis. For further in in the paper SA3 for Column 1: List eac cach multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the ts community of licens on which your cable sy Column 3: Indicate educational station, by for independent multic For the meaning of the Column 5: If you has cable system carried th carried the distant stati For the retransmiss of a written agreement he cable system and a	G, identify every ystem during th ons in effect or .61(e)(2) and (4 .5is, as explaine tations: With r CC rules, regula here in space only on a subst and also in spa formation conc rm. h station's call associated with -2". Simulcast e channel numb e. For example stem carried th in each case v entering the le cast), "E" (for no se terms, see p ation is outside ce area, see p ave entered "Ya he distant static ion on a part-tir ion of a distant entered into or a primary transit	y television sta ne accounting n June 24, 198 4), or 76.63 (r d in the next p respect to any titons, or auth G—but do list titute basis. nee I, if the sta erning substit sign. Do not r n a station acc streams must ber the FCC h e, WRC is Cha te station. whether the st tter "N" (for ne page (v) of the the local serv age (v) of the the local serv age (v) of the the local sec and the basis beca multicast stree n or before Ju mitter or an as	period, except of 31, permitting the eferring to 76.61 baragraph. distant stations orizations: thin space I (the tion was carried ute basis station eport origination cording to its over be reported in or as assigned to the annel 4 in Wash ation is a networe etwork), "N-M" (f deducational), or e general instruction 4, you must com accounting period use of lack of a eam that is not so ne 30, 2009, be association represent	(1) stations carrie e carriage of cert I (e)(2) and (4))]; a carried by your of e Special Statem I both on a substi- ns, see page (v) of a program service er-the-air designa- column 1 (list eac he television stat ington, D.C. This rk station, an inde- for network multion r "E-M" (for nonco- ctions located in the instant"), enter "Ye ons located in the nplete column 5, id. Indicate by en ctivated channel ubject to a royalty tween a cable sys- senting the prima	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa-	G Primary Transmitters Television
explanation of these th Column 6: Give the	ree categories location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, give nnel line-ups,	of the general in r U.S. stations, l the name of th use a separate s	nstructions locate list the community e community with space G for each	ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AE		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION		(If Distant)		
[∕] WFTS-simulcast	29	N	No		Tampa,FL	
WMOR-simulcast	19	I	No		Lakeland,FL	
WTVT-simulcast	12	I	No		Tampa,FL	
V WTTA-simulcast	57	I	No		St. Petersburg,FL	
V WUSF-simulcast	16	E	No		Tampa,FL	
V WFTV-simulcast	9	N	No		Orlando,FL	
WOFL-simulcast	35		No		Orlando,FL	
V WFLA 8 Prime	8	N-M	No		Tampa,FL	
V WTSP Antenna TV	10	N-M	No		St. Petersburg,FL	
WFTS ABC LAFF	29	N-M	No		Tampa,FL	
h This TV Network s IWMOR1	32	I-M	No		Lakeland,FL	
V WMOR Estrellla	32	I-M	No		Lakeland,FL	
V V WVEA LATV	62	I-M	No		Venice,FL	
V WTVT Movies!	12	I-M	No		Tampa,FL	
Mega TV [WFTV]	9	N-M	No		Orlando,FL	
WFTV LAFF	9	N-M	No		Orlando,FL	
WUSF 2	16	E-M	No		Tampa,FL	
W	T	I		T	L	

WUSF Knowledge

16

E-M

No

Tampa,FL

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Ner
Frontier Florida	LLC				62557	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati	ystem during th ons in effect or	ne accounting 1 June 24, 198	period, except 31, permitting th	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections nd (2) certain stations carried on a	G Primary
substitute program bas	is, as explaine tations: With r	d in the next prespect to any	paragraph. distant stations		able system on a substitute program	Transmitters: Television
 Do not list the station 	here in space	G—but do list		e Special Stateme	ent and Program Log)—if the	
	and also in spa formation conc	ice I, if the sta			ute basis and also on some other f the general instructions located	
Column 1: List eac each multicast stream	h station's call associated with	n a station aco	cording to its over	er-the-air designat	s such as HBO, ESPN, etc. Identify tion. For example, report multi-	
WETA-simulcast).			·	,	n stream separately; for example	
	e. For example	e, WRC is Cha	-		on for broadcasting over-the-air in may be different from the channel	
Column 3: Indicate	in each case v	vhether the st			pendent station, or a noncommercial ast), "I" (for independent), "I-M"	
	ast), "E" (for no	oncommercial	educational), o	r "E-M" (for nonco	mmercial educational multicast).	
Column 4: If the sta	ation is outside	the local serv	/ice area, (i.e. "c	distant"), enter "Ye	s". If not, enter "No". For an ex-	
•	ave entered "Ye	es" in column	4, you must cor	mplete column 5, s	stating the basis on which your	
cable system carried th carried the distant stati					ering "LAC" if your cable system capacity.	
					payment because it is the subject tem or an association representing	
the cable system and a	a primary transi	mitter or an as	ssociation repre	senting the prima	y transmitter, enter the designa-	
explanation of these th	ree categories,	, see page (v)	of the general i	nstructions locate	her basis, enter "O." For a further d in the paper SA3 form.	
					to which the station is licensed by the which the station is identifed.	
Note: If you are utilizin	g multiple char	nnel line-ups,	use a separate s	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AF		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
W WUSF CRT	16	E-M	No	/ /	Tampa,FL	
W U WUSF Kids	16	E-M	No		Tampa,FL	
WEDU VME	54	E-M	No		Tampa,FL	
W E WEDU FLA	54	E-M	No		Tampa,FL	
W WEDU Plus	54	E-M	No		Tampa,FL	
W T WTTA Cozi TV	57	I-M	No		St. Petersburg,FL	
W WTSP Justice T_Network	10	N-M	No		St. Petersburg,FL	
Bounce TV WFTT	47	I-M	No		Tampa,FL	
W WTOG Decades	59	N-M	No		St. Petersburg,FL	
W WTVT Buzzr	12	I-M	No		Tampa,FL	
WFTT Escape TV	47	I-M	No		Tampa,FL	
WFTT getTV	47	I-M	No		Tampa,FL	
WCLF	22		No		Clearwater,FL	
WEDU WWTOG	3	E	No		Tampa,FL	
W WTOG W WFTT	44 50	N	No		St. Petersburg,FL	
F WFTT W WVEA	50 62		No		Tampa,FL Venice Fl	
	62	I	No	.	Venice,FL	

WWSB

40

Ν

No

Sarasota,FL

FORM SA3E. PAGE 3.						
LEGAL NAME OF OV		STEM:			SYSTEM ID#	Namo
Frontier Florid	da LLC				62557	Name
PRIMARY TRANSMIT	TERS: TELEVISIO	N				
carried by your cable FCC rules and regula 76.59(d)(2) and (4), substitute program b	system during th ations in effect or 76.61(e)(2) and (asis, as explaine	ne accounting n June 24, 198 4), or 76.63 (r d in the next p	period, except 31, permitting th eferring to 76.6 paragraph.	(1) stations carrie le carriage of cert 1(e)(2) and (4))]; a	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program	G Primary Transmitters:
basis under specifc F	CC rules, regula	tions, or auth	orizations:		ent and Program Log)—if the	Television
	e, and also in spa	ice I, if the sta			tute basis and also on some other of the general instructions located	
	ach station's call	-	•		es such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- h stream separately; for example	
Column 2: Give t its community of lice on which your cable	nse. For example system carried th	e, WRC is Cha le station.	annel 4 in Wash	ington, D.C. This	ion for broadcasting over-the-air in may be different from the channel	
educational station, t	by entering the le	tter "N" (for ne	etwork), "N-M" (f	for network multic	ependent station, or a noncommercial ast), "I" (for independent), "I-M"	
For the meaning of th	nese terms, see j	bage (v) of the	e general instruc	ctions located in t	ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex-	
planation of local ser	vice area, see pa	age (v) of the	general instructi	ions located in the		
cable system carried	the distant static	on during the a	accounting perio	od. Indicate by en	tering "LAC" if your cable system	
carried the distant sta For the retransmis	•				capacity. y payment because it is the subject	
					v Davillelli Decause il is lle sublect	
of a written agreeme	nt entered into or	n or before Ju		tween a cable sys	stem or an association representing	
of a written agreeme the cable system and	nt entered into or d a primary transi	n or before Ju mitter or an as	ssociation repre	tween a cable system senting the prima	stem or an association representing ry transmitter, enter the designa-	
of a written agreeme the cable system and tion "E" (exempt). Fo explanation of these	nt entered into or d a primary transi r simulcasts, also three categories,	n or before Ju mitter or an as o enter "E". If , see page (v)	ssociation repre- you carried the of the general i	tween a cable system senting the prima channel on any of nstructions locate	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.	
of a written agreeme the cable system and tion "E" (exempt). Fo explanation of these Column 6: Give t	nt entered into or d a primary transi r simulcasts, also three categories, he location of ea	n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo	ssociation repre- you carried the of the general i r U.S. stations,	tween a cable system senting the prima channel on any of nstructions locate list the community	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further	
of a written agreeme the cable system and tion "E" (exempt). Fo explanation of these Column 6: Give t FCC. For Mexican or	nt entered into or d a primary transi r simulcasts, also three categories, he location of ea ^c Canadian statio	n or before Ju mitter or an as p enter "E". If s see page (v) ch station. Fo ns, if any, give nnel line-ups,	ssociation repre- you carried the of of the general i r U.S. stations, the name of th use a separate s	tween a cable sys senting the prima channel on any of nstructions locate list the community the community with space G for each	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	
of a written agreeme the cable system and tion "E" (exempt). Fo explanation of these Column 6: Give t FCC. For Mexican or	nt entered into or d a primary transi r simulcasts, also three categories, he location of ea ^c Canadian statio	n or before Ju mitter or an as p enter "E". If s see page (v) ch station. Fo ns, if any, give nnel line-ups,	ssociation repre- you carried the of the general i r U.S. stations, e the name of th	tween a cable sys senting the prima channel on any of nstructions locate list the community the community with space G for each	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	
of a written agreeme the cable system and tion "E" (exempt). Fo explanation of these Column 6: Give t FCC. For Mexican or	nt entered into or d a primary transi r simulcasts, also three categories, he location of ea ^c Canadian statio	n or before Ju mitter or an as p enter "E". If s see page (v) ch station. Fo ns, if any, give nnel line-ups,	ssociation repre- you carried the of the general i r U.S. stations, the the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	tween a cable sys senting the prima channel on any of nstructions locate list the community the community with space G for each	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	
of a written agreeme the cable system and tion "E" (exempt). Fo explanation of these Column 6: Give t FCC. For Mexican or Note: If you are utiliz	nt entered into or d a primary transi r simulcasts, also three categories, he location of ea Canadian statio ting multiple char 2. B'CAST CHANNEL	n or before Ju mitter or an as o enter "E". If see page (v) ch station. Fo ns, if any, give nel line-ups, CHANN 3. TYPE OF	ssociation repre- you carried the of the general i r U.S. stations, the the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	tween a cable sys senting the prima channel on any of nstructions locate list the community e community with space G for each AG 5. BASIS OF CARRIAGE	stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up.	
of a written agreeme the cable system and tion "E" (exempt). Fo explanation of these Column 6: Give t FCC. For Mexican or Note: If you are utiliz	nt entered into or d a primary transi r simulcasts, also three categories, he location of ea Canadian statio ing multiple char 2. B'CAST CHANNEL NUMBER	n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, give nnel line-ups, i CHANN 3. TYPE OF STATION	ssociation repre- you carried the of of the general i r U.S. stations, the the name of the use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	tween a cable sys senting the prima channel on any of nstructions locate list the community e community with space G for each AG 5. BASIS OF CARRIAGE	stem or an association representing iny transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION	
of a written agreeme the cable system and tion "E" (exempt). Fo explanation of these Column 6: Give t FCC. For Mexican or Note: If you are utiliz 1. CALL SIGN	nt entered into or d a primary transit r simulcasts, also three categories, he location of ea Canadian statio ing multiple char 2. B'CAST CHANNEL NUMBER 8	n or before Ju mitter or an as o enter "E". If see page (v) ch station. Fo ns, if any, give nnel line-ups, ' CHANN 3. TYPE OF STATION N	ssociation repre- you carried the of the general in r U.S. stations, is the name of the use a separate of EL LINE-UP 4. DISTANT? (Yes or No) No	tween a cable sys senting the prima channel on any of nstructions locate list the community e community with space G for each AG 5. BASIS OF CARRIAGE	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION Tampa,FL	
of a written agreeme the cable system and tion "E" (exempt). Fo explanation of these Column 6: Give t FCC. For Mexican or Note: If you are utiliz	nt entered into or d a primary transi r simulcasts, also three categories, he location of ea Canadian statio ing multiple char 2. B'CAST CHANNEL NUMBER 8 10	n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, give nnel line-ups, i CHANN 3. TYPE OF STATION N	ssociation represous carried the general is r U.S. stations, let the name of the use a separate statistical sector of the sector	tween a cable sys senting the prima channel on any of nstructions locate list the community e community with space G for each AG 5. BASIS OF CARRIAGE	stem or an association representing any transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION Tampa,FL St. Petersburg,FL	
of a written agreeme the cable system and tion "E" (exempt). Fo explanation of these Column 6: Give t FCC. For Mexican or Note: If you are utiliz	nt entered into or d a primary transi r simulcasts, also three categories, he location of ea Canadian statio ing multiple char 2. B'CAST CHANNEL NUMBER 8 10 28	n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, give nnel line-ups, i CHANN 3. TYPE OF STATION N	ssociation represous carried the general is r U.S. stations, let the name of the use a separate statistical sector of the general is r U.S. stations, let the name of the use a separate statistical sector of the s	tween a cable sys senting the prima channel on any of nstructions locate list the community e community with space G for each AG 5. BASIS OF CARRIAGE	stem or an association representing ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION Tampa,FL St. Petersburg,FL Tampa,FL	
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of a written agreeme the cable system and tion "E" (exempt). Fo explanation of these Column 6: Give t FCC. For Mexican or Note: If you are utiliz 1. CALL SIGN	nt entered into or d a primary transi r simulcasts, also three categories, he location of ea Canadian statio ing multiple char 2. B'CAST CHANNEL NUMBER 8 10 28 32 13	n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, give nnel line-ups, ' CHANN 3. TYPE OF STATION N N N	ssociation represous carried the general is r U.S. stations, let the name of the use a separate stations of the general is r U.S. stations, let the name of the use a separate statistical separate st	tween a cable sys senting the prima channel on any of nstructions locate list the community e community with space G for each AG 5. BASIS OF CARRIAGE	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION Tampa,FL St. Petersburg,FL Tampa,FL Lakeland,FL Tampa,FL	
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of a written agreeme the cable system and tion "E" (exempt). Fo explanation of these Column 6: Give t FCC. For Mexican or Note: If you are utiliz 1. CALL SIGN 	nt entered into or d a primary transit r simulcasts, also three categories, he location of ea Canadian stationing multiple char 2. B'CAST CHANNEL NUMBER 8 10 28 32 13 38 16	n or before Ju mitter or an as penter "E". If see page (v) ch station. Fo ns, if any, give nnel line-ups, ' CHANN 3. TYPE OF STATION N N N I I I	ssociation represous carried the general is r U.S. stations, let the name of the general is r U.S. stations, let the name of the use a separate statistical	tween a cable sys senting the prima channel on any of nstructions locate list the community e community with space G for each AG 5. BASIS OF CARRIAGE	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION Tampa,FL St. Petersburg,FL Tampa,FL Lakeland,FL Tampa,FL St. Petersburg,FL Tampa,FL St. Petersburg,FL Tampa,FL St. Petersburg,FL Tampa,FL	
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Name
Frontier Florida	a LLC				62557	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	N				
carried by your cable s FCC rules and regulat	system during th ions in effect on 6.61(e)(2) and (4	ne accounting 1 June 24, 198 4), or 76.63 (r	period, except 81, permitting th referring to 76.6	(1) stations carrie e carriage of certa	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
	Stations: With r	espect to any	distant stations	s carried by your c	able system on a substitute program	Television
station was carried	only on a subst	itute basis.		•	ent and Program Log)—if the	
	nformation conc				tute basis and also on some other f the general instructions located	
		-			s such as HBO, ESPN, etc. Identify	
			0	•	tion. For example, report multi- h stream separately; for example	
ts community of licens	se. For example	, WRC is Cha	U U		ion for broadcasting over-the-air in may be different from the channel	
on which your cable sy Column 3: Indicate	,		ation is a netwo	rk station, an inde	ependent station, or a noncommercial	
educational station, by	entering the lef	tter "N" (for ne	etwork), "N-M" (1	for network multic	ast), "I" (for independent), "I-M"	
(for independent multi For the meaning of the	<i>.</i>		<i>,</i> .	``	ommercial educational multicast). he paper SA3 form.	
Column 4: If the st	ation is outside	the local serv	vice area, (i.e. "c	distant"), enter "Ye	es". If not, enter "No". For an ex-	
planation of local servi Column 5: If you h					e paper SA3 form. stating the basis on which your	
cable system carried t	he distant statio	on during the a	accounting perio	od. Indicate by en	tering "LAC" if your cable system	
carried the distant stat For the retransmiss	•			ctivated channel	capacity.	
	sion of a distant	multicast stre	eam that is not s	subject to a royalty	v payment because it is the subject	
of a written agreement	t entered into or	n or before Ju	ine 30, 2009, be	tween a cable sys	y payment because it is the subject stem or an association representing	
of a written agreement the cable system and	t entered into or a primary transr	n or before Ju mitter or an as	ne 30, 2009, be ssociation repre	tween a cable system senting the prima	stem or an association representing ry transmitter, enter the designa-	
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LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Nores
Frontier Florida	a LLC				62557	Name
RIMARY TRANSMITT	ERS: TELEVISIO	N				
contract by your cables CC rules and regulat C59(d)(2) and (4), 76 Substitute program bas Substitute Basis S pass under specife FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List ead column 1: List ead column 1: List ead column 2: Give the scommunity of license on which your cable sy Column 3: Indicate ducational station, by for independent multi- column 4: If the st blanation of local servi Column 5: If you h cable system carried t arried the distant stat For the retransmiss of a written agreement he cable system and ion "E" (exempt). For explanation of these th Column 6: Give the	G, identify every system during the ions in effect on 6.61(e)(2) and (4 sis, as explained Stations: With r CC rules, regula in here in space only on a subst and also in spation formation concorre. The station's call is associated with A-2". Simulcast is e channel numb ise. For example system carried the in each case w or entering the left cast), "E" (for no ese terms, see p ave entered "Yd he distant static ision of a distant is entered into or a primary transr simulcasts, also nee categories, e location of ead	v television sta ne accounting () June 24, 198 4), or 76.63 (ru d in the next p espect to any tions, or author G—but do list itute basis. ce I, if the sta erning substit sign. Do not ru a station acc streams must ber the FCC hi by WRC is Cha e station. whether the sta tter "N" (for ne page (v) of the the local serv gg or before Jun mitter or an as p enter "E". If y see page (v) ch station. For	period, except 31, permitting th eferring to 76.6' baragraph. distant stations prizations: it in space I (th tion was carried ute basis station eport origination cording to its ow be reported in or as assigned to fa annel 4 in Wash ation is a netwo etwork), "N-M" (f educational), o general instructi 4, you must cor accounting perior use of lack of a am that is not s he 30, 2009, be spociation repre- you carried the of the general in r U.S. stations,	(1) stations carrie e carriage of cert 1(e)(2) and (4))]; a s carried by your of e Special Statem d both on a substi- ns, see page (v) of n program service er-the-air designa column 1 (list eac column 1 (list eac column 1 (list eac the television stat ington, D.C. This rk station, an inde for network multio r "E-M" (for nonco ctions located in the nplete column 5, od. Indicate by en ctivated channel subject to a royalty tween a cable sys- senting the prima channel on any o nstructions located list the community	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the	G Primary Transmitters Television
lote: If you are utilizir					n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	Al		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WEDU Plus	54	E-M	No		Tampa,FL	
V WTTA Cozi TV	57	I-M	No		St. Petersburg,FL	
W WTSP Justice	10	N-M	No		St. Petersburg,FL	
Bounce TV WFTT	47	I-M	No		Tampa,FL	
V WTOG Decades	59	N-M	No		St. Petersburg,FL	
V WTVT Buzzr	12	I-M	No		Tampa,FL	
V WFTT Escape TV	47	I-M	No		Tampa,FL	
WFTT getTV						
WITT YELLV	47	I-M	No		Tampa,FL	
				1		

ACCOUNTING PERI	OD: 2022/2							FORM SA3E. PAGE 4.		
Nome	LEGAL NAME OF	OWNER OF CAB	LE SYSTE	M:				SYSTEM ID#		
Name	Frontier Flo	rida LLC						62557		
н	PRIMARY TRA			rried on a separate and discr	ete basis and list	those FM stat	ions car	ried on an		
	all-band basis whose signals were "generally receivable" by your cable system during the accounting period.									
Primary	Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally									
Transmitters:	receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected,									
Radio	on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.									
	For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions									
	located in the p	•								
		•	-	each station carried.						
				n is AM or FM.						
				nal was electronically process	ed by the cable s	ystem as a se	parate a	ind discrete		
				mark in the "S/D" column.						
				on (the community to which the			or, in t د	ne case of		
	Mexican or Can	adian stations	, ii any,	the community with which the	station is identifie	ea).				
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
	OALL OIGH		0/D	LOOATION OF GTATION	UALL UIUN	AMOITM	0/0	LOOATION OF GTATION		
	1		L		1			1		

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2022/2
LEGAL NAME OF OWNER OF O	CABLE SYST	EM:			5	SYSTEM ID#	
Frontier Florida LLC						62557	Name
				distant station			I
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 located in the paper SA3 form.							
1. SPECIAL STATEMENT							Carriage: Special
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes XNO							
Note: If your answer is "No, log in block 2.			e blank. If your answer is "	Yes," you mu	ist complete the program	1	
2. LOG OF SUBSTITUTE			a line. I lee abbreviatione v		sible if the in meaning is		
period, was broadcast by a	ce, please a of every nor distant stati	attach additiona nnetwork televis on and that you	il pages. sion program (substitute pr ur cable system substituted	ogram) that, I for the prog	during the accounting ramming of another stati	on	
under certain FCC rules, reg SA3 form for futher informat titles, for example, "I Love L	tion. Do not ucy" or "NB	t use general c A Basketball:	ategories like "movies", or 76ers vs. Bulls."	"basketball".			
Column 3: Give the call s	sign of the s	tation broadca	"Yes." Otherwise enter "Ne sting the substitute program e community to which the s	n.	nsed by the FCC or, in		
the case of Mexican or Cana Column 5: Give the mon	adian statio th and day v	ns, if any, the c		tation is iden	tified).	h	
first. Example: for May 7 giv Column 6: State the time to the nearest five minutes.	es when the	substitute prog	gram was carried by your c	able system.	List the times accurately	/	
stated as "6:00–6:30 p.m."			was substituted for program				
to delete under FCC rules a							
gram was substituted for pro effect on October 19, 1976.	ogramming	that your syste	m was permitted to delete	under FCC ru	ules and regulations in		
				WHF	EN SUBSTITUTE		
S	UBSTITUT	E PROGRAM			IAGE OCCURRED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		

ACCOUNTING PERIOD: 2022/2

FORM SA3E. PAGE 6.

Name	LEGAL NAME OF C	WNER OF CABLE	SYSTEM:						SYSTEM ID#
Name	Frontier Flor	rida LLC							62557
J Part-Time Carriage Log	 PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m 								
	12:00 p.m."		DA			PART-TIME (
	CALL SIGN	WHEN		CCURRED		CALL SIG	N WHE	N CARRIAGE OCC HOL	
		DATE	FROM		0		DATE	FROM	TO
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FORM	SA3E. PAGE 7.			
	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
Fro	ntier Florida LLC		62557	
Inst all a (as pag	OSS RECEIPTS ructions: The figure you give in this space determines the form you file and the amount imounts (gross receipts) paid to your cable system by subscribers for the system's secon identified in space E) during the accounting period. For a further explanation of how to ca e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ndary transmompute this a	ission service	K Gross Receipts
 Instru Cont Cont If you fee If you 	(RIGHT ROYALTY FEE ctions : Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. bur system did not carry any distant television stations, leave block 3 blank. Enter the am from block 1 on line 1 of block 4, and calculate the total royalty fee. bur system did carry any distant television stations, you must complete the applicable par companying this form and attach the schedule to your statement of account.	ount of the r	ninimum	L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	entered on	line 1 of	
3 be	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be e clow.			
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	ld be entere	d on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.		cent of the	
	Line 1. Enter the amount of gross receipts from space K. Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here.	\$	21,455,590.80	
	This is your minimum fee.	\$	228,287.49	
2	 space G. If, in space G, you identified any stations as "distant" by stating "Yes" in colum "Yes" in this block. Did your cable system carry any distant television stations during the accounting perio Yes—Complete the DSE schedule. No—Leave block 3 below blank and c Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 	d? complete line		
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero.Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE	\$	- 0.00	
	schedule. If none, enter zero.		0.00	
	Line 3. Add lines 1 and 2 and enter here.	\$	-	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger.	\$	228,287.49	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	229,012.49	form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID #			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions ta			

	D: 2022/2					FORM SA3E. P	
Name	LEGAL NAME OF OWNER OF CABLE SY Frontier Florida LLC	YSTEM:				SYSTE 6	EM ID# 62557
M Channels	 CHANNELS Instructions: You must give (to its subscribers and (2) the of 1. Enter the total number of ch system carried television br 2. Enter the total number of ac on which the cable system of and nonbroadcast services 	cable system's to hannels on which roadcast stations ctivated channels carried television	tal number of actival n the cable s s n broadcast stations	ed channels, dur	ing the accounting period.	<u>36</u> <u>653</u>	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTAC we can contact about this stat			IS NEEDED: (Ide	entify an individual		
for Further Information	Name Karol Whittake	ər			Telepho	one 214-534-6827	
	Address 7979 N Beltline (Number, street, rural roo		lite number)				
	Irving, TX 7506 (City, town, state, zip)	63					
	Email karol.w	vhittaker@ftr.	com		Fax (optional)		
0	CERTIFICATION (This statement	ent of account mu	st be certified and sig	gned in accordan	ce with Copyright Office re	egulations.)	
Certification	• I, the undersigned, hereby certi		-		en identified in line 4 of one	D	
	Owner other than corporat	-		-			
	(Agent of owner other than in line 1 of space B an	nd that the owner	is not a corporation of	partnership; or	-		
	(Officer or partner) I am an in line 1 of space B.	n officer (if a corpo	ration) or a partner (if	a partnership) of t	the legal entity identified as	owner of the cable system	
	 I have examined the statement are true, complete, and correct [18 U.S.C., Section 1001(1986)] 	t to the best of my				ained herein	
	X	/s/ Jessica M	Matushek				
	(e.g., /s/ 、	John Smith). Befor	e entering the first forv	vard slash of the /s	re to certify this statement. / signature, place your curso oid enabling Excel's Lotus co	or in the box and press the "F2" mpatibility settings.	
	Typed of	or printed name:	Jessica Matus	hek			
	Title:	Sr. Director (Title of officia	Accounting	ion or partnership)			
	Date:	February 24, 202	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 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.

FORM	SA3E.	PAGE9.
	JAJL.	I AGES

LEGAL NAME OF OWNER OF CABLE SYSTEM: Frontier Florida LLC	SYSTEM ID# 62557	Name
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 ac lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall n scribers and amounts collected from subscribers receiving secondary transmissions pursuant to s	r the basic ot include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruct paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary to made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$		Concerning Gross Receipts Exclusion
Name Name Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or u For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 for		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- 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** enter here and on line 3, block 4, space L (page 7)		
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further ass 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 please list below the owner, address, first community served, accounting period, and ID number as given filing.		
Owner Address		
First community served Accounting period		
Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Convright Office to collect the personally identifying	information (PII) requested on t	

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.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerical value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

Step 1: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of account (page 3), a distant station is:

Independent: its type-value is	1.00
• Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that local stations are not counted at all in computing DSEs.	

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particular station's DSE for the accounting period.

TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment.

The 3.75 Fee. If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge.

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981.

tems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable.

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following: 1) A station actually carried within any portion of a cable system prior

to June 25, 1981, pursuant to the former FCC rules. 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

3) A station of the same type substituted for a carried network, noncommercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.

4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.

5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any station that it was authorized to carry or was lawfully carrying prior to March 31, 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate, but is subject to the Base Rate, and where applicable, the Syndicated Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 1981, on a substitute and/or part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE— PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100 major television market as defined by the FCC rules and regulations in effect on June 24, 1981. If no portion of the cable system is located in a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24, 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

DSE SCHEDULE. PAGE 11.

COMPUTING THE BASE RATE FEE-PART 8 OF THE DSE SCHEDULE

Determine whether any of the stations you carried were partially distantthat is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

· If none of the stations were partially distant, calculate your base rate fee according to the following rates-for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable. First DSF 1.064% of gross receipts

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE

0.330% of gross receipts

PARTIALLY DISTANT STATIONS-PART 9 OF THE DSE SCHEDULE

· If any of the stations were partially distant:

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

2. Identify the communities/areas represented by each subscriber group.

3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows: • When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains

- unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

EXAMPLE: COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

	STATION A (independent) B (independent)	DSE 1.0 1.0	CITY	OUTSIDE LOCAL SERVICE AREA OF		SS RECEIPTS		
a of both stations	B (independent)			SERVICE AREA OF	EDOM S			
	(I)	10			FROM S	UBSCRIBERS		
apid City and Bo-		1.0	Santa Rosa	Stations A, B, C, D ,E		\$310,000.00		
	C (part-time)	0.083	Rapid City	Stations A and C		100,000.00		
within the local	D (part-time)	0.139	Bodega Bay	Stations A and C		70,000.00		
ons B, D, and E.	E (network)	0.25	Fairvale	Stations B, D, and E		120,000.00		
	TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS		\$600,000.00		
~~~、	Minimum Fee Total Gross	Receipts		\$600,000.00				
tations A and C	x .01064							
35 mile zone				\$6,384.00				
	First Subscriber Group		Second Subscr	iber Group	Third Subscriber Group			
> ´	(Santa Rosa)		(Rapid City and I	Bodega Bay)	(Fairvale)			
Fairvale								
		. ,		. ,		\$120,000.00		
	DSEs	2.472	DSEs	1.083	DSEs	1.389		
	Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03		
Podora	\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .0106	4 x 1.0 = 1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80		
-	\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .0070	1 x .083 = 98.91	\$120,000 x .00701 x .389 =	327.23		
<u> </u>	Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03		
ti	ations A and C 35 mile zone	ations A and C         35 mile zone         Fairvale         First Subscriber Group (Santa Rosa)         Gross receipts DSEs Base rate fee \$310,000 x .01064 x 1.0 = \$310,000 x .00701 x 1.472 = Base rate fee	TOTAL DSEs       2.472         Minimum Fee Total Gross Receipts         35 mile zone         Fairvale         Fairvale         Gross receipts         \$310,000.00         DSEs         2.472         Minimum Fee Total Gross Receipts         (Santa Rosa)         Gross receipts         \$310,000 x .01064 x 1.0 =         \$310,000 x .00701 x 1.472 =         \$310,000 x .00701 x 1.472 =         \$6,497.20	TOTAL DSEs       2.472         Minimum Fee Total Gross Receipts       Minimum Fee Total Gross Receipts         Strile zone       First Subscriber Group (Santa Rosa)       Second Subscr (Rapid City and I Gross receipts         Fairvale       Gross receipts       \$310,000.00       Gross receipts DSEs         Base rate fee       \$6,497.20       Base rate fee         \$310,000 x .01064 x 1.0 =       3,298.40       \$170,000 x .0106         Bay       Base rate fee       \$6,497.20       Base rate fee	TOTAL DSEs         2.472         TOTAL GROSS RECEIPTS           ations A and C 35 mile zone         Minimum Fee Total Gross Receipts         \$600,000.00           Fairvale         First Subscriber Group (Santa Rosa)         Second Subscriber Group (Rapid City and Bodega Bay)           Gross receipts         \$310,000.00         DSEs         \$170,000.00           DSEs         2.472         Base rate fee         \$1,907.71           \$310,000 x .01064 x 1.0 =         3,298.40         \$170,000 x .01064 x 1.0 =         1,808.80           \$310,000 x .00701 x 1.472 =         3,198.80         \$170,000 x .00701 x .083 =         98.91	TOTAL DSEs         2.472         TOTAL GROSS RECEIPTS           ations A and C 35 mile zone         Minimum Fee Total Gross Receipts         \$600,000.00 \$\$6,384.00         Third Subscriber Group (Rapid City and Bodega Bay)         Third Subscriber Group (Fairvale)           First Subscriber Group (Santa Rosa)         Second Subscriber Group (Rapid City and Bodega Bay)         Third Subscriber Group (Fairvale)           Gross receipts DSEs         \$310,000.00 DSEs         Gross receipts 2.472         Second Subscriber Group (Rapid City and Bodega Bay)         Gross receipts DSEs         \$170,000.00 DSEs         Gross receipts 1.083         DSEs           Base rate fee         \$6,497.20 \$310,000 x.01064 x 1.0 =         \$170,000 x.01064 x 1.0 =         \$1808.80 \$120,000 x.01064 x 1.0 =         \$120,000 x.01064 x 1.0 =           Bay         Base rate fee         \$6,497.20         Base rate fee         \$110,000 x.00701 x .389 =         \$120,000 x .00701 x .389 =		

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

and E

35 mile zone

# DSE SCHEDULE. PAGE 11. (CONTINUED)

	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			SY	STEM ID#
1	Frontier Florida LLC					62557
			10.	I	1	02001
	• Add the DSEs of categor		15:			
	Enter the sum here and in line 1		schedule.		0.00	
		•				
2	Instructions: In the column headed "Call S	ian": list the call	signs of all distant stations i	deptified by the la	atter "O" in column 5	
-	of space G (page 3).		Signs of all distant stations i			
	In the column headed "DSE":			as "1.0"; for each	n network or noncom-	
	mercial educational station, give	e the DSE as ".2				
Category "O"		-	CATEGORY "O" STATION			
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				<b>.</b>		
				<b>.</b>		
				<b>.</b>		
				<b>.</b>		
Add rows as				<b> </b>		
necessary.				<b>  </b>   <b> </b> -		
Remember to copy all				<b> </b>		
formula into new				<b> </b>		
rows.				<b> </b>		
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		OWNER OF CABLE SYSTEM:					DSE SCHED	ULE. PAGI
Name	Frontier Flo						•	62
<b>3</b> Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column figure should Column be carried ou Column give the type Column	: CAPACITY ist the call sign of all distant 2: For each station, give th correspond with the inforr 3: For each station, give th 4: Divide the figure in colu that least to the third decin 5: For each independent s -value as ".25." 6: Multiply the figure in col point. This is the station's	he number of h mation given in he total numbe imn 2 by the fig nal point. This i station, give the lumn 4 by the f	ours your cable system space J. Calculate only r of hours that the static jure in column 3, and gi s the "basis of carriage "type-value" as "1.0." I	a carried the statist y one DSE for ea on broadcast ove ve the result in d value" for the sta For each network give the result in	on during the accounting the station. r the air during the accou ecimals in column 4. This ation. c or noncommercial educa	nting period. figure must tional station, ss than the	
Capacity		I	CATEGOR	LAC STATIONS:	COMPUTAT	ION OF DSEs	I	
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTE	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE			SE
			÷					
						x		
			÷		=	x x	=	
			÷		=	x	=	
						x x		
			÷		=	x	=	
Computation of DSEs for Substitute- asis Stations	space I). Column 2: at your option. Column 3: Column 4:	one or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum This is the station's DSE (	number of live pond with the i in the calenda n 2 by the figu	, nonnetwork programs nformation in space I. r year: 365, except in a re in column 3, and give	carried in substit leap year.	ution for programs that w umn 4. Round to no less t	ere deleted han the third	
		SI	UBSTITUTE	-BASIS STATION	IS: COMPUT/	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBI OF DAY IN YEA	/S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. D
			:	-			• •	-
			• •	=			• •	=
			÷	=			•	=
			÷	=			÷	-
	Add the DSEs	s OF SUBSTITUTE-BASI of each station. um here and in line 3 of pa				0.00	)	
5		ER OF DSEs: Give the am Es applicable to your system		boxes in parts 2, 3, and	4 of this schedule	e and add them to provide	the total	
fotal Number	1. Numbe	r of DSEs from part 2●				<u>►</u>	0.00	
of DSEs		r of DSEs from part 3●				►	0.00	
	3. Numbe	r of DSEs from part 4 ●				▶	0.00	
	TOTAL NUMB	ER OF DSEs				,		0.

LEGAL NAME OF O	WNER OF CABLE S	SYSTEM:					S	YSTEM ID#	
Frontier Florid	la LLC							62557	Name
In block A:	ck A must be comp 'Yes," leave the rer		rt 6 and part 7	of the DSE schedu	ile blank and o	complete part {	3, (page 16) of the		6
schedule.	"No," complete blo	aka B and C k	Nolow						-
	no, complete blo			ELEVISION M	ARKETS				Computation of
Is the cable system effect on June 24,	,	itside of all m				ion 76.5 of FC	C rules and regula	ations in	3.75 Fee
Yes—Com	plete part 8 of the	schedule—D	O NOT COMPL	ETE THE REMAIN	NDER OF PA	RT 6 AND 7.			
X No—Comp	lete blocks B and (	C below.							
		BLO	CK B: CARR	AGE OF PERM	<b>/ITTED DS</b>	Es			
Column 1: CALL SIGN	FCC rules and re	gulations prio e DSE Scheo	r to June 25, 1 lule. (Note: The	part 2, 3, and 4 of th 981. For further ex e letter M below ref act of 2010.)	planation of p	ermitted station	ns, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)]	les and regula ed pursuant to	ations cited bel the FCC mark	is on which you can ow pertain to those (et quota rules [76. (.59(d)(1), 76.61(e)	e in effect on 5 57, 76.59(b),	June 24, 1981.) 76.61(b)(c), 76	.63(a) referring to		
	C Noncommerica D Grandfathered instructions fo E Carried pursua	al educationa station (76.6 r DSE schedu ant to individu	l station [76.59 5) (see paragra ıle). al waiver of FC	(c), 76.61(d), 76.63 aph regarding subs	(a) referring t stitution of gra	o 76.61(d)] ndfathered stat			
	•	HF station wi	thin grade-B co	ontour, [76.59(d)(5)	•		ing to 76.61(e)(5)	]	
Column 3:		stations ider	ntified by the lef	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 1	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		E	BLOCK C: CO		- 3.75 FEE				
Line 1: Enter the	total number of	DSEs from p	part 5 of this s	schedule				-	
Line 2: Enter the	sum of permittee	d DSEs from	ו block B abo	ve				-	
Line 3: Subtract (If zero, I	line 2 from line 1 eave lines 4–7 bl			,		ate.		0.00	
Line 4: Enter gro	oss receipts from	space K (pa	ige 7)				x 0.0	375	Do any of the DSEs represent
Line 5: Multiply li	ine 4 by 0.0375 a	ind enter su	m here				x		partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

DSE SCHEDULE. PAGE 13.

ACCOUNTING PERIOD: 2022/2

rontier Flor	OWNER OF CABLE	SYSTEM:					5	YSTEM ID# 62557	
1. CALL	2. PERMITTED		K A: TELEV	2. PERMITTED		UED) 1. CALL	2. PERMITTED	3. DSE	6
SIGN	BASIS	J. DOL	SIGN	BASIS	J. DOL	SIGN	BASIS	J. DOL	
									Computation of 3.75 Fee
									0.10100
							•		
		[							
		ļ							
		<b>†</b>							
	1						1		

# ACCOUNTING PERIOD: 2022/2

							D	SE SCHE	DULE. PAGE 14.	
Nama	LEGAL NAME OF OWN	ER OF CABLE S	YSTEM:					SY	STEM ID#	
Name	Frontier Florida	LLC							62557	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	<ul> <li>Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule.</li> <li>Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.</li> <li>Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).</li> <li>Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:</li> </ul>									
		DEDMITTE								
					D ON A PART-TIME A					
	1. CALL	2. PRIOF		COUNTING	4. BASIS OF	-	RESENT		RMITTED	
	SIGN	DSE	PE	ERIOD	CARRIAGE		DSE		DSE	
		-								
7	Instructions: Block A	must be compl	eted.							
-	In block A:									
Computation	If your answer is '	"Yes," complete	blocks B and C, b	pelow.						
of the	If your answer is '	"No," leave bloc	ks B and C blank	and complete p	art 8 of the DSE schedu	ıle.				
Syndicated		,								
-			BLUCK	A A: MAJUR	TELEVISION MAR	NE I				
Exclusivity										
Surcharge	<ul> <li>Is any portion of the c</li> </ul>	able system with	nin a top 100 major	r television mark	et as defned by section 7	'6.5 of FCC r	ules in effect Jun	e 24, 198	31?	
	Yes—Complete	blocks B and C			No—Proceed to	n nart 8				
			•			parto				
				o:						
	BLOCK B: C	arriage of VHF/0	Grade B Contour S	SIATIONS	BLOG	JK U: Compl	utation of Exemp	LDSES		
	Is any station listed in	block B of part	6 the primary strea	am of a	Was any station liste	d in block B	of part 7 carried	in any co	ommu-	
	commercial VHF stati	on that places a	grade B contour,	in whole	nity served by the cal	ole system p	rior to March 31,	1972? (	refer	
	or in part, over the cal	ole system?			to former FCC rule 7	6.159)				
	Ves_list each st	ation below with it	s appropriate permi	tted DSE	Ves_List each s	tation below w	ith its appropriate	nermitted	DSF	
								permitted	DOL	
	X No—Enter zero a	nu proceed to par	ιο.		X No—Enter zero a	and proceed to	p part o.			
		<u>п</u>		,			T		<u>т</u>	
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	1	DSE	
		<u>                                     </u>		<u> </u>					I	
		I T								
		<mark> -</mark> -		t						
		├		t						
		┝  <mark>}</mark>		<u> </u>						
		↓		ļ						
				T			]			
		<b> </b>		t						
				0.00		1				
			TOTAL DSEs	0.00			TOTAL DSE	s	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Frontier Florida LLC 62557	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Surcharge
• Is any	<ul> <li>/ portion of the cable system within a top 50 television market as defined by the FCC?</li> <li>Yes—Complete section 3 below.</li> <li>X No—Complete section 4 below.</li> </ul>	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?     X Yes—Complete part 9 of this schedule.     No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section .1.)	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
Section 4a	X       Yes—Complete part 9 of this schedule.    No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

# ACCOUNTING PERIOD: 2022/2

		DSE SCHEDULE, PAG	
Name		I/E OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM 62	/ ID# 2557
7 Computation of the Syndicated Exclusivity	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1)	
Surcharge		C. Multiply line B by 3.000 and enter here.       ▶ \$         D. Enter 0.00089 of gross receipts (the amount in section 1).       ▶ \$         E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.       ▶ \$         F. Multiply line D by line E and enter here       ▶ \$         G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)       ▶ \$         Syndicated Exclusivity Surcharge.       \$	
<b>8</b> Computation of Base Rate Fee	You mi 6 was d • In blo • If you blank What i were lo	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. uck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ar answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers bocated within that station's local service area and others were located outside that area. For the definition of a station's "local a rea," see page (v) of the general instructions.	
	Section	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS         our cable system retransmit the signals of any partially distant television stations during the accounting period?         X       Yes—Complete part 9 of this schedule.         BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	1 Section 2	Enter the amount of gross receipts from space K (page 7)	
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)	00

# DSE SCHEDULE. PAGE 17.

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYST	EM ID#	NI
Front	ier Florida LLC	62557	Name
Section	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		
4			8
	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶		•
	B. Enter 0.00701 of gross receipts		0
	(the amount in section 1) ▶ \$		Computation of
	C. Multiply line B by 3.000 and enter here ▶		Base Rate Fee
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) <b>&gt; \$</b>		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here►		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7)	0.00	
	Base Rate Fee \$	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signa		
Instead Space	l be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-up G.	is in	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to excl s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantag		Computation
•	on, you must:	5 01 1113	of Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the sar		and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the nurr and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each gr		Exclusivity
Finally	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		Surcharge for
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. How		Partially Distant
	cable system is wholly located outside all major television markets, complete block A only.	,	Stations, and
	) Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
-	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.		Stations
	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (an	d by the	
	oken, the station is distant to the subscriber.)	u, by the	
-	: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cab	ام	
	will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
-	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's su	bscriber	
groups In each	n section:		
	fy the communities/areas represented by each subscriber group.		
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group.		
• lf:			
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2 s schedule; or,	?, 3, and	
2) any	portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, 6 of this schedule.		
•	to of this scriedule. he DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instruction	ns	
	e paper SA3 form. Dute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the precedir	na	
page. DSEs f	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to sho calculations on the form.	total	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	
	Frontier Florida LLC	6255
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially Nonpermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted dista	ant
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

LEGAL NAME OF OWNER Frontier Florida LL		E SYSTEM:				SI	STEM ID# 62557	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FIRST SUBSCRIBER GROUP COMMUNITY/ AREA 0			SECOND SUBSCRIBER GROUP           COMMUNITY/ AREA         0				9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
						-		
Total DSEs			0.00	Total DSEs 0.00			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second Group \$ 0.00			0.00	
THIRD SUBSCRIBER GROUP				FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-				-		
							<mark></mark>	
							<mark></mark>	
Total DSEs	_		0.00	Total DSEs	_		0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth Group		\$	0.00		
Base Rate Fee Third Group \$		\$	0.00	Base Rate Fee Fourth Group \$ 0.00		0.00		
Base Rate Fee: Add the Enter here and in block 3	base rate	e <b>fees</b> for each subscrit bace L (page 7)	per group as	s shown in the boxes abo	ve.	\$	0.00	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20.				
Name	Frontier Florida LLC	62557				
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:					
Computation		Second 50 major television market				
of Base Rate Fee	First 50 major television market  INSTRUCTIONS:	_ Second So major television market				
and	Step 1: In line 1, give the total DSEs by subscriber group for commerci	ial VHF Grade B contour stations listed in block A, part 9 of				
Syndicated Exclusivity Surcharge for	<ul> <li>this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> </ul>					
Partially Distant Stations	<ul> <li>Step 3. In fine 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul>					
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs				
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs				
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation				
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group				
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs				
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs				
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation				
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group				
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	ch subscriber group as shown )				

C	Cable Worksheet		Total amount of remittance	Number of SAs rec'd		l	Initials		
			Date of remittance	Check	EFT	FILI	NG FEES		
Cable ID #						Amount	Initials		
Examined by		Reviewed by	Date examination completed	Allocation n	umber				
Space A Accounting		(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)							
Period	Lette	er sent	[	Information received					
		epted	[	Phone call/Date/Contact					
Space B Owner									
	Letter sent Information received								
	Accepted Phone call/Date/Contact								
Space D Area Served									
	Lett	er sent	[	Information receiv	red				
		epted	[	Phone call/Date/C	ontact				
Space E Secondary Transission									
Service Subscribers:	Lette	er sent	[	Information received					
and Rates	Accepted Phone call/Date/Contact								
Space G Primary Transmitters:									
Television	Lette	er sent	[	Information received					
		epted	[	Phone call/Date/C	Contact				
Space H Primary Transmitters:									
Radio	Acce	epted	[	Phone call/Date/C	Contact				

Space I Substitute Carriage

Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	