This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

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

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
02/28/23	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@loc.gov

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

	1						
Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optional - see instructions)					
Accounting Period							
В	G	nstructions: Sive the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate itle of the subsidiary, not that of the parent corporation.					
Owner	Li	ist any other name or names under which the owner conducts the business of the cable system.					
		there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a ingle statement of account and royalty fee payment covering the entire accounting period.					
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		DIRECTV, LLC					
	E	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 2260 E Imperial Hwy Room 839					
	7)	Number, street, rural route, apartment, or suite number)					
		El Segundo, CA 90245 Tiy, town, state, zip)					
С	C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space E System 1 IDENTIFICATION OF CABLE SYSTEM:						
System							
	N	MAILING ADDRESS OF CABLE SYSTEM:					
	2 (8	Number, street, rural route, apartment, or suite number)					
	(0	Jity, town, state, zip code)					

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

		FORM SA1-2E. PAGI					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I					
Name	DIRECTV, LLC	635					
	Instructions: List each separate community served by the cable system. A "community	ty" is the same as a "community unit" as defined in FCC rule					
D	"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 know as the "first community." Please use it as the first community on all future filings.						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the						
Served	identified city.						
	CITY OR TOWN	STATE					
First	Gainesville	FL					
Community	Alachua Unincorporated County	FL					
	Newberry	FL					
d Rows as Necessary							

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

DIRECTV, LLC

63595

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be)

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers it each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service)

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residentia subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s).'

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, togethe with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2			
04750000/05050000	NO. OF	DATE	0.47500000050500000	NO. OF	DATE
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	615	\$19	HD Tech Fee	562	\$10.00
 Service to additional set(s) 			Set-Top Box	618	\$0-\$15
					\$8.99-
• FM radio (if separate rate)			Broadcast TV Surcharge	615	\$9.99
Motel, hotel					
Commercial	3	\$20			
Converter					
 Residential 					
 Non-residential 					
		T		I	T

F

Services Other Than Secondary Transmissions Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed **Block 2:** List any services that your cable system furnished or offered during the accounting period that were no listed in block 1 and for which a separate charge was made or established. List these other services in the form of ε brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			40
• Pay cable		• Motel, hotel		Video on Demand	\$0- \$100
Pay cable—add'l channel	\$5-\$199	Commercial		Service Activation Fee	\$0- \$35
Fire protection		• Pay cable		Credit Management Fo	\$0- \$449
•Burglar protection		Pay cable-add'l channel		Dispatch on Demand	\$99 \$0-
Installation: Residential		Fire protection		Wireless Receiver	\$49
• First set	\$0-\$199	Burglar protection		HD Premium Tier	\$10
 Additional set(s) 		Other services:		DVR Upgrade Fee	\$105
• FM radio (if separate rate)		Reconnect	\$0-\$35	Vacation Hold	\$7
Converter		Disconnect		Program Downgrade I	\$5
		Outlet relocation	\$0-\$55	Non-return Equipmen	0-\$150
		Move to new address			

Accounting Period: 2022/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

DIRECTV, LLC

SYSTEM ID#

63595

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION 20/1020 WCJB/WCJBHD N Gainesville, FL 20/1020 WCJBD2/WCJBH2 Gainesville, FL WGFL/WGFLHD 28/1028 Ν High Springs, FL WGFLD2/WGFLH2 28/1028 I High Springs, FL N WNBW/WNBWHD 9/1009 Gainesville, FL WOGX/WOGXHD 51/1051 ı Ocala, FL 5/1005 WUFT/WUFTHD Ε Gainesville, FL

Add Rows as Necessary

Accounting Period:					A1-2E. PAGE 6. YSTEM ID#
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: DIRECTV, LLC				63595
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ystem's se on of how	econdary transn to compute this	nission service amount, see	6,695.24
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in the space of the	but less th	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	you must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	nes 1 and :	2	• •	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but me	ore than \$137,1	100)	
	Base amount under statutory formula	\$	263,800.00	•	
	2. Enter amount of gross receipts from space K	\$	206,695.24		
	3. Subtract line 2 from line 1	\$	57,104.76		
	4. Enter the amount of gross receipts from space K		\$ 2	206,695.24	
	5. Enter the amount from line 3		. \$	57,104.76	
	6. Subtract line 5 from line 4		\$ 1	149,590.48	
	7. Multiply line 6 by .005 (enter figure here)			\$	747.95
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	' and 8		\$	747.95
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		. \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE DU	E			
Eilian Francis					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	747.95	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	767.95
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1				yhts!

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.
Name	DIRECTV, LLC	OWNER OF CABLE SYSTEM:				SYSTEM ID# 63595
M Channels	to its subscribers	s, and (2) the cable system's t	total num	ls on which the cable system carried tel ber of activated channels during the acc		
		number of channels on which television broadcast stations		le 		14
	on which the ca	number of activated channel able system carried television ast services	n broadca	st stations		580
N Individual to Be Contacted		BE CONTACTED IF FURTH		PRMATION IS NEEDED (Identify an ind	lividual to whom	
for Further Information	Name	Myriam Nassif			Telephone	310-964-1930
	Address	2260 E Imperial Hwy (Number, street, rural route, apartr El Segundo, CA 9024	ment, or sui			
	Email	(City, town, state, zip) mn112s@att.co	om		Fax (optional)	
	CERTIFICATION	(This statement of account m	nust be ce	rtified and signed in accordance with Co	opyright Office regulations)
O Certification	• I, the undersigne	ed, hereby certify that (Check o	one, <i>but o</i>	nly one, of the boxes.)		
	(Owner	r other than corporation or p	oartnersh	ip) I am the owner of the cable system as	s identified in line 1 of space	e B; or
				artnership) I am the duly authorized age ot a corporation or partnership; or	ent of the owner of the cable	system as identified
		er or partner) I am an officer (ne 1 of space B.	(if a corpo	ration) or a partner (if a partnership) of the	e legal entity identified as o	wner of the cable system
		e, and correct to the best of m		eclare under penalty of law that all stater Ige, information, and belief, and are made		ein
			X	/s/ Nicholas Sinovich		
				electronic signature on the line above to ce nature using an "/s/ signature" (e.g., /s/ Joi		
		Typed or printed	d name:	Nicholas Sinovich	100010111111111111111111111111111111111	
		Title: (Title of of		nancial Ops on held in corporation or partnership)		
		Date:			2/20/23	

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ounting Period: 2022/2	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
RECTV, LLC	63595
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	
made by satellite carriers to satellite dish owners? X	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served	
Accounting period	

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