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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
	ary Transmissions by	DATE RECEIVED	AMOUNT		
General instru	erns (Short Form) actions are located of this workbook	3/1/2023	\$	Coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	(YY/(Period))		
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		Barcode Data Filing Period (optiona	II - see instructions)		
Accounting Period					
В	Instructions: Give the full legal name of the owner of the subsidiary, not that of the parent co		diary of another corporation, give the full corp	porate title of	
Owner	List any other name or names under wh	ich the owner conducts the business of t	he cable system.		
	If there were different owners during th statement of account and royalty fee pa		he last day of the accounting period should su riod.	ıbmit a single	
	Check here if this is the system's first fili	ng. If not, enter the system's ID number	assigned by the Licensing Division.	63724	
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM			
	yondoo Broadband LLC				
	BUSINESS NAME(S) OF OWNER C	OF CABLE SYSTEM (IF DIFFERENT	)		
	MAILING ADDRESS OF OWNER O PO Box 22467 (Number, street, rural route, apartment, or suite				
	Baltimore MD 21203 (City, town, state, zip)				
С	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In line				
System	IDENTIFICATION OF CABLE SYSTEM:				
	yondoo Broadband Oxna				
	PO Box 22467				
	2 (Number, street, rural route, apartment, or suite Baltimore MD 21203 (City, town, state, zip code)	e number)			

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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	yondoo Broadband LLC	637
D	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or n	ommunity" is the same as a "community unit" as defined in FCC rules: "a ed communities within unincorporated areas and including single, discre t will serve as a form of system identification hereafter known as the "fi
Area Served	city.	
	CITY OR TOWN	STATE
First	Oxnard	CA
Community		
d Rows as Necessary		

							FORM SA1	TEM ID
Name	LEGAL NAME OF OWNER OF C						515	6372
	yondoo Broadband LLC							0012
-	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRIBERS AND R	ATES				
E	In General: The information in s	•	Ũ		•			
Secondary	system, that is, the retransmission about other services (including particulation)							
Transmission	last day of the accounting period	, , ,	,	,		LIDSE EXIS		
Service: Sub-	Number of Subscribers: Both	•						
scribers and Rates	down by categories of secondary each category by counting the n							
Rales	separately for the particular serv						charged	
	Rate: Give the standard rate of	harged for each	a category of service	. Include bo	oth the amount	of the char	-	
	unit in which it is generally billed category, but do not include disc	· · ·	,		rd rate variatior	ns within a p	particular rate	
	Block 1: In the left-hand block				ondary transmi	ssion servi	ce that cable	
	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 o	once again unde	r "Service to additio	nal set(s)."				
	Block 2: If your cable system	-	•					
	printed in block 1 (for example, t with the number of subscribers a							
	sufficient.		nght hand block. A					
	BLO	DCK 1				BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:	000001102		0,111			CODECINDENC	
	Service to first set		345 89.95	Starter			67	26.9
	<ul> <li>Service to additional set(s)</li> </ul>							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISSIONS: RATE	S				
E	In General: Space F calls for rate							
F	not covered in space E, that is, t service for a single fee. There a				,			
Services	furnished at cost or (2) services	•		Ũ				
Other Than	amount of the charge and the ur		usually billed. If any	rates are ch	narged on a var	iable per-p	rogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		e cable system for e	each of the	annlicable serv	ices listed		
Rates	Block 2: List any services that						were not	
	listed in block 1 and for which a			lished. List	these other se	rvices in the	e form of a	
	brief (two- or three-word) descrip	otion and include	e the rate for each.			-		
		BLOC					BLOCK 2	
	CATEGORY OF SERVICE	1 1	CATEGORY OF SEI		RATE	CATEG	DRY OF SERVICE	RATE
	Continuing Services:	ľ	nstallation: Non-re	sidential				
	• Pay cable		• Motel, hotel					
	Pay cable—add'l channel     Eiro protoction		Commercial					
	Fire protection		<ul> <li>Pay cable</li> <li>Pay cable-add'l d</li> </ul>	hannel				
	•Burdiar projection		2					
	•Burglar protection	••••••	<ul> <li>Fire protection</li> </ul>					
	Installation: Residential     First set		<ul> <li>Fire protection</li> <li>Burglar protectio</li> </ul>	n				
	Installation: Residential		<ul> <li>Fire protection</li> <li>Burglar protectio</li> <li>Other services:</li> </ul>	n				
	Installation: Residential <ul> <li>First set</li> </ul>		• Burglar protectio	n				
	Installation: Residential • First set • Additional set(s)		• Burglar protectio Other services:	n				······
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burglar protectio Other services: • Reconnect	n				

	LEGAL MARE OF OWNER O				OVOTEM I
Name					SYSTEM II 6372
	yondoo Broadband I PRIMARY TRANSMITTERS:				0017
G Primary ansmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a <b>Substitute Basis Station</b> basis under specific FCC f • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informat <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the cham- of license. For example, W <b>Column 3:</b> Indicate in eac educational station, by ent (for independent multicast For the meaning of these t <b>Column 4:</b> Give the locati	also in space I, if the station was carried b ion concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-a	) stations carried only on a part-ti carriage of certain network progra e)(2) and (4))]; and (2) certain sta ied by your cable system on a sub Special Statement and Program I both on a substitute basis and also ee page (v) of the general instruct gram services such as HBO, ESF ir designation. For example, repo- sion station for broadcasting over ation, an independent station, or a r network multicast), "I" (for indep 'E-M" (for noncommercial educati ions in the paper SA1-2 form. ie community to which the station	me basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF ST	ATION
	КАВС	7	N	Los Angeles, CA	
	KTLA	5.2	N-M	Los Angeles, CA	
ows as Necessary	KCBS	2	Ν	Los Angeles, CA	
	KNBC	4.2	N-M	Los Angeles, CA	
	ктту	11	Ν	Los Angeles, CA	
	KCAL	9	I	Los Angeles, CA	
	KCAL KCET	9 28	 		
			l I N	Los Angeles, CA	
	KCET	28	I I N N	Los Angeles, CA Los Angeles, CA	
	КСЕТ КСОР	28 13		Los Angeles, CA Los Angeles, CA Los Angeles, CA	
	KCET KCOP KTLA	28 13 5	N	Los Angeles, CA Los Angeles, CA Los Angeles, CA Los Angeles, CA	
	KCET KCOP KTLA KABC	28 13 5 7.2	N N-M	Los Angeles, CA Los Angeles, CA Los Angeles, CA Los Angeles, CA Los Angeles, CA	
	KCET KCOP KTLA KABC KNBC	28 13 5 7.2 4	N N-M N	Los Angeles, CA Los Angeles, CA Los Angeles, CA Los Angeles, CA Los Angeles, CA Los Angeles, CA	
	KCET KCOP KTLA KABC KNBC KTLA	28 13 5 7.2 4 5.3	N N-M N N-M	Los Angeles, CA Los Angeles, CA Los Angeles, CA Los Angeles, CA Los Angeles, CA Los Angeles, CA Los Angeles, CA	
	KCET KCOP KTLA KABC KNBC KTLA KCBS	28 13 5 7.2 4 5.3 2.2	N N-M N N-M N	Los Angeles, CA Los Angeles, CA	
	KCET KCOP KTLA KABC KNBC KTLA KCBS KABC	28 13 5 7.2 4 5.3 2.2 7.3	N N-M N N-M N	Los Angeles, CA Los Angeles, CA	
	KCET KCOP KTLA KABC KNBC KTLA KCBS KABC KVEA	28 13 5 7.2 4 5.3 2.2 7.3 52.1	N N-M N N-M N	Los Angeles, CA Los Angeles, CA	
	KCET KCOP KTLA KABC KNBC KTLA KCBS KABC KVEA	28 13 5 7.2 4 5.3 2.2 7.3 52.1	N N-M N N-M N	Los Angeles, CA Los Angeles, CA	

EGAL NAME OF			YSTEM:					SYSTEM I
ondoo Broa	adband LL	C						637
RIMARY TRAN			arried on a separate and discre	te hasis and liet	those FM stat	ions car	ried on an	н
			nerally receivable by your cab					••
pecial Instruc	tions Conce	rning All	I-Band FM Carriage: Under C	opyright Office re	gulations, an	FM sign	al is generally	Primary
			tem whenever it is received at					Transmitters Radio
	-		ved at the headend, with the s pyright Office regulations on t	•	-			Raulo
aper SA1-2 for	m.			···· F ····, F ···	J- (1) -1 31			
			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	
			k mark in the "S/D" column.	a atation in linena		<b>2</b> i 4	h	
			on (the community to which th the community with which the			or, in t د	ne case of	
					,			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ON LEE GIGIT		0,0		ON LEE ON ON	7 101 01 1 101	0,12		
			<b> </b>					

Accounting Perio							FOR	M SA1-2E. PAGE 5
Nome	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#
Name	yondoo Broadband LL	С						63724
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	ì			
	In General: In space I, identi							
	substitute basis during the a	•••	· ·	•				
Substitute Carriage:	explanation of the programm	-		••••	e general instri	uctions in tr	ie paper SA I-	-2 101111.
Special	1. SPECIAL STATEMENT					twork tolo	vicion program	~
Statement and	During the accounting per	-	r cable system	carry, on a substitute bas	is, any nonne	IWOIK LEIEV		X
Program Log	broadcast by a distant sta						YES	
	Note: If your answer is "No	', leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust comple	te the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations	wherever no	sible if the	eir meaning is	
	clear. If you need more spa				wherever pot	551516, 11 110	on mouning k	5
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific progra	n titles, for ex	ample, "I L	ove Lucy" or	
		n was broad		r "Yes." Otherwise enter "I				
				sting the substitute progra			- 500 :	
	the case of Mexican or Can			e community to which the community with which the			e FCC or, in	
	Column 5: Give the mor	th and day		tem carried the substitute			, with the mo	nth
	first. Example: for May 7 giv							1.
	to the nearest five minutes.			gram was carried by your ed by a system from 6:01:				ely
	stated as "6:00–6:30 p.m."		i program oann		10 p.m. to 0.2			
				was substituted for progra				
	to delete under FCC rules a was substituted for program							ram
	effect on October 19, 1976.	• •	·····					
	s	UBSTITUT	E PROGRAM			EN SUBST		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	— то	
					.			
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1								

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: yondoo Broadband LLC	S	STEM ID# 63724
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this at 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.	ission service mount, see	<b>5,217.70</b> ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:         Complete block 1, block 2, or block 3.         Use block 1 if the amount of gross receipts in space K is \$137,100 or less         Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2         Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2         Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2         Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600         See page (vi) of the general instructions located in the paper SA1-2 form for more information.         BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS         Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the accounting period is \$52.00         Line 1. Royalty fee for accounting period         Line 2. Interest charge. Enter the amount from line 4, space Q, page 8         Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2         BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,11         1. Base amount under statutory formula         2         2         Subtract line 2 from line 1	nis six-month \$	52.00 0.00 52.00
	5. Enter the amount from line 3 6. Subtract line 5 from line 4 7. Multiply line 6 by .005 (enter figure here) 8. Interest charge. Enter the amount from line 4, space Q, page 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,		
	1. Enter the amount of gross receipts from space K       \$         2. Base amount under statutory formula       \$         3. Subtract line 2 from line 1       \$         4. Multiply line 3 by .01       \$         5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)       \$         6. Interest charge. Enter the amount from line 4, space Q, page 8       \$         7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6       \$	0.00	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00 15.00 \$	67.00
	EFT Trace # or TRANSACTION ID #		

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF yondoo Broadband LL				SYSTEM ID# 63724
M Channels	to its subscribers, and (2) 1. Enter the total number	the cable system's total of channels on which the	nnels on which the cable system carried televis number of activated channels during the accour cable	nting period.	13
		tem carried television bro	adcast stations		197
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this		NFORMATION IS NEEDED (Identify an individu	ual to whom	
for Further Information		t Steffen		Telephone	410-727-8250
	(Number,	street, rural route, apartment, o tore MD 21203 h, state, zip)	r suite number)		
	Email		Fa	ax (optional	
O Certification	<ul> <li>I, the undersigned, hereby</li> <li>(Owner other the other other the other other the other other</li></ul>	certify that (Check one, <i>bu</i> an corporation or partne r other than corporation of f space B and that the owr ner) I am an officer (if a cc f space B. ment of account and hereb rrect to the best of my kno	certified and signed in accordance with Copyri t only one, of the boxes.) rship) I am the owner of the cable system as ider or partnership) I am the duly authorized agent of er is not a corporation or partnership; or rporation) or a partner (if a partnership) of the leg- v declare under penalty of law that all statements of vledge, information, and belief, and are made in g	ntified in line 1 of space B the owner of the cable sy al entity identified as own of fact contained herein	rstem as identified
		Typed or printed nam	<ul> <li>/s/Robert Steffen</li> <li>an electronic signature on the line above to certify r signature using an "/s/ signature" (e.g., /s/ John S</li> <li>e: Robert Steffen</li> <li>e President of Finance</li> <li>ficial position held in corporation or partnership)</li> </ul>		
		Date:		03/01/2023	

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	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ndoo Broadband LLC	63724
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	

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