## THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

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

## SA1-2 Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

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

Return to: Library of Congress Copyright Office

Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT:						
Accounting Period	July 1-December 31, 2022							
<b>B</b> Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it.  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Vyve Broadband J, LLC							
			*00	)814620222*				
				008146 2022/2				
	Four International Drive, St Rye Brook, NY 10573	uite 330						
С	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 B.							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM: P.O. Box 37 (Number, street, rural route, apartment, or suite nur Waycross, GA 31502-0037 (City, lown, state, zip code)	mber)						
D	'	, , ,	A "community" is the same as a "community					
Area Served	in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that 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, condiminiums, or mobile home parks should be reported in paratheses below							
	the identified city.  CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First Community	Waycross	GA						
Community	Unincorporated Ware County	GA						

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Form SA1-2c Rev 04/2011

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 008146 Vyve Broadband J, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 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: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient BLOCK 1 BLOCK 2 NO. OF NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE **SUBSCRIBERS** RATE Residential: · Service to first set 1.977 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel 108 54.99 Commercial Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary 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. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE **Continuing Services:** Installation: Non-residential 19.95 · Motel, hotel T&M · Pay cable • Pay cable—add'l channel T&M 15.95 Commercial Fire protection N/A • Pay cable T&M Burglar protection N/A • Pay cable-add'l channel T&M Installation: Residential Fire protection N/A First set 59.99 · Burglar protection N/A Additional set(s) 19.99 Other services:

Reconnect

Disconnect

Outlet relocation

· Move to new address

29.99

29.99

29.99

N/A

• FM radio (if separate rate)

Converter

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 008146 Vyve Broadband J, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary 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 Transmitters: 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 Television basis under specifc 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. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. 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. 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 identifed. 2. B'CAST 3. TYPE 6. LOCATION OF STATION 1. CALL CHANNEL SIGN OF NUMBER STATION WCWJ 17 (CW) ı Jacksonville, FL 17 30 WFOX-FOX 30 Jacksonville, FL WFOX-MyNetworkTV 30.2 30.2 Jacksonville, FL WJAX-CBS 47 47 Jacksonville, FL WJAX-getTV 47.2 47.2 Jacksonville, FL WJXT-IND 4 4 Jacksonville, FL WJXT-Start TV 4.3 4.3 Jacksonville, FL 4.2 WJXT-DABL 4.2 Jacksonville, FL WJXX-ABC 25 25 N Jacksonville, FL WJXX-Weather Plus 25.2 25.2 N Jacksonville, FL 24 WPXC-ION 24 Jacksonville, FL 21.3 ı WPXC-ION Plus 21.3 Jacksonville, FL WPXC-Qubo 21.2 21.2 I Jacksonville, FL WTLV-Antenna TV 12.2 Ν 12.2 Jacksonville, FL 12 Ν Jacksonville, FL WTLV-NBC 12 Ν WTLV-The Justice Network 12.5 Jacksonville, FL 8.2 Ε WXGA-Create 8.2 Waycross, GA WXGA-PBS Kids 8.4 8.4 Ε Waycross, GA WXGA-PBS Kids 8.4 HD 8.5 Ε Waycross, GA WXGA-PBS Knowledge 8.3 8.3 Ε Waycross, GA WXGA-PBS 8 8 Ε Waycross, GA

25.3

17.2

WJXX-Quest 25.3 WCWJ-Bounce 17.2 Ν

ı

Jacksonville, FL

Jacksonville, FL

Name		SYSTEM:			SYSTEM ID#			
	Vyve Broadband J, LLC							
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 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.  Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community.  This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form.  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.  Co							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION				
	WCWJ-Movies!17.3	17.3	I Jacksonville, FL					
	WCWJ-Movies!17.3	17.3 l		Jacksonville, FL				
	WFOX-Heros and Icons 30.3	30.3	ı	Jacksonville, FL				
			•	Jacksonvine, i L				
			•					

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC  008146					Name			
							00140	
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.						Н		
Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.  For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions.  Column 1: Identify the call sign of each station carried.  Column 2: State whether the station is AM or FM.  Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.  Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).						Primary Transmitters: Radio		
CALL SIGN	B' Cast Channel number	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			<mark></mark> J.					

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				- ;	SYSTEM ID#	
Name	Vyve Broadband J, LLC						008146		
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a fur explanation of the programming that must be included in this log, see page (v) of the general instructions.								
Carriage: Special Statement and Program Log	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast by a distant station?  Yes XNo								
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."								
	Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.  WHEN SUBSTITUTE							n	
	1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONT				5. MONTH AND DAY	6. TIMES		7. REASON FOR DELETION	

FORM SA1-2.	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC	SYSTEM ID# 008146	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identifed in space E) during the accounting period. For a further explanation of how to compute this am page (vii) of the general instructions.  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.	sion service	K Gross Receipts
COPYRIGH	r ROYALTY FEE		
•	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 \$26 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 If the general instructions for more information.	3,800	Copyright Royalty Fee
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	is 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 lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	1,053.37	
	5. Royalty due on the first \$263,800 of gross recepits (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	\$ 2,372.37	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 2,372.37	
Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 2,392.37	
	EFT Trace # or TRANSACTION ID #	Not Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for	r more information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC  008146
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  26  2. Enter the total number of activated channels on which the cable system carried television broadcast stations
	and nonbroadcast services
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)
for Further Information	Name Marie Censoplano Telephone 914-234-8313
	Address Four International Drive, Suite 330 (Number, street, rural route, apartment, or suite number)
	Rye Brook, NY 10573 (City, town, state, zip)
	Email (optional) Fax (optional)
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations, as explained in the general instructions.)  • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  [Owner other than corporation or partnership] I am the owner of the cable system as identifed in line 1 of space B; or
	(Agent of owner other than corporation or partnership; I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]
	Handwritten signature: Isl Daniel J White
	Typed or printed name: <b>Daniel J. White</b>
	Title: SVP - Financial Planning  (Title of official position held in corporation or partnership)
	Date: 2/26/23

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:	Nama
Vyve Broadband J, LLC 008140	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 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."	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
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.	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	_
x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	
(interest charge)	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
	11
ID number First community served	
Accounting period	

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