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 | FOR COPYRIGHT OFFICE USE ONLY |  |  |  |  |  |  |
|---------------|-------------------------------|--|--|--|--|--|--|
| DATE RECEIVED | AMOUNT                        | coplicsoa@loc.gov  |  |  |  |  |  |
| 8/25/2023     | \$ ALLOCATION NUMBER          | For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 |  |  |  |  |  |

| Α          | ACC  | CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))   |  |  |  |  |  |  |
|------------|------|---|--|--|--|--|--|--|
|            |      | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31  |  |  |  |  |  |  |
| Accounting |      | Barcode Data Filing Period (optional - see instructions)  |  |  |  |  |  |  |
| Period     |      |   |  |  |  |  |  |  |
| В          |      | Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.              |  |  |  |  |  |  |
| Owner      |      | List any other name or names under which the owner conducts the business of the cable system.   |  |  |  |  |  |  |
|            |      | If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. |  |  |  |  |  |  |
|            |      | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.   |  |  |  |  |  |  |
|            |      | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM   |  |  |  |  |  |  |
|            |      | Zito Media LP   |  |  |  |  |  |  |
|            |      | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)  |  |  |  |  |  |  |
|            |      | Zito Media  |  |  |  |  |  |  |
|            |      | MAILING ADDRESS OF OWNER OF CABLE SYSTEM  |  |  |  |  |  |  |
|            |      | PO Box 665 (Number, street, rural route, apartment, or suite number)  |  |  |  |  |  |  |
|            |      | Coudersport, PA 16915 (City, town, state, zip)  |  |  |  |  |  |  |
| _          | INST | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these  |  |  |  |  |  |  |
| С          |      | s 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:   |  |  |  |  |  |  |
|            |      | Zito Media - Coudersport PA   |  |  |  |  |  |  |
|            |      | MAILING ADDRESS OF CABLE SYSTEM:  |  |  |  |  |  |  |
|            | 2    | (Number, street, rural route, apartment, or suite number)   |  |  |  |  |  |  |
|            |      | (City, town, state, zip code)   |  |  |  |  |  |  |

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 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.

| Damping  |                   | LECAL NAME OF OWNER OF CARLE SYSTEM. | FORM SA1-2E. PAGE<br>SYSTEM I                                  |
|--|-------------------|--------------------------------------|--|
| Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, disc 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 "icommunity." 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 ident city.  CITY OR TOWN  STATE  COMMUNITY  Austin Borough  PA  Austin Borough  PA  Eulalia Township  PA  Roulette Borough  PA  Roulette Borough  PA  Genesee Township  PA  Hebron Township  PA  Hebron Township  PA  Mills  PA  Emporium Borough  PA  Empori | Name              |                                      | 11   |
| separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, disc unincorporated areas)." 47 C.F.R. 76.5(dd). 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 ident city.  CITY OR TOWN STATE  Community  COUNTY OR TOWN STATE  COUNTY OR TOWN PA  Austin Borough PA  Austin Borough PA  Liberty Township PA  Coulets Borough PA  Roulette Borough PA  Roulette Borough PA  Cenesse Township PA  Genesse Township PA  Hebron Township PA  Hebron Township PA  Westfield Borough PA  Westfield Borough PA  Emporium Borough PA  Emporium Borough PA  Emporium Genesse PA  Emporium Borough PA  Emporium Greas PA  Emporium Greas PA  Emporium Greas PA  Emporium Greas PA  Lumber Township PA  Emporium Surrounding Areas PA  Lumber Township PA  Lumber Township PA  |                   |                                      |  |
| 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 "to 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 ident city.  CITY OR TOWN  STATE  Coundersport Borough  Annin Township  PA  Liberty Township  PA  Port Allegany Borough  Roulette Borough  Austin Borough  PA  Roulette Borough  Roulette Borough  Austin Borough  PA  Genesee Township  PA  Hebron Township  PA  Hebron Township  PA  Mills  PA  Emporium Borough  PA  Emporium Surrounding Areas  Gibson Township  PA  Lumber Township  PA  Lumber Township  PA  Lumber Township  PA  Lumber Township  PA   | _                 |                                      | •  |
| 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 ident city.    CITY OR TOWN   | D                 |                                      |  |
| Area Served    Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the ident city.    CITY OR TOWN  |                   |                                      | s a form of system identification hereafter known as the       |
| CITY OR TOWN   STATE   |                   |                                      | a parks should be reported in parentheses below the identifier |
| First Coudersport Borough PA Community Annin Township PA  Rows as Necessary Eulalia Township PA  POrt Allegany Borough PA  Rowlette Borough PA  Rowlette Borough PA  Sweden Valley Township PA  Genesee Township PA  Hebron Township PA  Ulysses Borough PA  Ulysses Borough PA  Westfield Borough PA  Harrison Valley PA  Westfield Borough PA  Emporium Borough PA  Emporium Borough PA  Emporium Surrounding Areas PA  Gibson Township PA  Emporium Surrounding Areas  Gibson Township PA  Lumber Township PA   | Area              |                                      | e parks should be reported in parentheses below the identifi   |
| First Coudersport Borough PA Community Annin Township PA  Austin Borough PA  Rows as Necessary Eulalia Township PA  Liberty Township PA  POrt Allegany Borough PA  Roulette Borough PA  Sweden Valley Township PA  Genesee Township PA  Hebron Township PA  Ulysses Borough PA  Harrison Valley PA  Westfield Borough PA  Mills PA  Emporium Borough PA  Emporium Surrounding Areas PA  Gibson Township PA  Lumber Township PA  Emporium Surrounding Areas PA  Lumber Township PA  | Served            | icity.                               |  |
| First Coudersport Borough PA Community Annin Township PA  Austin Borough PA  Rows as Necessary Eulalia Township PA  Liberty Township PA  POrt Allegany Borough PA  Roulette Borough PA  Sweden Valley Township PA  Genesee Township PA  Hebron Township PA  Ulysses Borough PA  Harrison Valley PA  Westfield Borough PA  Mills PA  Emporium Borough PA  Emporium Surrounding Areas PA  Gibson Township PA  Lumber Township PA  Emporium Surrounding Areas PA  Lumber Township PA  |                   |                                      |  |
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| Rows as Necessary         Austin Borough         PA           Rows as Necessary         Eulalia Township         PA           Liberty Township         PA           Port Allegany Borough         PA           Roulette Borough         PA           Sweden Valley Township         PA           Genesee Township         PA           Hebron Township         PA           Ulysses Borough         PA           Harrison Valley         PA           Westfield Borough         PA           Mills         PA           Emporium Borough         PA           Emporium Surrounding Areas         PA           Gibson Township         PA           Lumber Township         PA  |                   |                                      |  |
| Eulalia Township   | Community         |                                      |  |
| Liberty Township PA Port Allegany Borough PA Roulette Borough PA Sweden Valley Township PA Genesee Township PA Hebron Township PA Ulysses Borough PA Harrison Valley PA Westfield Borough PA Mills PA Emporium Borough PA Emporium Surrounding Areas PA Gibson Township PA Lumber Township PA  |                   |                                      | PA   |
| Port Allegany Borough PA Roulette Borough PA Sweden Valley Township PA Genesee Township PA Hebron Township PA Ulysses Borough PA Harrison Valley PA Westfield Borough PA Mills PA Emporium Borough PA Emporium Surrounding Areas PA Gibson Township PA Lumber Township PA  | Rows as Necessary | Eulalia Township                     | PA   |
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| Genesee Township         PA           Hebron Township         PA           Ulysses Borough         PA           Harrison Valley         PA           Westfield Borough         PA           Mills         PA           Emporium Borough         PA           Emporium Surrounding Areas         PA           Gibson Township         PA           Lumber Township         PA   |                   |                                      |  |
| Hebron Township         PA           Ulysses Borough         PA           Harrison Valley         PA           Westfield Borough         PA           Mills         PA           Emporium Borough         PA           Emporium Surrounding Areas         PA           Gibson Township         PA           Lumber Township         PA   |                   |                                      |  |
| Ulysses Borough         PA           Harrison Valley         PA           Westfield Borough         PA           Mills         PA           Emporium Borough         PA           Emporium Surrounding Areas         PA           Gibson Township         PA           Lumber Township         PA  |                   |                                      |  |
| Harrison Valley         PA           Westfield Borough         PA           Mills         PA           Emporium Borough         PA           Emporium Surrounding Areas         PA           Gibson Township         PA           Lumber Township         PA   |                   |                                      |  |
| Westfield Borough         PA           Mills         PA           Emporium Borough         PA           Emporium Surrounding Areas         PA           Gibson Township         PA           Lumber Township         PA  |                   |                                      |  |
| Mills         PA           Emporium Borough         PA           Emporium Surrounding Areas         PA           Gibson Township         PA           Lumber Township         PA   |                   |                                      |  |
| Emporium Borough         PA           Emporium Surrounding Areas         PA           Gibson Township         PA           Lumber Township         PA  |                   | Westfield Borough                    | PA   |
| Emporium Surrounding Areas PA Gibson Township PA Lumber Township PA  |                   | Mills                                | PA   |
| Emporium Surrounding Areas PA Gibson Township PA Lumber Township PA  |                   | Emporium Borough                     | PA   |
| Gibson Township PA Lumber Township PA  |                   |                                      |  |
| Lumber Township PA   |                   | Gibson Township                      |  |
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| Portage Township PA  |                   |                                      |  |
|  |                   | Portage Township                     | PA   |
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Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

7140 Modic L.D.

1188

# E

Zito Media LP

## 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 in 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.

| BL   | OCK 1                 | BLOCK 2 |                     |                       |      |
|--|-----------------------|---------|---------------------|-----------------------|------|
| CATEGORY OF SERVICE                              | NO. OF<br>SUBSCRIBERS | RATE    | CATEGORY OF SERVICE | NO. OF<br>SUBSCRIBERS | RATE |
| Residential:                                     |                       |         |                     |                       |      |
| <ul> <li>Service to first set</li> </ul>         | 980                   | 16.78   |                     |                       |      |
| <ul> <li>Service to additional set(s)</li> </ul> |                       |         |                     |                       |      |
| <ul> <li>FM radio (if separate rate)</li> </ul>  |                       |         |                     |                       |      |
| Motel, hotel                                     |                       |         |                     |                       |      |
| Commercial                                       |                       |         |                     |                       |      |
| Converter  |                       |         |                     |                       |      |
| <ul> <li>Residential</li> </ul>                  |                       |         |                     |                       |      |
| Non-residential                                  |                       |         |                     |                       |      |
|  |                       | 1       |                     | l                     | l    |

# 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 not 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 2 | •    |                 |      |
|---|-------|-------------------------------|---------|------|-----------------|------|
| CATEGORY OF SERVICE                         | RATE  | CATEGORY OF SERVICE           | RATE    | CATE | GORY OF SERVICE | RATE |
| Continuing Services:                        |       | Installation: Non-residential |         |      |                 |      |
| Pay cable                                   |       | Motel, hotel                  |         |      |                 |      |
| <ul> <li>Pay cable—add'l channel</li> </ul> |       | Commercial                    |         |      |                 |      |
| Fire protection                             |       | • Pay cable                   |         |      |                 |      |
| Burglar protection                          |       | Pay cable-add'l channel       |         |      |                 |      |
| Installation: Residential                   |       | Fire protection               |         |      |                 |      |
| • First set                                 | 30.00 | Burglar protection            |         |      |                 |      |
| Additional set(s)                           |       | Other services:               |         |      |                 |      |
| • FM radio (if separate rate)               |       | Reconnect                     | 30.00   |      |                 |      |
| Converter                                   |       | Disconnect                    |         |      |                 |      |
|   |       | Outlet relocation             | 30.00   |      |                 |      |
|   |       | Move to new address           | 30.00   |      |                 |      |
|   |       |                               |         |      |                 |      |

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

1188

4. LOCATION OF STATION

Name

Zito Media LP
PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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. 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.

2. B'CAST CHANNEL NUMBER

**WATM** 23.1 Ν Johnstown, PA **WATM** 23.3 I-M Johnstown, PA **WATM** 23.4 Johnstown, PA Т **WGRZ** 2 Ν **Buffalo, NY WIVB** 4 Ν **Buffalo. NY WJAC** 6.1 Ν Johnstown, PA **WKBS** 47.1 Т Johnstown, PA **WKBW** 7.1 Ν **Buffalo, NY WJAC** 6.2 T Johnstown, PA **WPSU** 3 Ε State College, PA **WTAJ** 10 Ν Johnstown, PA **WWCP** 8 Ν Johnstown, PA

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Media LP

### 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 Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- 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).

| CALL SIGN | AM or FM     | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION |
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|---|--|---|-------------------|------------------------------|----------------------|---------------|----------------------|--------------------|--|
| Accounting Perio  | <b>d: 2023/1</b><br> LEGAL NAME OF OWNER OF (  | CARLE SYST  | EM:               |                              |                      |               | FOR                  | M SA1-2E. PAGE 5.  |  |
| Name  | Zito Media LP  | CABLE 5151  | LIVI.             |                              |                      |               |                      | SYSTEM ID#<br>1188 |  |
|   | SUBSTITUTE CARRIAGE  | : SPECIA  | L STATEMEN        | T AND PROGRAM LOG            | )                    |               |                      |                    |  |
| I   | In General: In space I, identi   |   |                   |                              |                      |               |                      |                    |  |
| Substitute  | substitute basis during the ac explanation of the programmi  |   |                   |                              |                      |               |                      |                    |  |
| Carriage:   | 1. SPECIAL STATEMENT   | CONCER  | NING SUBSTI       | TUTE CARRIAGE                |                      |               |                      |                    |  |
| Special<br>Statement and  | During the accounting period   | SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program |                   |                              |                      |               |                      |                    |  |
| Program Log   | roadcast by a distant station?   |   |                   |                              |                      |               |                      |                    |  |
|   | Note: If your answer is "No"   | ote: 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  | BBOGBA  | Me                |                              |                      |               |                      |                    |  |
|   | In General: List each subst  |   |                   | te line. Use abbreviations   | wherever pos         | sible, if the | eir meaning is       | <b>3</b>           |  |
|   | clear. If you need more spa  |   |                   |                              | n ro a ro no "\ th a | t alumina th  |                      |                    |  |
|   | <b>Column 1:</b> Give the title period, was broadcast by a   |   |                   |                              |                      |               |                      |                    |  |
|   | under certain FCC rules, re  | gulations, o  | r authorizations  | s. See page (v) of the gen   | eral instruction     | ns for furth  | ner information      |                    |  |
|   | Do not use general categori<br>"NBA Basketball: 76ers vs.  |   | vies" or "baske   | tball." List specific progra | m titles, for ex     | ampie, "i L   | _ove Lucy or         |                    |  |
|   | Column 2: If the program   |   |                   |                              |                      |               |                      |                    |  |
|   | Column 3: Give the call s Column 4: Give the broa  | 0   |                   |                              |                      | nsed by th    | e FCC or, in         |                    |  |
|   | the case of Mexican or Can   | adian statio  | ns, if any, the o | community with which the     | station is iden      | itified).     | ·                    |                    |  |
|   | Column 5: Give the mon first. Example: for May 7 giv   | •   | when your syst    | tem carried the substitute   | program. Use         | numerals      | , with the mor       | nth                |  |
|   | Column 6: State the time   | es when the   |                   |                              |                      |               |                      | ly                 |  |
|   | to the nearest five minutes. stated as "6:00–6:30 p.m."  | Example: a  | program carrie    | ed by a system from 6:01     | 15 p.m. to 6:2       | 8:30 p.m.     | should be            |                    |  |
|   | •  | er "R" if the   | listed program    | was substituted for progr    | amming that y        | our systen    | n was <i>require</i> | d                  |  |
|   | to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program   |   |                   |                              |                      |               |                      |                    |  |
| was substituted for programming that your system was permitted to delete under FCC rules and regulation effect on October 19, 1976. |  |   |                   |                              |                      |               |                      |                    |  |
|   | SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? Yes or No CALL SIGN 4. STATION'S LOCATION Yes or No CALL SIGN 4. STATION'S LOCATION YHEN SUBSTITUTE CARRIAGE OCCURRED  7. REASON FO DELETION TO DELE |   |                   |                              |                      |               |                      |                    |  |
|   |  |   |                   |                              |                      |               |                      |                    |  |
|   |  |   |                   |                              |                      |               |                      |                    |  |
|   |  |   |                   |                              |                      |               | _                    |                    |  |
|   |  |   |                   |                              |                      |               | _                    |                    |  |
|   |  |   |                   |                              |                      |               | _                    |                    |  |
|   |  |   |                   |                              |                      |               | _                    |                    |  |
|   |  |   |                   |                              |                      |               | _                    |                    |  |
|   |  |   |                   |                              |                      | _             |                      |                    |  |
|   |  |   |                   |                              |                      |               |                      |                    |  |
|   |  |   |                   |                              |                      |               | _                    |                    |  |
|   |  |   |                   |                              |                      |               | _                    |                    |  |
|   |  |   |                   |                              |                      |               | _                    |                    |  |
|   |  |   |                   |                              |                      |               | _                    |                    |  |
|   |  |   |                   |                              |                      |               | _                    |                    |  |
|   |  |   |                   |                              |                      |               | _                    |                    |  |
|   |  |   |                   |                              |                      |               | _                    |                    |  |
|   |  |   |                   |                              |                      |               | _                    |                    |  |
|   |  |   |                   |                              |                      |               |                      | ·                  |  |
|   |  |   |                   |                              |                      |               | _                    |                    |  |
|   |  |   |                   |                              |                      |               | _                    |                    |  |
|   |  | <b>†</b>  |                   |                              |                      |               |                      | †                  |  |

| Accounting Period:                 | 2023/1  |                        |                                       | FORM                        | SA1-2E. PAGE 6     |  |  |  |
|------------------------------------|---|------------------------|---------------------------------------|-----------------------------|--------------------|--|--|--|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito Media LP   |                        |                                       | ,                           | SYSTEM ID#<br>1188 |  |  |  |
| K<br>Gross Receipts                | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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.        | system's sion of how t | econdary transmi<br>to compute this a | ssion service<br>mount, see |                    |  |  |  |
| L<br>Copyright<br>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 \$263,800  • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600  See page (vi) of the general instructions located in the paper SA1-2 form for more information. |                        |                                       |                             |                    |  |  |  |
|                                    | BLOCK 1: GROSS RECEIPTS OF \$1:   | 37,100 OR              | LESS                                  |                             |                    |  |  |  |
|                                    | Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00  | ty fee that yo         | ou must pay for th                    | is six-month                |                    |  |  |  |
|                                    | 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          | 2                                     |                             |                    |  |  |  |
|                                    | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE  | ESS (but m             | ore than \$137,1                      | 00)                         |                    |  |  |  |
|                                    | Base amount under statutory formula   | \$                     | 263,800.00                            |                             |                    |  |  |  |
|                                    | 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   |                        |                                       |                             |                    |  |  |  |
|                                    | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8   |                        |                                       |                             |                    |  |  |  |
|                                    | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26   | 3,800 (but             | less than \$527                       | ,600)                       |                    |  |  |  |
|                                    | Enter the amount of gross receipts from space K   | . \$                   | 286,820.32                            |                             |                    |  |  |  |
|                                    | Base amount under statutory formula   | \$                     | 263,800.00                            |                             |                    |  |  |  |
|                                    | 3. Subtract line 2 from line 1  | \$                     | 23,020.32                             |                             |                    |  |  |  |
|                                    | 4. Multiply line 3 by .01   |                        | \$                                    | 230.20                      | -                  |  |  |  |
|                                    | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)   |                        | <u>\$</u>                             | 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            |                                       | \$                          | 1,549.20           |  |  |  |
|                                    | FILING FEE AND TOTAL REMITTANCE D   | UE                     |                                       |                             |                    |  |  |  |
| Filing Fee and<br>Total Remittance | Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)  |                        | \$                                    | 1,549.20                    | -                  |  |  |  |
| Due                                | 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  |                        |                                       | \$                          | 1,569.20           |  |  |  |
|                                    | Important: Your remittance must be in the form of an electronic pa<br>See page i of the general instructions in the paper SA  |                        |                                       |                             | ghts!              |  |  |  |

| Accounting Period:           | 2023/1                               |   |                      |   |                                | FORM SA1-2E. PAGE 7.    |
|------------------------------|--------------------------------------|---|----------------------|---|--------------------------------|-------------------------|
| Name                         | LEGAL NAME OF C                      | WNER OF CABLE SYSTEM:   |                      |   |                                | SYSTEM ID#<br>1188      |
| M<br>Channels                | to its subscriber  1. Enter the tota | rs, and (2) the cable system's  | total numb           | ls on which the cable system carried tele<br>per of activated channels during the acc           | ounting period.                | 12                      |
|                              | on which the                         | al number of activated channe<br>cable system carried televisio<br>dcast services | on broadca           | ast stations  |                                | 108                     |
| N Individual to Be Contacted |                                      | D BE CONTACTED IF FURTH about this statement of accou                             |                      | RMATION IS NEEDED (Identify an indiv  | vidual to whom                 |                         |
| for Further<br>Information   | Name                                 | Teri McMullen   |                      |   | Telephone                      | 814-260-0434            |
|                              | Address                              | PO Box 665 (Number, street, rural route, apartr                                   | ment, or suit        | e number)   |                                |                         |
|                              |                                      | Coudersport PA 1693<br>(City, town, state, zip)                                   | 15                   |   |                                |                         |
|                              | Email                                | teri.mcmullen@  | )zitomedia           | a.com   | Fax (optional                  |                         |
|                              | CERTIFICATION                        | (This statement of account mu   | ust be cert          | ified and signed in accordance with Cop   | pyright Office regulations)    |                         |
| O<br>Certification           | • I, the undersigne                  | ed, hereby certify that (Check or   | ne, <i>but onl</i> j | y one, of the boxes.)   |                                |                         |
|                              | (Owne                                | r other than corporation or p   | partnership          | o) I am the owner of the cable system as i  | dentified in line 1 of space E | 3; or                   |
|                              | (Agent                               |   |                      | artnership) I am the duly authorized agent not a corporation or partnership; or                 | t of the owner of the cable s  | ystem as identified     |
|                              | X (Offic                             | er or partner) I am an officer (i<br>in line 1 of space B.                        | if a corpora         | ation) or a partner (if a partnership) of the l   | legal entity identified as owr | ner of the cable system |
|                              |                                      | te, and correct to the best of m  | -                    | clare under penalty of law that all statemen<br>ge, information, and belief, and are made i     |                                |                         |
|                              |                                      |   | X                    | /s/James Rigas  |                                |                         |
|                              |                                      |   |                      | electronic signature on the line above to cer<br>nature using an "/s/ signature" (e.g., /s/ Joh |                                |                         |
|                              |                                      | Typed or printed  | d name:              | James Rigas   |                                |                         |
|                              |                                      | Title:  | Presid               | ent position held in corporation or partnership)  |                                |                         |
|                              |                                      | Date:   |                      |   | 08/28/2023                     |                         |

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

| ounting Period: 2023/1   | FORM SA1-2E. PAGE 8.                  |
|--|---------------------------------------|
| SAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#                            |
| o Media LP   | 1188                                  |
| 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." | Special Statement<br>Concerning Gross |
| 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.   | Receipts Exclusion                    |
| During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  |                                       |
| YES. Enter the total here and list the satellite carrier(s) below  |                                       |
| Name Mailing Address  Name Mailing Address   |                                       |
|  |                                       |
| 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                   |
| 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  |                                       |
| Address  |                                       |

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