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.

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SA1-2E Short Form

Return completed workbook

STATEM	ENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
-	ems (Short Form)	11/4/00	\$	For additional information, contact the U.S. Copyright
	of this workbook	11/1/23	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: (YYYY/(Period))	
	2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (option	al - see instructions)	
	Instructions:			
В			ubsidiary of another corporation, give the full	corporate
Owner	List any other name or names under	which the owner conducts the business	of the cable system.	
		the accounting period, only the owner of the payment covering the entire acco	on the last day of the accounting period shoul punting period.	d submit a
	Check here if this is the system's first	filing. If not, enter the system's ID numb	per assigned by the Licensing Division.	33537
	LEGAL NAME OF OWNER/MA	LING ADDRESS OF CABLE SYSTE	M	
	CableSouth Media III, LLC			
		R OF CABLE SYSTEM (IF DIFFERE	NT)	
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM		
	1615 Poydras St. Suite ((Number, street, rural route, apartment, or st			
	(City, town, state, zip)	ine number)		
С			dentify the business and operation of t	5
System	IDENTIFICATION OF CABLE SYSTE		the system, if different from the addre	
ejetetti	1 Swyft Connect			
	MAILING ADDRESS OF CABLE SYS	TEM:		
	2 (Number, street, rural route, apartment, or st	uite number)		
	(City, town, state, zip code)			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	CableSouth Media III, LLC	335
D	Instructions: List each separate community served by the cable system. A "cc "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fill	rated communities within unincorporated areas and including single at you list will serve as a form of system identification hereafter known at the second s
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	
First	CITY OR TOWN Poplarville	STATE MS
Community	Pearl River	MS
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							TEM IC
Name	CableSouth Media III, LI							010	3353
		_0							
Е	SECONDARY TRANSMISSION								
L	In General: The information in s	•		-					
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period	, , ,	,		,			ng on the	
Service: Sub-	Number of Subscribers: Both	h blocks in spa	ce E cal	ll for the numbe	er of subsc	ribers to the cab			
scribers and	down by categories of secondary								
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							e and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adva	ance payment.					
	Block 1: In the left-hand block	•		0					
	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	nce again und	er "Serv	vice to additionation	al set(s)."				
	Block 2: If your cable system								
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	ind rates, in the	e right-h	and block. A tv	vo- or three	e-word description	on of the s	ervice is	
		OCK 1					BLOC	< 2	
		NO. OF					BLOOM	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		30	32.85					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	• Residential								
	Non-residential								
					<u>.</u>			•	
_	SERVICES OTHER THAN SEC In General: Space F calls for rate					l vour cable svst	em's servi	ices that were	
F	not covered in space E, that is, the	•	,		•	• •			
	service for a single fee. There ar	e two exceptio	ns: you	do not need to	give rate i	nformation cond	erning (1)	services	
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	ites are ch	arged on a varia	ible per-pro	ogram basis,	
ransmissions:	Block 1: Give the standard rat		he cable	e system for ea	ch of the a	pplicable servic	es listed.		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				shed. List	hese other serv	ices in the	form of a	
	brief (two- or three-word) descrip	tion and includ	le the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATI
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable		• Mo	tel, hotel					
	 Pay cable—add'l channel 		• Co	mmercial					
	Fire protection		•Pa	y cable					
	 Burglar protection 		•Pa	y cable-add'l cł	nannel				
	Installation: Residential		• Fire	e protection					
	First set	150.00	• Bur	rglar protection					
	 Additional set(s) 		Other	services:					
	 FM radio (if separate rate) 		• Re	connect		150.00			
	Converter	5.00	• Dis	connect					
			• Ou	tlet relocation					
									1
			• Mo	ve to new addr	ess	150.00			

ccounting Period:				FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 33537
	CableSouth Media III,			
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do not list the station herr, station was carried only on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on flicense. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast).	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations or alles, regulations, or authorizations: e in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th the form. el number the FCC assigned to the tele (RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" "E" (for noncommercial educational),	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepe- or "E-M" (for noncommercial education	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M"
	Column 4: Give the locatio	erms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of t	t the community to which the station i	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WLBT	2	Ν	Jackson, MS
	WLOX	3	N	Biloxi, MS
Rows as Necessary	WDAM	4	N	Laurel, MS
	wxxv	5	Ν	Gulfport, MS
	WHLT	6	Е	Hattiesburg, MS
	WMAH	7	E	Biloxi, MS
	WHPM	9	N	Hattiesburg, MS
	WGN	19	I	Chicago, IL

EGAL NAME OF			I G T E IVI.					SYSTEM II 335
	every radio s	station ca	rried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing ive the station	y the sys be recein to the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the	t the system's he system's FM ante his point, see pa ed by the cable s le station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC) it can ertain st eneral ii eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ONLE OIOIN		GID		ONLE CICIN	710101110	0,0		

Name C Name S Substitute Carriage: Special Statement and	EGAL NAME OF OWNER OF CableSouth Media III, I							I SA1-2E. PAGE 5
Substitute Carriage: Special Statement and			STEM:					SYSTEM ID# 33537
Substitute Carriage: Special Statement and								
Carriage: 1 Special . Statement and	SUBSTITUTE CARRIAGE n General: In space I, identi substitute basis during the a explanation of the programm	ify every not	nnetwork televi eriod, under sp	<i>sion program,</i> broadcast by pecific present and former F	a <i>distant</i> sta CC rules, reg	ulations, or	authorizatior	ns. For a further
Special . Statement and	. SPECIAL STATEMENT				ie general inc			
	During the accounting per				sis, any nonr	network tele	vision prog	am
Program Log	proadcast by a distant stat	tion?					YES	× NO
	lote: If your answer is "No	". leave the	rest of this pa	ae blank. If vour answer is	s "Yes." vou r	must compl	-	-
	og in block 2.	,		0 7				
ci pru D "1 th fii st st v w	period, was broadcast by a under certain FCC rules, re to not use general categor NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the program Column 4: Give the broa he case of Mexican or Can Column 5: Give the mom irst. Example: for May 7 give Column 6: State the time of the nearest five minutes. itated as "6:00–6:30 p.m."	ce, please of every no distant sta gulations, o ies like "mo Bulls." n was broa sign of the adcast statii hadian statii th and day ve "5/7." es when th Example: er "R" if the and regulation ming that	add additional ponnetwork televition and that yo prauthorization povies" or "bask dcast live, enter station broadc on's location (to ons, if any, the when your system e substitute pro- a program carr e listed program ions in effect d	rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the gen etball." List specific progra er "Yes." Otherwise enter " asting the substitute progra- the community to which the stem carried the substitute ogram was carried by your ried by a system from 6:01 n was substituted for progra uring the accounting perio	e program") ti ed for the pro- neral instruct m titles, for e No." am. e station is lid e program. Us cable syste :15 p.m. to 6 ramming that d; enter the l	hat, during ogramming ions for furt example, "I censed by t entified). se numerals m. List the f c28:30 p.m. t your syste letter "P" if t	the account of another s her informa Love Lucy" he FCC or, s, with the n times accura should be m was <i>requ</i> he listed pro	ing station tion. or in nonth ately <i>ired</i>
						N SUBSTI		7. REASON FOR
_	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH		IMES	DELETION
-		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
						-	_	
						-	_	
						-	_	
							_	
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					·			
			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			

Accounting Period:	2023/1 FORM SA1-2E	E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYST CableSouth Media III, LLC	7EM ID# 33537
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	36.65
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 \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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 this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
		52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	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	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00	
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	67.00
	EFT Trace # or TRANSACTION ID # 2791FML1	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2023/1						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF CableSouth M	OWNER OF CABLE SYSTEM: Iedia III, LLC					SYSTEM ID# 33537
M Channels	 to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the comparison 	You must give (1) the number of rs, and (2) the cable system's al number of channels on whic d television broadcast stations al number of activated channe cable system carried televisior cast services	total numl th the cab total the cab the cab	ber of activated channels d le st stations	uring the s	accounting period.	15 8
N Individual to Be Contacted		D BE CONTACTED IF FURTI about this statement of accou		DRMATION IS NEEDED (Id	entify an		
for Further Information	Name	William Welsh				Telephone	504-272-7998 x5020
	Address	1615 Poydras St. Su (Number, street, rural route, apart New Orleans, LA 70' (City, town, state, zip)	tment, or sui	ite number)			
	Email	regulatory@sw	yftconneo	ct.com		Fax (optional)	
O Certification	I, the undersign (Owned) (Agen in X (Offici in I have examined)	I (This statement of account m red, hereby certify that (Check of er other than corporation or p at of owner other than corpora line 1 of space B and that the of cer or partner) I am an officer (line 1 of space B. d the statement of account and te, and correct to the best of my ion 1001(1986)]	ation or pa bowner is no if a corpora	<i>ly one</i> , of the boxes.) p) I am the owner of the cabl artnership) I am the duly aut ot a corporation or partnershi ation) or a partner (if a partner eclare under penalty of law th	e system a horized ag p; or ership) of t at all state	as identified in line 1 of space gent of the owner of the cable the legal entity identified as c ements of fact contained here	e B; or e system as identified wner of the cable system
		Typed or printed Title:	Enter sign name: VP of A	/s/ William Welsh electronic signature on the lin nature using an "/s/ signature William Welsh Accounting	" (e.g., /s/		-
		Date:			·····	11/01/2023	

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unting Period: 2023/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
leSouth Media III, LLC	3353
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
	Q Interest Assessme
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 Interest Assessme
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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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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