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

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

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
08/29/2023	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		Barcode Data Filing Period (optional - see instructions)							
Accounting 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							
		Blue Stream Communications, LLC							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		Blue Stream Fiber							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		12409 NW 35th Street (Number, street, rural route, apartment, or suite number)							
		Coral Springs, FI 33065 (City, town, state, zip)							
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:							
		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 Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

	I	FORM SA1-2E. PAGE							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II							
	Blue Stream Communications, LLC	06096							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Area Served	identified city.	ns, or mobile home parks should be reported in parentheses below the							
	CITY OR TOWN	STATE							
First Community	Weston	FL							
d Rows as Necessary									

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Blue Stream Communications, LLC

060969

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers 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			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	4,416	39.00			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel	3	14.50			
Commercial					
Converter					
Residential	314	5.99			
Non-residential					
		T		1	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	CATEGORY OF SERVICE RATE
Continuing Services:	ontinuing Services: Installation: Non-residential			
Pay cable	20.95	Motel, hotel		
Pay cable—add'l channel	11.95	Commercial		
Fire protection		• Pay cable	3.00	
•Burglar protection			10.00	
Installation: Residential		 Fire protection 		
• First set	28.64-68.74	Burglar protection		
 Additional set(s) 	11.46	Other services:		
• FM radio (if separate rate)		Reconnect	15.28	
Converter			-	
		Outlet relocation	15.00	
• Move to new address		20.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 060969

Blue Stream Communications, LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

• Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WPBT	2	E	MIAMI, FL
WFOR	4	N	MIAMI, FL
WAMI	69	I	MIAMI, FL
WTVJ	6	N - M	MIAMI, FL
WSVN	7	I	MIAMI, FL
WBFS	33	I	MIAMI, FL
WSFL	39	I - M	MIAMI, FL
WPLG	10	N - M	MIAMI, FL
WPXM	35	I - M	MIAMI, FL
WLRN	17	E	MIAMI, FL
WLTV	23	I	MIAMI, FL
WXEL	42	E	WEST PALM BCH, FL
WHFT	45	I	MIAMI, FL
WSCV	51	1	MIAMI, FL
WSBS	22	1	MIAMI, FL
WGEN	8	ı	MIAMI, FL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

060969

Blue Stream Communications, LLC

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).

CVIT SICK	AM or EM	S/D	LOCATION OF STATION	CALL SICN	AM or EM	S/D	I OCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
			 				
							
			 				
			 				
	L						

Accounting Perio							FOR	M SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#		
- Tunio	Blue Stream Communications, LLC 060969									
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO)G					
1		In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a								
	ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant sta	tion?					YES	NO		
	Note: If your answer is "No	", leave the	rest of this pa	age blank. If your answer is	s "Yes," you ı	must com	plete the pro	gram		
	log in block 2.									
	2. LOG OF SUBSTITUTI				_					
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if	their meanin	g is		
				vision program ("substitute	e program") t	hat, durin	g the accoun	ting		
	period, was broadcast by a									
	under certain FCC rules, re Do not use general categor									
	"NBA Basketball: 76ers vs.		OVICS OF DASK	ctball. List specific progre	ani ddos, ioi c	skampic,	1 Love Lucy	OI .		
				er "Yes." Otherwise enter						
				casting the substitute progr the community to which th		censed hy	the FCC or	in		
	the case of Mexican or Car		,	,			y 1110 1 00 01,			
			when your sy	stem carried the substitute	e program. U	se numer	als, with the i	month		
	first. Example: for May 7 gi		e substitute nr	ogram was carried by you	r cable syste	m listth	e times accur	rately		
	to the nearest five minutes.									
	stated as "6:00-6:30 p.m."									
	to delete under FCC rules			n was substituted for prog						
	was substituted for program							ogram		
	effect on October 19, 1976									
					WHE	N SUBS	TITLITE			
	s	UBSTITUT	E PROGRAM	1	1 1		CURRED	7. REASON FOR		
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF TROOPON	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO			
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Accounting Period:	2023/1	FORM SA	1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Blue Stream Communications, LLC	S	YSTEM ID# 060969						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, se	1,279.38						
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 \$263,800 • 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 \$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 accounting period is \$52.00 Line 1. Royalty fee for accounting period								
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		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 \$137,1	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	71,279.38							
	5. Enter the amount from line 3	92,520.62							
	6. Subtract line 5 from line 4	78,758.76							
	7. Multiply line 6 by .005 (enter figure here)	\$	393.79						
	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	\$	393.79						
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)							
	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	0.00							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Foo and									
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	393.79							
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	413.79						
	EFT Trace # or TRANSACTION ID #								
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n								

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7.				
Name		OWNER OF CABLE SYSTEM: ommunications, LLC			SYSTEM ID# 060969				
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								
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services								
N Individual to Be Contacted		BE CONTACTED IF FURTI	HER INFORMATION IS NEEDED (Identify an int.)	individual to whom					
for Further Information	Name	Donna Marreel		Telephone 772-5	597-3161				
	Address	PO Box 397 (Number, street, rural route, apart	tment, or suite number)						
		Indiantown, FL 3495 (City, town, state, zip)	56						
	Email	dmarreel@blue	estreamfiber.com	Fax (optional)					
_	CERTIFICATION	(This statement of account m	nust be certified and signed in accordance wit	h Copyright Office regulations)					
O Certification	• I, the undersigne	ed, hereby certify that (Check o	one, but only one, of the boxes.)						
	(Owne	r other than corporation or p	partnership) I am the owner of the cable system	as identified in line 1 of space B; or					
			ation or partnership) I am the duly authorized a owner is not a corporation or partnership; or	gent of the owner of the cable system	as identified				
		er or partner) I am an officer (line 1 of space B.	if a corporation) or a partner (if a partnership) of	the legal entity identified as owner of t	he cable system				
		e, and correct to the best of my	hereby declare under penalty of law that all stat y knowledge, information, and belief, and are ma						
			X /s/ Myron Reising						
			Enter an electronic signature on the line above t Enter signature using an "/s/ signature" (e.g., /s	•					
		Typed or printed	d name: Myron Reising		111111111111111111111111111111111111111				
		Title:	Chief Financial Officer official position held in corporation or partnership)						
		Date:		8/29/2023					

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Accounting Period: 2023/1				FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE	SYSTEM:			SYSTEM ID#
Blue Stream Communicatio	ns, LLC			060969
lowing sentence: "In determining the total service of providing sentences and amounts of service of providing sentences and amounts of services and amounts of services and amounts of services and amounts of services and services and services of	did the cable system exclude any a	ross amounts paid to the proadcast transmitters, the ground secondary transmission anote on page (vii) of the amounts of gross receipts	cable system for the basic e system shall not include sub its pursuant to section 119." general instructions s for secondary transmissions	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address		Name Mailing Address		
For an explanation of interest	sheet for those royalty payments subsection assessment, see page (viii) of the gate payment or underpayment	general instructions locat		Q Interest Assessment
	nterest rate* and enter the sum here number of days late and enter the se		xd	lays
* To view the interest rate	lock 1, line 2, or block 2 line 8, or block 1 line 8, or block 1 line 8, or block 1 line 8, or block 1, line 8, or block 2 line 8, or block 1, line 8, or block 2 line 8, or block 1, line	censing/interest-rate.pdf	\$ (interest charge) For further assistance please	<u>-</u>
ŭ	vision at (202) 707-8150 or licensing valent of 1/365, which is the interes	00 17 0 0	y late.	
,	orksheet covering a statement of acc first community served, ID number	•	., .	•
Owner Address				
ID number First community served Accounting period				

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