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 COPYRIGH	Return completed workbook by email to	
DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
8/30/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period	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
	Smart City Solutions II LLC
	Smart City Solutions II LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O. Box 22555/ 3100 Bonnet Creek Road
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O. Box 22555/ 3100 Bonnet Creek Road (Number, street, rural route, apartment, or suite number) Lake Buena Vista, FL 32830-2555
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O. Box 22555/ 3100 Bonnet Creek Road (Number, street, rural route, apartment, or sulte number) Lake Buena Vista, FL 32830-2555 (City, town, state, zip)
C	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O. Box 22555/ 3100 Bonnet Creek Road (Number, street, rural route, apartment, or suite number) Lake Buena Vista, FL 32830-2555
C System	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O. Box 22555/ 3100 Bonnet Creek Road (Number, street, rural route, apartment, or suite number) Lake Buena Vista, FL 32830-2555 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. IDENTIFICATION OF CABLE SYSTEM:
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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 filing, a determination that would be made by a court of law.

Accounting Period:	2023/1						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#					
Name	Smart City Solutions II LLC	63443					
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 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 id city.						
	CITY OR TOWN	STATE					
First	Winter Park	Florida					
Community	Altamonte Springs	Florida					
Add Rows as Necessary	Orlando Celebration	Florida Florida					
Add hows as necessary							

	LEGAL NAME OF OWNER OF C	ABLE SYSTFM						-2E. PAGE		
Name	Smart City Solutions II LLC									
Е	SECONDARY TRANSMISSION									
	In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
Secondary	about other services (including p									
Transmission	last day of the accounting period	I (June 30 or Dec	cember 31, as the	e case may be	e).		0			
Service: Sub-	Number of Subscribers: Both					,				
scribers and Rates	down by categories of secondary		0		•					
Rales	each category by counting the ne separately for the particular serv						nargeu			
	Rate: Give the standard rate c						e and the			
	unit in which it is generally billed	· ·	,		rd rate variations	within a pa	rticular rate			
	category, but do not include disc				and any transmission		that achia			
	Block 1: In the left-hand block systems most commonly provide	•		0						
	that applies to your system. Note									
	categories, that person or entity		-		-					
	subscriber who pays extra for ca				I in the count und	er "Service	e to the			
	first set" and would be counted o				and the state of t	liffe next fre	w these			
	Block 2: If your cable system printed in block 1 (for example, t	-	•							
	with the number of subscribers a									
	sufficient.		.g.n nana zieeni		e nord docompile					
	BL	OCK 1				BLOCK				
	CATEGORY OF SERVICE	NO. OF SUBSCRIBEF	RS RATE	CAT	EGORY OF SEF	VICE	NO. OF SUBSCRIBERS	RAT		
	Residential:									
	Service to first set									
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		502 124.	33						
	Converter									
	Residential									
	Non-residential									
		·····								
	SERVICES OTHER THAN SEC	ONDARY TRANS	SMISSIONS: RA	TES						
F	In General: Space F calls for rat									
F	not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services									
Services	5		,	0		0()				
Other Than	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,									
Secondary	enter only the letters "PP" in the rate column.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	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	BLOC RATE C	CATEGORY OF S	SERVICE	RATE	CATEGO	DRY OF SERVICE	RAT		
	Continuing Services:		nstallation: Non							
	• Pay cable		Motel, hotel							
	• Pay cable—add'l channel		Commercial		124.33					
	Fire protection		• Pay cable					1		
	•Burglar protection		• Pay cable-add	l'I channel						
	Installation: Residential		Fire protection							
	• First set		• Burglar protec							
	Additional set(s)	c	Other services:					1		
	• FM radio (if separate rate)		Reconnect					1		
	• Converter		Disconnect					1		
								+		
			 Outlet relocati 	on						
			Outlet relocati Move to new a							

ccounting Period: 2	2023/1			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID				
humo	Smart City Solutions	II LLC		6344				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(¢ substitute program basis, a Substitute Basis Stations	ntify every television station (including n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting tl e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca	 (1) stations carried only on a part-t ne carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta 	ime basis under ams [sections tions carried on a				
	• Do not list the station here station was carried only on							
	basis. For further information Column 1: List each station	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	see page (v) of the general instructor program services such as HBO, ESP	tions. PN, etc. Identify each				
	"WETA-2" as the same on a Column 2: Give the channed of license. For example, WI	the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over	the air in its community				
	educational station, by ente (for independent multicast), For the meaning of these te	case whether the station is a network ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o rms, see page (iv) of the general instru-	for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form.	endent), "I-M" ional multicast).				
		n of each station. For U.S. stations, list dian stations, if any, give the name of t	•					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WVEN	43	I	ORLANDO, FLORIDA				
	WOTF	15	I	DAYTONA BEACH, FLORIDA				
dd Rows as Necessary	WTMO	31	l	ORLANDO, FLORIDA				
	WUCF	34	Е	ORLANDO, FLORIDA				
	WOFL	35	N	ORLANDO, FLORIDA				
	WESH	11	N	DAYTONA BEACH, FLORIDA				
	WKMG	26	N	ORLANDO, FLORIDA				
	WFTV-HD	35	N	ORLANDO, FLORIDA				
	WRBW	28	I	ORLANDO, FLORIDA				
	WKCF-HD	23		CLERMONT, FLORIDA				
	WRDQ-HD	27		ORLANDO, FLORIDA				
	WOPX	24		ORLANDO, FLORIDA				
			·····					

	Solutions II		YSTEM:						SYSTEM 63
	t every radio s	station ca	rried on a separate and discr nerally receivable by your cab					ied on an	н
eceivable if (1) n the basis of or detailed info aper 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 rm. dentify the call state whether t the radio stat this by placing Sive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the byright Office regulations on the each station carried. on is AM or FM. hal was electronically process to mark in the "S/D" column. on (the community to which the	nt t sy his sec	he system's hea stem's FM anter s point, see page d by the cable sy station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a se ed by the FCC) it can b ertain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S, II arry,	the community with which the		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
GALL SIGN		5/0	LOCATION OF STATION	H	GALL SIGN		3/0	LOCATION OF STATION	
				-					
				-					
		+		-					
				-					
				-					
		+							
				-					
				-					
·					·				
				-					

Accounting Period: 2023/1 FORM SA1-2E. PAGE						M SA1-2E. PAGE 5.			
Nama	LEGAL NAME OF OWNER OF (CABLE SYST	EM:					SYSTEM ID#	
Name	Smart City Solutions II	LLC						63443	
	SUBSTITUTE CARRIAGE	: SPECIAI	STATEMEN	T AND PROGRAM LOG	ì				
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a								
	substitute 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								
Statement and	 During the accounting peri 	•	cable system	carry, on a substitute bas	is, any nonr	etwork telev	ision program		
Program Log	broadcast by a distant stat	ion?					YES	NO	
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is	"Yes," you r	nust comple	te the program	n	
	log in block 2.								
	2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each subst				wherever pe	ossible, if the	eir meaning is		
	clear. If you need more space Column 1: Give the title				program") tl	nat during t	he accounting		
	period, was broadcast by a							ion	
	under certain FCC rules, re							1.	
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for e	example, "I L	ove Lucy" or		
	Column 2: If the program		cast live, enter	"Yes." Otherwise enter "	No."				
	Column 3: Give the call s	sign of the s	tation broadca	sting the substitute progra	am.				
	Column 4: Give the broa		(5		,	e FCC or, in		
	the case of Mexican or Can Column 5: Give the mon						with the mor	th	
	first. Example: for May 7 giv		, , , , , , , , , , , , , , , , , , ,		program of		,		
	Column 6: State the time							У	
	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	:28:30 p.m.	should be		
	Column 7: Enter the lette	er "R" if the l	listed program	was substituted for progra	amming that	your syster	n was <i>require</i>	d	
	to delete under FCC rules a	nd regulatio	ons in effect du	ring the accounting period	l; enter the l	etter "P" if th	ne listed progra		
	was substituted for program effect on October 19, 1976.	iming that y	our system was	s permitted to delete unde	er FCC rules	and regulat	tions in		
					<u></u>				
						IEN SUBS			
	S		E PROGRAM					7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONT AND DAY	•	— TO		
							_		
					1		_		
						-+			
					-	-+			
					-	-+	_		
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	L						—		

Accounting Period:	2023/1			FORM	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			;	SYSTEM ID#
	Smart City Solutions II LLC				63443
K 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 explanal 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	e system's s tion of how	secondary transm to compute this a	nission servic amount, see \$3	
	COPYRIGHT ROYALTY FEE				
L 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 \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more	0 but less t	han \$527,600.	263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$1	37,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00.	lty fee that	you must pay for	this 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 I	ines 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	ESS (but m	nore than \$137,	100)	
	1. Base amount under statutory formula	\$	263,800.00	-	
	2. Enter amount of gross receipts from space K	· · <u> </u>		_	
	3. Subtract line 2 from line 1			_	
	4. Enter the amount of gross receipts from space K		·		
	5. Enter the amount from line 3		· · <u> </u>		
	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 \$26	63,800 (bu	t less than \$527	,600)	
	Enter the amount of gross receipts from space K	\$	377,007.66		
	2. Base amount under statutory formula	\$	263,800.00	-	
		\$	113,207.66	-	
	4. Multiply line 3 by .01.			1,132.08	
	 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				2,451.08
	FILING FEE AND TOTAL REMITTANCE D	UE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		\$	2,451.08	
	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			\$	2,471.08
	EFT Trace # or TRANSACTION ID #]	
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1-2 form and th				

Accounting Period:	2023/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Smart City Solutions II LLC	SYSTEM ID# 63443
M Channels	 CHANNELS Instructions: You must give (1) the number of channels on which the cable syste is subscribers, and (2) the cable system's total number of activated channels Enter the total number of channels on which the cable system carried television broadcast stations Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 	Is during the accounting period.
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED we can contact about this statement of account.)	(Identify an individual
for Further Information	Name Jorge Barrio	Telephone 407-828-6659
	Address P.O. Box 22555 / 3100 Bonnet Creek Road (Number, street, rural route, apartment, or suite number) Lake Buena Vista, FL 32830-2555 (City, town, state, zip)	
	Email jbarrio@smartcitytelecom.com	Fax (optional
	CERTIFICATION (This statement of account must be certified and signed in acc	ordance with Copyright Office regulations)
O Certification	 I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the (Agent of owner other than corporation or partnership) I am the duly in line 1 of space B and that the owner is not a corporation or partner (if a partner) I am an officer (if a corporation) or a partner (if a partner) I am an officer (if a corporation) or a partner (if a partner to f space B. I have examined the statement of account and hereby declare under penalty of law are true, complete, and correct to the best of my knowledge, information, and belie [18 U.S.C., Section 1001(1986)] 	authorized agent of the owner of the cable system as identified inership; or artnership) of the legal entity identified as owner of the cable system w that all statements of fact contained herein
	X /s/ Martin Rubin Enter an electronic signature on the Enter signature using an "/s/ signat Typed or printed name: Martin Rubin Title: President & CEO (Title of official position held in corporation)	
	Date:	8/29/2023

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Accounting Period: 2023/1	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Smart City Solutions II LLC	63443
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 YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274	
Line 4 Multiply line 3 by 0.00274** 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@copyright.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	
ID number First community served Accounting period	

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