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								
11/1/23	\$ ALLOCATION NUMBER							
	ALLOCATION NOWBER							

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
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
	CableSouth Media III, LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	1615 Poydras St. Suite 650 (Number, street, rural route, apartment, or suite number)
	New Orleans, LA 70112 [City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	1 IDENTIFICATION OF CABLE SYSTEM:
	Swyft Connect
	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.

		FORM SA1-2E. PAGE								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II								
Name	CableSouth Media III, LLC	636 ⁻								
	Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rule								
D	"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 known as the "first community." Please use it as the first community on all future filings.									
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile holdentified city.	ome parks should be reported in parentheses below the								
	CITY OR TOWN	STATE								
First	Bogalusa	LA .								
Community	Franklinton	LA								
d Rows as Necessary										

Accounting Period: 2023/1 FORM SA1-2E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63610 CableSouth Media III, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and 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 Rates separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient BLOCK 1 BLOCK 2

DL	OOK		BEOOK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	73	32.85				
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
I .		•		.		

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 1					BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
• Pay cable		Motel, hotel				
 Pay cable—add'l channel 		Commercial				
 Fire protection 		• Pay cable				
 Burglar protection 		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	150.00	Burglar protection				
Additional set(s)		Other services:				
 FM radio (if separate rate) 		Reconnect	150.00			
Converter	5.00	Disconnect				
		Outlet relocation				
		Move to new address	150.00			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63610

CableSouth Media III, 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
WBRZ	2	N	Baton Rouge, LA
WHNO	3	<u> </u>	New Orleans, LA
WWL	4	N	New Orleans, LA
WDSU	6	N	Greenville, LA
WPXL	7	N	Monroe, LA
WDAM	7.1	N	Laurel, Mississippi
WDAM	7.2	N	Laurel, Mississippi
WVUE	8	<u>l</u>	New Orleans, LA
WAFB	9	N	Baton Rouge, LA
WGNO	11	N	New Orleans, LA
WYES	12	E	New Orleans, LA
WVLA	13	N	Baton Rouge, LA
WMAH	16	E	Biloxi, Mississippi
WGN	19	<u>l</u>	Chicago, IL
WNOL	20	N	Baton Rouge, LA
WHLT	22	N	Hattiesburg, Mississippi
WHPM	23	N	Hattiesburg, Mississippi
WLBT	30	N	Jackson, Mississippi

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63610

CableSouth Media III, 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).

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	.d. 2022/1						FORM	A SA 1 DE DACE E		
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	SYSTEM ID#		
Name	CableSouth Media III, I							63610		
		- ODEO!		THE AND DOOD AND O	•					
- 1	SUBSTITUTE CARRIAGE	_	_			4: 414				
•	In General: In space I, ident substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or	authorization	ns. For a further		
Substitute	explanation of the programm	ing that mu	st be included	in this log, see page (v) of the	he general ins	structions in	the paper S	A1-2 form.		
Carriage:	1. SPECIAL STATEMENT	_								
Special Statement and	The second secon									
Program Log	V									
	Note: If your answer is "No	", leave the	rest of this pa	nge blank. If your answer is	s "Yes," you r	nust comp	lete the prog	ıram		
	log in block 2.									
	2. LOG OF SUBSTITUTE In General: List each subsi			rata lina. Llaa abbraviationa	, whorever n	oooiblo iftl	hair maanin	, io		
	clear. If you need more spa				s wherever po	ossible, ii ti	nen meaning	J 15		
				vision program ("substitute						
	period, was broadcast by a under certain FCC rules, re									
	Do not use general categor	ies like "mo								
	"NBA Basketball: 76ers vs.		deast live, ont	er "Yes." Otherwise enter '	'No."					
				easting the substitute progr						
				the community to which the			the FCC or,	in		
	the case of Mexican or Car Column 5: Give the mor			e community with which the stem carried the substitute			ls. with the n	nonth		
	first. Example: for May 7 given	ve "5/7."								
	Column 6: State the time to the nearest five minutes.			ogram was carried by your				ately		
	stated as "6:00–6:30 p.m."	Lxample.	a program can	ned by a system nom o.o.	. 13 p.iii. to 0	20.30 p.iii	i. Si loulu be			
				n was substituted for prog						
	to delete under FCC rules a was substituted for program							ogram		
	effect on October 19, 1976.	•	, ,							
					WHE	NI CLIDCTI	TUTE			
	SI	UBSTITUT	E PROGRAM	1		N SUBSTI AGE OCC		7. REASON FOR		
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S	1			TIMES	DELETION		
	1. THEE OF TROOTS UN	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>			
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Accounting Period:	2023/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	S	STEM ID# 63610
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, se	2,253.96
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 \$2 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.	263,800	
	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 t accounting period is \$52.00	his six-month	
	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
	Line O TOTAL DOVALTY FEE DAVADUE FOR ACCOUNTING DEPLOY Add fines A and O	•	FO 00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	•	52.00
	1. Base amount under statutory formula	,	
	Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	600)	
	Enter the amount of gross receipts from space K		
	Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
		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 Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Total Remittance Due	Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	2.1 mily 1 oo food the management for more minimated of filling fee calculations)	10.00	 1
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 2791FML1		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the excellent of the paper SA1 of the paper SA1 of the excellent of the excellent of the paper SA1 of the excellent of t		

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7.					
Name	CableSouth Mo	OWNER OF CABLE SYSTEM: edia III, LLC			SYSTEM ID# 63610					
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									
	on which the ca	number of activated channel able system carried television ast services	broadcast stations		194					
N Individual to Be Contacted		BE CONTACTED IF FURTH	IER INFORMATION IS NEEDED (Identify an individuant.)	al to whom						
for Further Information	Name	William Welsh		Telephone 504-272-799 8	8 ×5020					
	Address	1615 Poydras St. Sui (Number, street, rural route, aparte	ment, or suite number)							
		New Orleans, LA 701 (City, town, state, zip)	12							
	Email	regulatory@sw	/ftconnect.com Fax (optional)						
0	CERTIFICATION	(This statement of account m	ust be certified and signed in accordance with Copyrig	ght Office regulations)						
Certification	• I, the undersigned	ed, hereby certify that (Check o	ne,but only one, of the boxes.)							
	(Owne	r other than corporation or p	artnership) I am the owner of the cable system as identi	fied in line 1 of space B; or						
			tion or partnership) I am the duly authorized agent of the wner is not a corporation or partnership; or	ne owner of the cable system as identifie	ed					
		er or partner) I am an officer (i line 1 of space B.	f a corporation) or a partner (if a partnership) of the legal	entity identified as owner of the cable s	ystem					
		e, and correct to the best of my	hereby declare under penalty of law that all statements o knowledge, information, and belief, and are made in goo							
			X /s/ William Welsh							
			Enter an electronic signature on the line above to certify t Enter signature using an "/s/ signature" (e.g., /s/ John Sm							
		Typed or printed	name: William Welsh							
		Title: (Title of o	VP of Accounting fficial position held in corporation or partnership)							
		Date:	11	1/01/2023						

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Accounting Period: 2023/1 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63610 CableSouth Media III, LLC 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 fol-"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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Concerning Gross **Receipts Exclusion** 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? X NO 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. Interest Assessment x = 0.00274Line 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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