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					

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.

Accounting Period:	2023/1	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#
	CableSouth Media III, LLC	7001
<b>D</b> Area Served	Instructions: List each separate community served by the cable system. A "community "a separate and distinct community or municipal entity (including unincorporated comdiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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 holdentified city.	nmunities within unincorporated areas and including single, twill serve as a form of system identification hereafter known
	CITY OR TOWN	STATE
First Community	Lonoke	AR
Add Rows as Necessary		

Accounting Period: 2023/1 FORM SA1-2E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 7001 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 last day of the accounting period (June 30 or December 31, as the case may be). Transmission 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 DI OCK 1

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	9	32.85			
<ul> <li>Service to additional set(s)</li> </ul>					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
					1

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			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	150.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		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# 7001

CableSouth Media III, LLC

PRIMARY TRANSMITTERS: TELEVISION

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KETS	2	E	Little Rock, AR
KARK	4	N	Little Rock, AR
KLRT	6	N	Little Rock, AR
KATV	7	N	Little Rock, AR
KARZ	8	l	Little Rock, AR
KVTN	9	<u> </u>	Little Rock, AR
KATV	10	N	Little Rock, AR
KTHV	11	N	Little Rock, AR
KASN	12	N	Little Rock, AR
KLRT	13	N	Little Rock, AR

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## CableSouth Media III, LLC

7001

#### 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
O/ LEE OIOI4	71101 01 1 101	O/D	ECONTION OF STATION	O/ LE CICIT	7 (101 01 1 101	O/D	EGOXITION OF STATION
	<b></b>						
	<b></b>						

Accounting Darie	nd: 2022/1						FORM	A SA4 2E BACE 5		
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURIV	SYSTEM ID#		
Name	CableSouth Media III,	LLC						7001		
	SUBSTITUTE CARRIAG	E. SDECI	AI STATEME	INT AND DEOGRAM I O	G					
1		_	-			tion that your	rahla evet	em carried on a		
•	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on 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:	1. SPECIAL STATEMEN	T CONCER	RNING SUBS	TITUTE CARRIAGE						
Special 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	ition?					YES	NO		
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	"Yes," you r	must complete	the prog	ram		
	log in block 2.									
	2. LOG OF SUBSTITUTI									
	In General: List each subsclear. If you need more spa				s wherever po	ossible, if their	meaning	IS		
				vision program ("substitute	program") tl	hat, during the	accounti	ng		
	period, was broadcast by a									
	under certain FCC rules, re Do not use general categor									
	"NBA Basketball: 76ers vs.	Bulls."				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
				er "Yes." Otherwise enter "						
		•		casting the substitute progr the community to which the		censed by the	FCC or. i	in		
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	station is id	entified).	•			
	<b>Column 5:</b> Give the more first. Example: for May 7 gi		when your sy	stem carried the substitute	program. Us	se numerals, v	vith the m	nonth		
	. , ,		e substitute pr	ogram was carried by your	cable syste	m. List the time	es accura	ately		
	to the nearest five minutes							,		
	stated as "6:00–6:30 p.m."	ter "D" if the	listed program	n was substituted for progr	amming that	vour evetem v	Nas regui	ired		
	to delete under FCC rules									
	was substituted for program	•	your system w	as permitted to delete und	er FCC rules	and regulatio	ns in			
	effect on October 19, 1976									
					WHE	N SUBSTITU	TE			
	S	UBSTITUT	E PROGRAM	1	DELETION			7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH AND DAY	6. TIME		DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО			
		<del> </del>						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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Accounting Period:			A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CableSouth Media III, LLC	s	7001
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmers (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 servio amount, se	
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 \$ 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.	\$263,80(	
	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	r this six-mon	t
	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 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	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		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	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)	
	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 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)	15.00	
	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 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	CableSouth Mo	WNER OF CABLE SYSTEM:		SYSTEM ID# 7001					
M Channels	to its subscribers	, and (2) the cable system's total	hannels on which the cable system carried television broadcast stations 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 channels able system carried television broast services		43					
N Individual to Be Contacted		BE CONTACTED IF FURTHER bout this statement of account.)	R INFORMATION IS NEEDED (Identify an individual to whom						
for Further Information	Name	William Welsh	Telephone	504-272-7998 x5020					
	Address	1615 Poydras St. Suite (Number, street, rural route, apartmer	t, or suite number)						
		New Orleans, LA 70112 (City, town, state, zip)							
	Email	regulatory@swyfto	onnect.com Fax (optional)						
0	CERTIFICATION	(This statement of account must	be certified and signed in accordance with Copyright Office regulations	s)					
Certification	• I, the undersigned	d, hereby certify that (Check one,	but only one, of the boxes.)						
	(Owne	r other than corporation or parti	nership) I am the owner of the cable system as identified in line 1 of space	B; or					
			n or partnership) I am the duly authorized agent of the owner of the cable er is not a corporation or partnership; or	system as identified					
		er or partner) I am an officer (if a ine 1 of space B.	corporation) or a partner (if a partnership) of the legal entity identified as ow	ner of the cable system					
		e, and correct to the best of my kn	eby declare under penalty of law that all statements of fact contained herein pwledge, information, and belief, and are made in good faith.						
		<b>-</b>	X /s/ William Welsh						
			ter an electronic signature on the line above to certify this statement. ter signature using an "/s/ signature" (e.g., /s/ John Smith)						
		Typed or printed na	me: William Welsh						
			P of Accounting al position held in corporation or partnership)						
		Date:	11/01/2023						

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ounting Period:	2023/1	FORM SA1-2E. PAGE 8.
AL NAME OF OW	VNER OF CABLE SYSTEM:	SYSTEM ID#
bleSouth Me	dia III, LLC	7001
The Satellite Howing sentend "In dete	STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the folce:  termining the total number of subscribers and the gross amounts paid to the cable system for the basic erof providing secondary transmissions of primary broadcast transmitters, the system shall not include substant amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Concerning Gross
	rmation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	Receipts Exclusion
-	counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions lite carriers to satellite dish owners?	
X NO		
YES. Ente	er the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST	ASSESSMENT	
	replete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter	the amount of late payment or underpayment	Interest Assessment
	x	
Line 2 Multip	oly line 1 by the interest rate* and enter the sum here	-
	x da	ays
Line 3 Multip	bly line 2 by the number of days late and enter the sum here	-
•	x 0.00274	
•	oly line 3 by 0.00274** and enter here	
in spac	ce L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	<del>-</del>
	the interest rate chart click on <a href="https://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	;
	the decimal equivalent of 1/365, which is the interest assessment for one day late.	
	are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
•	owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner		
Address		
ID number		
First communi	ity served	
Accounting pe	eriod	

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