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

| STATEM               | ENT OF ACCOUNT   | FOR COPYRIG                                 | HT OFFICE USE ONLY   | Return completed workbook by email to:   |  |  |  |
|----------------------|--|---|--|--|--|--|--|
|                      | ary Transmissions by   | DATE RECEIVED                               | AMOUNT   |  |  |  |  |
| General instru       | ems (Short Form)<br>uctions are located<br>o of this workbook  | 01/04/2024 \$                               |  | <u>coplicsoa@copyright.gov</u><br>For additional information,<br>contact the U.S. Copyright<br>Office Licensing Division at<br>Tel: (202) 707-8150 |  |  |  |
| Α                    | ACCOUNTING PERIOD COVERED  | BY THIS STATEMENT: (1                       | //<br>/YYY/(Period))   | _  |  |  |  |
|                      |  |   |  |  |  |  |  |
|                      | 2023/2   | Period 1 = January 1 - June 30              | Period 2 = July 1 - December 31                              |  |  |  |  |
|                      |  | Barcode Data Filing Period (optiona         | al - see instructions)                                       |  |  |  |  |
| Accounting<br>Period |  |   |  |  |  |  |  |
|                      |  |   |  |  |  |  |  |
| В                    | Instructions:<br>Give the full legal name of the owner of<br>title of the subsidiary, not that of the pa |   | osidiary of another corporation, give the full               | corporate  |  |  |  |
| Owner                | List any other name or names under which the owner conducts the business of the cable system.            |   |  |  |  |  |  |
|                      | If there were different owners during the single statement of account and royalty                        |   | n the last day of the accounting period shoul unting period. | d submit a   |  |  |  |
|                      | Check here if this is the system's first fil   | ing. If not, enter the system's ID numbe    | er assigned by the Licensing Division.                       | 62996  |  |  |  |
|                      | LEGAL NAME OF OWNER/MAILI  | NG ADDRESS OF CABLE SYSTE                   | М  |  |  |  |  |
|                      | Venus Telephone Corporation  |   |  |  |  |  |  |
|                      | BUSINESS NAME(S) OF OWNER  | OF CABLE SYSTEM (IF DIFFEREN                | IT)  |  |  |  |  |
|                      |  |   |  |  |  |  |  |
|                      | MAILING ADDRESS OF OWNER O   | OF CABLE SYSTEM                             |  |  |  |  |  |
|                      | PO Box 75<br>(Number, street, rural route, apartment, or suite   | number)                                     |  |  |  |  |  |
|                      | Venus, PA 16364<br>(City, town, state, zip)  |   |  |  |  |  |  |
| •                    | INSTRUCTIONS: In line 1, give any bus  | siness or trade names used to id            | entify the business and operation of t                       | he system unless these   |  |  |  |
| C                    | names already appear in space B. In lin  | e 2, give the mailing address of            | the system, if different from the addre                      | ess given in space B   |  |  |  |
| System               | 1  |   |  |  |  |  |  |
|                      | MAILING ADDRESS OF CABLE SYSTE   | М:  |  |  |  |  |  |
|                      | 2 (Number, street, rural route, apartment, or suite  | number)                                     |  |  |  |  |  |
|                      | (City, town, state, zip code)  |   |  |  |  |  |  |
|                      |  |   |  |  |  |  |  |
| Privacy Act Notic    | ce: Section 111 of title 17 of the United States Code a  | authorizes the Copyright Offce to collect t | he personally identifying information (PII) reque            | ested on this  |  |  |  |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

| Name                 | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM II  |
|----------------------|--|--|
| Name                 | Venus Telephone Corporation  | 6299   |
| D                    | Instructions: List each separate community served by the cable system. A "co<br>"a separate and distinct community or municipal entity (including unincorpor<br>discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that<br>as the "first community." Please use it as the first community on all future fill | ated communities within unincorporated areas and including single,<br>at you list will serve as a form of system identification hereafter know |
| Area<br>Served       | Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.  |  |
|                      | CITY OR TOWN   | STATE  |
| First<br>Community   | Pinegrove Township   | РА   |
|                      |  |  |
| dd Rows as Necessary |  |  |
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|                        |  |   |  |                                  |          |                    |             |                       | -2E. PAGE |  |
|------------------------|--|---|--|----------------------------------|----------|--------------------|-------------|-----------------------|-----------|--|
| Name                   | LEGAL NAME OF OWNER OF C   |   | :  |                                  |          |                    |             | 313                   | 6299      |  |
|                        | Venus Telephone Corpo  | oration   |  |                                  |          |                    |             |                       |           |  |
| Е                      | SECONDARY TRANSMISSION   |   |  |                                  |          |                    |             |                       |           |  |
| E                      | In General: The information in s   |   |  | -                                |          | •                  |             |                       |           |  |
| Secondary              | system, that is, the retransmission about other services (including p  |   |  |                                  |          |                    |             |                       |           |  |
| Transmission           | last day of the accounting period  |   |  |                                  | -        |                    |             |                       |           |  |
| Service: Sub-          |  | •   | 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 serv   |   |  | 0,0                              |          |                    |             | charged               |           |  |
|                        | Rate: Give the standard rate c   |   |  |                                  |          | •                  | ,           | ge and the            |           |  |
|                        | unit in which it is generally billed   |   |  |                                  |          | ard rate variation | s within a  | particular rate       |           |  |
|                        | category, but do not include disc  |   |  |                                  |          |                    |             | 46 -4 61-             |           |  |
|                        | Block 1: In the left-hand block<br>systems most commonly provide   |   |  | -                                |          | •                  |             |                       |           |  |
|                        | that applies to your system. <b>Not</b>  |   |  |                                  |          |                    |             |                       |           |  |
|                        | categories, that person or entity  |   |  |                                  | ••       |                    | •           |                       |           |  |
|                        | subscriber who pays extra for ca   |   |  |                                  |          | d in the count ur  | ider "Servi | ce to the             |           |  |
|                        | first set" and would be counted of<br>Block 2: If your cable system  | 0   |  |                                  | · · ·    | convice that are   | different f | rom those             |           |  |
|                        | printed in block 1 (for example, t   | -   |  | •                                |          |                    |             |                       |           |  |
|                        |  |   |  |                                  |          |                    |             |                       |           |  |
|                        | sufficient.  | n the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is<br>icient. |  |                                  |          |                    |             |                       |           |  |
|                        | BLC  | DCK 1<br>NO. OF   |  |                                  | BLOCK 2  |                    |             |                       | _         |  |
|                        | CATEGORY OF SERVICE  | SUBSCRIB  |  | RATE                             | CAT      | EGORY OF SEF       | RVICE       | NO. OF<br>SUBSCRIBERS | RAT       |  |
|                        | Residential:   | 000001110   |  |                                  | 0,111    |                    |             | CODCORRELIKO          |           |  |
|                        | Service to first set   |   | 492  | 105.95                           | Premiu   | ım Movies          |             | 56                    |           |  |
|                        | <ul> <li>Service to additional set(s)</li> </ul>   |   |  |                                  | НВО      |                    |             | 11                    | 14.9      |  |
|                        | • FM radio (if separate rate)  |   |  |                                  | Starz    |                    |             | 7                     | 14.9      |  |
|                        | Motel, hotel   |   |  |                                  | Showtime |                    | 9           | 14.9                  |           |  |
|                        | Commercial   |   |  |                                  | Encore   | •                  |             | 23                    | 14.9      |  |
|                        | Converter  |   |  |                                  | Cinema   | ax                 |             | 6                     | 14.9      |  |
|                        | Residential  |   |  |                                  |          |                    |             |                       |           |  |
|                        | Non-residential  |   |  |                                  |          |                    |             |                       | •••••••   |  |
|                        |  |   |  |                                  |          |                    |             |                       | 1         |  |
|                        | SERVICES OTHER THAN SEC  | ONDARY TRA  | NSMIS  | SIONS: RATE                      | S        |                    |             |                       |           |  |
| F                      | In General: Space F calls for rat  |   | ,  |                                  | -        |                    |             |                       |           |  |
| •                      | not covered in space E, that is, t<br>service for a single fee. There ar   |   |  |                                  |          |                    |             |                       |           |  |
| Services               | furnished at cost or (2) services  |   | ,  |                                  | 0        |                    | 0.          | ,                     |           |  |
| Other Than             | amount of the charge and the ur  |   |  |                                  |          |                    |             |                       |           |  |
| Secondary              | enter only the letters "PP" in the rate column.  |   |  |                                  |          |                    |             |                       |           |  |
| ransmissions:<br>Rates | <b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.   |   |  |                                  |          |                    |             |                       |           |  |
| Rates                  | <b>Block 2:</b> 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  |  | ORY OF SER                       | VICE     | RATE               | CATEGO      | DRY OF SERVICE        | RAT       |  |
|                        | Continuing Services:   |   |  | tion: Non-res                    |          |                    |             |                       |           |  |
|                        | • Pay cable  |   | • Mot  | el, hotel                        |          |                    |             |                       |           |  |
|                        | • Pay cable—add'l channel  |   | • Cor  | nmercial                         |          |                    |             |                       |           |  |
|                        | Fire protection  |   | • Pay  | cable                            |          |                    |             |                       |           |  |
|                        | •Burglar protection  |   | -  | v cable-add'l ch                 | nannel   |                    |             |                       | <b>(</b>  |  |
|                        | Installation: Residential  |   | -  | protection                       |          |                    |             |                       | <b>0</b>  |  |
|                        | • First set  |   | • Bur  | glar protection                  |          |                    |             |                       |           |  |
|                        | <ul> <li>Additional set(s)</li> </ul>  |   |  | ervices:                         |          |                    |             |                       | <b>0</b>  |  |
|                        | • FM radio (if separate rate)  |   | • Rec  | connect                          |          |                    |             |                       | <b>0</b>  |  |
|                        | • Converter  |   | • Dise   | connect                          |          |                    |             |                       | <b>^</b>  |  |
|                        |  |   |  |                                  |          |                    | A           |                       |           |  |
|                        |  |   | • Out  | let relocation                   |          |                    |             |                       | I         |  |
|                        |  |   |  | let relocation<br>ve to new addr | ess      |                    |             |                       |           |  |

|  | LEGAL NAME OF OWNER O  | F CABLE SYSTEM:  |  | SYSTEM  |  |  |  |
|--|--|--|--|---|--|--|--|
| Name                                     | Venus Telephone Co   | rporation  |  | 629   |  |  |  |
|  | PRIMARY TRANSMITTERS: TELEVISION   |  |  |   |  |  |  |
| G<br>Primary<br>ansmitters:<br>elevision | 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, <i>except</i> (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 <i>not</i> list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space 1, 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. <i>Do not</i> 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 with for noncommercial educational 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 stat |  |  |   |  |  |  |
|  | 1. CALL SIGN   | 2. B'CAST CHANNEL NUMBER   | 3. TYPE OF STATION                             | 4. LOCATION OF STATION  |  |  |  |
|  | KDKA   | 25-1   | N  | Pittsburgh, PA  |  |  |  |
|  | WTAE   | 51-1   | N  | Pittsburgh, PA  |  |  |  |
| Rows as Necessary                        | WTAE   | 51-2   | N  | Pittsburgh, PA  |  |  |  |
|  | WPXI   | 48-1   | Ν  | Pittsburgh, PA  |  |  |  |
|  | WPXI   | 48-2   | NI   |   |  |  |  |
|  |  |  | N  | Pittsburgh, PA  |  |  |  |
|  | WPXI   | 48-3   | N  |   |  |  |  |
|  |  |  |  | Pittsburgh, PA  |  |  |  |
|  | WPXI<br>WPNT   | 48-3<br>42-1   | N<br>N   | Pittsburgh, PA<br>Pittsburgh, PA  |  |  |  |
|  | WPXI<br>WPNT<br>WPGH   | 48-3<br>42-1<br>43-1   | N<br>N<br>N                                    | Pittsburgh, PA<br>Pittsburgh, PA<br>Pittsburgh, PA  |  |  |  |
|  | WPXI<br>WPNT<br>WPGH<br>WPGH   | 48-3<br>42-1<br>43-1<br>43-2   | N<br>N<br>N<br>N                               | Pittsburgh, PA<br>Pittsburgh, PA<br>Pittsburgh, PA<br>Pittsburgh, PA  |  |  |  |
|  | WPXI<br>WPNT<br>WPGH<br>WJAC   | 48-3<br>42-1<br>43-1<br>43-2<br>34-1                                 | N<br>N<br>N<br>N<br>N                          | Pittsburgh, PA<br>Pittsburgh, PA<br>Pittsburgh, PA<br>Pittsburgh, PA<br>Johnstown, PA   |  |  |  |
|  | WPXI<br>WPNT<br>WPGH<br>WJAC<br>WICU   | 48-3<br>42-1<br>43-1<br>43-2<br>34-1<br>12-1                         | N<br>N<br>N<br>N<br>N<br>N                     | Pittsburgh, PA<br>Pittsburgh, PA<br>Pittsburgh, PA<br>Pittsburgh, PA<br>Johnstown, PA<br>Erie, PA   |  |  |  |
|  | WPXI<br>WPNT<br>WPGH<br>WJAC<br>WICU<br>WQED   | 48-3<br>42-1<br>43-1<br>43-2<br>34-1<br>12-1<br>38-1                 | N<br>N<br>N<br>N<br>N<br>N<br>E                | Pittsburgh, PA<br>Pittsburgh, PA<br>Pittsburgh, PA<br>Pittsburgh, PA<br>Johnstown, PA<br>Erie, PA<br>Pittsburgh, PA   |  |  |  |
|  | WPXI<br>WPNT<br>WPGH<br>WJAC<br>WICU<br>WQED<br>WPSU   | 48-3<br>42-1<br>43-1<br>43-2<br>34-1<br>12-1<br>38-1<br>15-1         | N<br>N<br>N<br>N<br>N<br>E<br>E<br>E           | Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Johnstown, PA         Erie, PA         Pittsburgh, PA         State College, PA |  |  |  |
|  | WPXI<br>WPNT<br>WPGH<br>WJAC<br>WICU<br>WQED<br>WPSU<br>WPSU   | 48-3<br>42-1<br>43-1<br>43-2<br>34-1<br>12-1<br>38-1<br>15-1<br>15-2 | N<br>N<br>N<br>N<br>N<br>N<br>E<br>E<br>E<br>E | Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Johnstown, PA         Erie, PA         Pittsburgh, PA         State College, PA |  |  |  |
|  | WPXI<br>WPNT<br>WPGH<br>WJAC<br>WICU<br>WQED<br>WPSU   | 48-3<br>42-1<br>43-1<br>43-2<br>34-1<br>12-1<br>38-1<br>15-1         | N<br>N<br>N<br>N<br>N<br>E<br>E<br>E           | Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Johnstown, PA         Erie, PA         Pittsburgh, PA         State College, PA |  |  |  |
|  | WPXI<br>WPNT<br>WPGH<br>WJAC<br>WICU<br>WQED<br>WPSU<br>WPSU   | 48-3<br>42-1<br>43-1<br>43-2<br>34-1<br>12-1<br>38-1<br>15-1<br>15-2 | N<br>N<br>N<br>N<br>N<br>N<br>E<br>E<br>E<br>E | Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Johnstown, PA         Erie, PA         Pittsburgh, PA         State College, PA |  |  |  |
|  | WPXI<br>WPNT<br>WPGH<br>WJAC<br>WICU<br>WQED<br>WPSU<br>WPSU   | 48-3<br>42-1<br>43-1<br>43-2<br>34-1<br>12-1<br>38-1<br>15-1<br>15-2 | N<br>N<br>N<br>N<br>N<br>N<br>E<br>E<br>E<br>E | Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Johnstown, PA         Erie, PA         Pittsburgh, PA         State College, PA |  |  |  |
|  | WPXI<br>WPNT<br>WPGH<br>WJAC<br>WICU<br>WQED<br>WPSU<br>WPSU   | 48-3<br>42-1<br>43-1<br>43-2<br>34-1<br>12-1<br>38-1<br>15-1<br>15-2 | N<br>N<br>N<br>N<br>N<br>N<br>E<br>E<br>E<br>E | Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Johnstown, PA         Erie, PA         Pittsburgh, PA         State College, PA |  |  |  |
|  | WPXI<br>WPNT<br>WPGH<br>WJAC<br>WICU<br>WQED<br>WPSU<br>WPSU   | 48-3<br>42-1<br>43-1<br>43-2<br>34-1<br>12-1<br>38-1<br>15-1<br>15-2 | N<br>N<br>N<br>N<br>N<br>N<br>E<br>E<br>E<br>E | Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Johnstown, PA         Erie, PA         Pittsburgh, PA         State College, PA |  |  |  |
|  | WPXI<br>WPNT<br>WPGH<br>WJAC<br>WICU<br>WQED<br>WPSU<br>WPSU   | 48-3<br>42-1<br>43-1<br>43-2<br>34-1<br>12-1<br>38-1<br>15-1<br>15-2 | N<br>N<br>N<br>N<br>N<br>N<br>E<br>E<br>E<br>E | Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Johnstown, PA         Erie, PA         Pittsburgh, PA         State College, PA |  |  |  |
|  | WPXI<br>WPNT<br>WPGH<br>WJAC<br>WICU<br>WQED<br>WPSU<br>WPSU   | 48-3<br>42-1<br>43-1<br>43-2<br>34-1<br>12-1<br>38-1<br>15-1<br>15-2 | N<br>N<br>N<br>N<br>N<br>N<br>E<br>E<br>E<br>E | Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Pittsburgh, PA         Johnstown, PA         Erie, PA         Pittsburgh, PA         State College, PA |  |  |  |

| EGAL NAME O  |   |   |  |   |   |  |   | SYSTEM I<br>629                  |
|--|---|---|--|---|---|--|---|----------------------------------|
|  | t every radio s   | station ca  | arried on a separate and discr<br>nerally receivable by your cat   |   |   |  |   | н                                |
| eceivable if (1)<br>on the basis of<br>For detailed info<br>paper SA1-2 fo<br>Column 1: lo<br>Column 2: S<br>Column 3: If<br>ignal, indicate<br>Column 4: Column | it is carried by<br>monitoring, to<br>prmation abou<br>rm.<br>dentify the call<br>state whether t<br>the radio stati<br>this by placing<br>Sive the statior | y the sys<br>be recei<br>it the Cc<br>sign of e<br>the static<br>ion's sign<br>g a check<br>n's locatio | I-Band FM Carriage: Under C<br>tem whenever it is received a<br>ved at the headend, with the<br>pyright Office regulations on<br>each station carried.<br>on is AM or FM.<br>nal was electronically process<br>< mark in the "S/D" column.<br>on (the community to which the<br>the community with which the | t the system's he<br>system's FM ante<br>this point, see par<br>ed by the cable s<br>he station is licens | adend, and (2<br>nna, during c<br>ge (v) of the g<br>ystem as a se<br>sed by the FC | ertain st<br>ertain st<br>eneral ir<br>eparate a | be expected,<br>ated intervals.<br>Instructions in the. | Primary<br>Transmitters<br>Radio |
| CALL SIGN  | AM or FM  | S/D   | LOCATION OF STATION  | CALL SIGN   | AM or FM  | S/D  | LOCATION OF STATION                                     |                                  |
|  |   |   |  |   |   |  |   |                                  |
|  |   |   |  |   |   |  |   |                                  |
|  |   |   |  |   |   |  |   |                                  |
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| counting Perio       | LEGAL NAME OF OWNER OF   | - CABLE SYS   |  |   |  |  |  | SYSTEM ID                              |
|----------------------|--|---|--|---|--|--|--|--|
| Name                 | Venus Telephone Cor  | poration  |  |   |  |  |  | 6299                                   |
|                      | SUBSTITUTE CARRIAG   | E: SPECIA   | AL STATEME   | NT AND PROGRAM L  | OG   |  |  |  |
|                      | In General: In space I, iden   | -   | -  |   |  | tion. that vou   | ur cable svs   | tem carried on a                       |
| -                    | substitute basis during the a  | accounting p  | eriod, under sp  | pecific present and former  | FCC rules, reg   | ulations, or a   | authorizatio   | ns. For a furthe                       |
| Substitute           | explanation of the programn  | ning that mus   | st be included   | in this log, see page (v) of  | the general in   | structions in  | the paper S  | SA1-2 form.                            |
| Carriage:            | 1. SPECIAL STATEMEN  |   | RNING SUBS   | TITUTE CARRIAGE   |  |  |  |  |
| Special tatement and | <ul> <li>During the accounting pe</li> </ul>   | riod, did you   | ur cable syste   | m carry, on a substitute b  | asis, any noni   | network tele   | vision prog  | ram                                    |
| Program Log          | broadcast by a distant station?  |   |  |   |  |  |  | NO                                     |
|                      | Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program  |   |  |   |  |  |  |  |
|                      | log in block 2. 2. LOG OF SUBSTITUT  |   |  |   |  |  |  |  |
|                      | period, was broadcast by a<br>under certain FCC rules, re<br>Do not use general catego<br>"NBA Basketball: 76ers vs<br><b>Column 2:</b> If the progra<br><b>Column 3:</b> Give the call<br><b>Column 4:</b> Give the bro<br>the case of Mexican or Cal<br><b>Column 5:</b> Give the mo<br>first. Example: for May 7 gi | a distant stat<br>egulations, c<br>ries like "mo<br>. Bulls."<br>m was broad<br>sign of the<br>adcast station<br>nadian station<br>nth and day<br>ive "5/7."<br>nes when the<br>c. Example: a | tion and that y<br>or authorizatio<br>ovies" or "bask<br>dcast live, ent<br>station broado<br>on's location (<br>ons, if any, the<br>when your sy<br>e substitute pr | ns. See page (v) of the g<br>ketball." List specific prog<br>er "Yes." Otherwise enter<br>casting the substitute pro-<br>the community to which the<br>community with which the<br>stem carried the substitu-<br>rogram was carried by yo | uted for the pro-<br>eneral instruct<br>ram titles, for e<br>"No."<br>gram.<br>he station is li<br>he station is id<br>te program. U<br>ur cable syste | ogramming o<br>ions for furth<br>example, "I L<br>censed by th<br>lentified).<br>se numerals<br>m. List the ti | of another<br>ner informa<br>_ove Lucy"<br>ne FCC or,<br>s, with the r<br>imes accur | station<br>ation.<br>or<br>in<br>nonth |
|                      | to delete under FCC rules<br>was substituted for program   | ter "R" if the<br>and regulati<br>mming that y  | ions in effect o   |   | od; enter the  | letter "P" if th   | ne listed pr   |  |
|                      | to delete under FCC rules  | ter "R" if the<br>and regulati<br>mming that y  | ions in effect o   | uring the accounting per  | iod; enter the<br>der FCC rules  | letter "P" if th<br>s and regula   | ne listed pr<br>tions in   |  |
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| Accounting Period:                        | <b>2023/2</b> FORM SA1-2E. PAGE  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| Name                                      | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID   |  |  |  |  |  |  |  |
|   | Venus Telephone Corporation 6299   |  |  |  |  |  |  |  |
| K<br>Gross Receipts                       | GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts. |  |  |  |  |  |  |  |
|   | COPYRIGHT ROYALTY FEE  |  |  |  |  |  |  |  |
| L<br>Copyright<br>Royalty Fee             | <ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>   |  |  |  |  |  |  |  |
|   | BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS   |  |  |  |  |  |  |  |
|   | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00  |  |  |  |  |  |  |  |
|   | Line 1. Royalty fee for accounting period  |  |  |  |  |  |  |  |
|   | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8   |  |  |  |  |  |  |  |
|   | 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 \$137,100)   |  |  |  |  |  |  |  |
|   | 1. Base amount under statutory formula \$ 263,800.00   |  |  |  |  |  |  |  |
|   | 2. Enter amount of gross receipts from space K   |  |  |  |  |  |  |  |
|   | 3. Subtract line 2 from line 1   |  |  |  |  |  |  |  |
|   | 4. Enter the amount of gross receipts from space K   |  |  |  |  |  |  |  |
|   | 5. Enter the amount from line 3  |  |  |  |  |  |  |  |
|   | 5. Enter the amount from line 3  |  |  |  |  |  |  |  |
|   | 6. Subtract line 5 from line 4   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   | 8. Interest charge. Enter the amount from line 4, space Q, page 8  |  |  |  |  |  |  |  |
|   | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8  |  |  |  |  |  |  |  |
|   | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)   |  |  |  |  |  |  |  |
|   | 1. Enter the amount of gross receipts from space K   |  |  |  |  |  |  |  |
|   | 2. Base amount under statutory formula \$ 263,800.00   |  |  |  |  |  |  |  |
|   | 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)  |  |  |  |  |  |  |  |
|   | 6. Interest charge. Enter the amount from line 4, space Q, page 8  |  |  |  |  |  |  |  |
|   | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 1,757.70  |  |  |  |  |  |  |  |
|   | FILING FEE AND TOTAL REMITTANCE DUE  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| Filing Fee and<br>Total Remittance<br>Due | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 1,757.70  |  |  |  |  |  |  |  |
|   | 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 \$ 1,777.70   |  |  |  |  |  |  |  |
|   | EFT Trace # or TRANSACTION ID # 27A025RN   |  |  |  |  |  |  |  |
|   | Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.   |  |  |  |  |  |  |  |

| Accounting Period:                 | 2023/2   |   |  | FORM SA1-2E. PAGE 7   |
|------------------------------------|--|---|--|---|
| Name                               | LEGAL NAME OF OWN  | NER OF CABLE SYSTEM:  |  | SYSTEM ID#<br>62996   |
| M<br>Channels                      | to its subscribers, a<br>1. Enter the total nu<br>system carried tele<br>2. Enter the total nu<br>on which the cable   | and (2) the cable system's<br>umber of channels on whice<br>evision broadcast stations<br>umber of activated channel<br>e system carried television   | ls   |   |
| N<br>Individual to<br>Be Contacted |  | E CONTACTED IF FURT   | HER INFORMATION IS NEEDED (Identify an individual to whom nt.)   |   |
| for Further<br>Information         | Name <b>D</b>  | Dawn M. Groft   |  | Telephone 814-354-2192  |
|                                    |  | 698 County Line R<br>Number, street, rural route, apar<br>/enus, PA 16364<br>City, town, state, zip)  | oad, PO Box 75<br>Iment, or suite number)  |   |
|                                    | Email  | dgroft@venus  | el.com Fax (optional)  |   |
| O<br>Certification                 | <ul> <li>I, the undersigned,</li> <li>(Owner of (Agent of in line)</li> <li>X (Officer of in line)</li> <li>I have examined the line of the line line of the l</li></ul> | hereby certify that (Check<br>other than corporation or<br>f owner other than corpore<br>a 1 of space B and that the<br>or partner) I am an officer<br>a 1 of space B.<br>He statement of account and<br>and correct to the best of m | nust be certified and signed in accordance with Copyright Office re<br>one, <i>but only one</i> , of the boxes.)<br>partnership) I am the owner of the cable system as identified in line<br>ration or partnership) I am the duly authorized agent of the owner of<br>owner is not a corporation or partnership; or<br>(if a corporation) or a partner (if a partnership) of the legal entity ide<br>d hereby declare under penalty of law that all statements of fact con<br>y knowledge, information, and belief, and are made in good faith.<br>X /s/ Dawn M. Groft | e 1 of space B; or<br>of the cable system as identified<br>entified as owner of the cable system<br>nained herein |
|                                    |  | Typed or printe<br>Title:<br>(Title of<br>Date:   | Enter an electronic signature on the line above to certify this statem<br>Enter signature using an "/s/ signature" (e.g., /s/ John Smith)<br>d name: Dawn M. Groft<br>General Manager<br>Official position held in corporation or partnership)   |   |

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 fing, a determination that would be made by a court of law.

| ounting Period: 2023/2   |  | FORM SA1-2E. PAGE 8  |
|--|--|--|
| AL NAME OF OWNER OF CA   | ABLE SYSTEM:   | SYSTEM ID  |
| nus Telephone Corpo  | oration  | 6299   |
| The Satellite Home View<br>lowing sentence:<br>"In determining th<br>service of providir<br>scribers and amo | <b>ENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b><br>wer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-<br>ne total number of subscribers and the gross amounts paid to the cable system for the basic<br>ng secondary transmissions of primary broadcast transmitters, the system shall not include sub-<br>bunts collected from subscribers receiving secondary transmissions pursuant to section 119."<br>when to exclude these amounts, see the note on page (vii) of the general instructions<br>I-2 form. | P<br>Special Statement<br>Concerning Gross<br>Receipts Exclusion |
| made by satellite carriers   | eriod, did the cable system exclude any amounts of gross receipts for secondary transmissions s to satellite dish owners? here and list the satellite carrier(s) below   |  |
| Name<br>Mailing Address  | Name<br>Mailing Address  |  |
| INTEREST ASSESS  | SMENT  |  |
| •  | worksheet for those royalty payments submitted as a result of a late payment or underpayment.<br>erest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  | Q  |
| Line 1 Enter the amoun   | nt of late payment or underpayment   | Interest Assessmen   |
| Line 2 Multiply line 1 by  | / the interest rate* and enter the sum here  | <u> </u>   |
| Line 3 Multiply line 2 by  | x day<br>y the number of days late and enter the sum here  | rs<br>   |
|  | ( 0.00274** and enter here<br>e 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$<br>(interest charge)   | <u>-</u>   |
|  | t rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please ng Division at (202) 707-8150 or licensing@copyright.gov.   |  |
| ** This is the decimal   | l equivalent of 1/365, which is the interest assessment for one day late.  |  |
| • •  | nis worksheet covering a statement of account already submitted to the Copyright Office, please dress, first community served, ID number, and accounting period as given in the original filing.   |  |
|  |  |  |
| Owner<br>Address   |  |  |
|  |  |  |

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