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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instru	ems (Short Form) actions are located of this workbook	2/28/2024	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY)	/Y/(Period))	
	2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
B Owner	the subsidiary, not that of the parent corp List any other name or names under which If there were different owners during the	oration. • h the owner conducts the business of the accounting period, only the owner on the	e last day of the accounting period should su	
	statement of account and royalty fee payr Check here if this is the system's first filing			63595
	LEGAL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM		
	DIRECTV, LLC			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER OF 2260 E Imperial Hwy Room			
	(Number, street, rural route, apartment, or suite r El Segundo, CA 90245 (City, town, state, zip)	number)		
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM:	_,	ojototi, il 2000 con noni 210 con con	3
	MAILING ADDRESS OF CABLE SYSTEM	l:		
	2 (Number, street, rural route, apartment, or suite r			
	(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 sufficiency of the fling, a determination that would be made by a court of law.

D Area Served	DIRECTV, LLC Instructions: List each separate community served by the cable system. A "communit separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho city.	unities within unincorporated areas and including single, discrete e as a form of system identification hereafter known as the "first
Area	separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho city.	unities within unincorporated areas and including single, discrete e as a form of system identification hereafter known as the "first
	city.	me parks should be reported in parentices below the identified
	CITY OR TOWN	STATE
First	Gainesville	FL
Community	Alachua Unincorporated County	FL
	Newberry	FL
Add Rows as Necessar	,	

	LEGAL NAME OF OWNER OF C							FORM SA	STEM IC
Name		ADLE STOTEM.						01.	6359
	DIRECTV, LLC								
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCR	IBERS AND R	ATES				
E	In General: The information in s			•					
	system, that is, the retransmission								
Secondary	about other services (including p				-		hose existir	ig on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Bot						hle system	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate i	ndicate	d-not the num	ber of set	s receiving serv	rice).	U U	
	Rate: Give the standard rate of	-	-	-			-		
	unit in which it is generally billed category, but do not include disc	· ·			ny standai	rd rate variation	s within a pa	articular rate	
	Block 1: In the left-hand block				ies of sec	ondarv transmis	sion service	e that cable	
	systems most commonly provide	•		•					
	that applies to your system. Not							• •	
	categories, that person or entity					•••			
	subscriber who pays extra for ca					I in the count ur	der "Service	e to the	
	first set" and would be counted of	0			()	convice that are	different fre	m those	
	Block 2: If your cable system printed in block 1 (for example, t	-		-					
	with the number of subscribers a							, 0	
	sufficient.		0						
	BL	OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODOCIAD		TUTE	0/11		INVIOL	COBCONDENCE	- TOTE
	Service to first set		482	\$26	HD Teo	ch Fee		442	\$10.0
	 Service to additional set(s) 				Set-To			484	
					······'	••••••			\$12.9
	• FM radio (if separate rate)				Broado	ast TV Surc	harge	482	\$13.9
	Motel, hotel								
	Commercial		2	\$20					
	Converter								
	 Residential 								
	Residential Non-residential								
	Non-residential								
	Non-residential SERVICES OTHER THAN SEC				-				
	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for rai	te (not subscrib	er) info	rmation with re	spect to al				
F	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t	te (not subscrib hose services t	er) info that are	rmation with re not offered in o	spect to al	on with any seco	ondary trans	mission	
F	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for rai	te (not subscrib hose services t re two exception	ber) info that are ns: you	rmation with re not offered in o do not need to	spect to al combinatic give rate i	on with any seco information con	ondary trans cerning (1) s	mission services	
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Services Other Than Secondary ransmissions:	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There au furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: Pay cable Pay cable Fire protection Burglar protection Installation: Residential First set	te (not subscrib hose services t re two exception or facilities furm it in which it is rate column. te charged by th t your cable sys separate charg thion and includ BLO(RATE \$5-\$199	er) info that are ns: you iished to usually he cablo tem fur e the ra CK 1 CATEC Install • Mc • Co • Pa • Pa • Fir • Bu Other	armation with re- remation with re- renot offered in of do not need to o nonsubscribe billed. If any ra- e system for ea nished or offere- nade or establi- ate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable e protection rglar protection	spect to al combinatic give rate i rs. Rate in tes are ch ch of the a ed during t shed. List <u>VICE</u> idential	on with any sec information con nformation shou larged on a vari applicable servi the accounting these other ser	ondary trans cerning (1) s ld include be able per-pro- ces listed. beriod that v vices in the CATEGO Video c Service Credit I Dispato Wireles HD Pre	mission services oth the gram basis, vere not form of a <u>BLOCK 2</u> ORY OF SERVICE on Demand Activation Fe Management F th on Demand s Receiver mium Tier ograde Fee	\$ \$11 \$ e \$4 \$9 \$ \$ \$ \$1
Services Other Than Secondary ransmissions:	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There au furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: Pay cable Pay cable Fire protection Burglar protection Installation: Residential First set Additional set(s)	te (not subscrib hose services t re two exception or facilities furm it in which it is rate column. te charged by th t your cable sys separate charg thion and includ BLO(RATE \$5-\$199	er) info that are ns: you iished to usually he cablo tem fur e the ra CK 1 CATEC Install • Mc • Co • Pa • Pa • Fir • Bu Other • Re	armation with re- remation with re- renot offered in of do not need to o nonsubscribe billed. If any ra- e system for ea- nished or offer- made or establi- ate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable e protection rglar protection services:	spect to al combinatic give rate i rs. Rate in tes are ch ch of the a ed during t shed. List <u>VICE</u> idential	on with any sect information con information shou arged on a vari applicable servi the accounting these other ser RATE	ondary trans cerning (1) s ld include be able per-pro- ces listed. beriod that v vices in the CATEGO Video c Service Credit I Dispato Wireles HD Pre DVR Up	mission services oth the gram basis, vere not form of a <u>BLOCK 2</u> ORY OF SERVICE on Demand Activation Fe Management F th on Demand s Receiver mium Tier ograde Fee	\$ \$11 \$ e \$4 \$9 \$ \$ \$ \$1 \$1
Services Other Than Secondary ransmissions:	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There au furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: Pay cable Pay cable Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate)	te (not subscrib hose services t re two exception or facilities furm it in which it is rate column. te charged by th t your cable sys separate charg thion and includ BLO(RATE \$5-\$199	er) info that are ns: you iished to usually he cablo tem fur e was r e the ra CK 1 CATEC Install • Mc • Co • Pa • Pa • Fir • Bu Other • Re • Dis	armation with re- remation with re- renot offered in of do not need to o nonsubscribe billed. If any ra- e system for ea- nished or offere- made or establi- ate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable approtection rglar protection services: iconnect	spect to al combinatic give rate i rs. Rate in tes are ch ch of the a ed during t shed. List <u>VICE</u> idential	on with any sect information con information shou arged on a vari applicable servi the accounting these other ser RATE	ondary trans cerning (1) s ld include be able per-pro- ces listed. beriod that v vices in the CATEGO Video c Service Credit I Dispato Wireles HD Pre DVR Up Vacatio Prograu	mission services oth the gram basis, vere not form of a <u>BLOCK 2</u> <u>DRY OF SERVICE</u> on Demand <u>Activation Fe</u> Management F th on Demand s Receiver mium Tier ograde Fee n Hold	\$ \$1 \$ e \$4 \$9 \$ \$ \$1 \$1 \$1 \$1

	LEGAL NAME OF OWNER OF	- CABLE SYSTEM:						
Name	DIRECTV, LLC	CABLE CTOTEM.		SYSTEM 63				
	PRIMARY TRANSMITTERS:							
G	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							
rimary smitters:	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.							
levision	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 I (the Special Statement and Program Log)—if the							
	• Do <i>not</i> 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 <i>only</i> on a substitute basis.							
		also in space I, if the station was carried						
		n concerning substitute basis stations, n's call sign. <i>Do not</i> report origination pl						
		d with a station according to its over-the	-air designation. For example, rep	port multistream				
	"WETA-2" as the same on t Column 2: Give the channel	the form. I number the FCC assigned to the telev	vision station for broadcasting ove	er the air in its community				
		RC is channel 4 in Washington, D.C.	Ū	,				
		case whether the station is a network s ring the letter "N" (for network), "N-M" (f	•					
		"E" (for noncommercial educational), o						
	5	rms, see page (iv) of the general instru- n of each station. For U.S. stations, list		n is licensed by the				
		dian stations, if any, give the name of th	•					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WCJB/WCJBHD	20/1020	N	Gainesville, FL				
	WCJB/WCJBHD WCJBD2/WCJBH2	20/1020 20/1020	N I					
ws as Necessary			N I N	Gainesville, FL				
ws as Necessary	WCJBD2/WCJBH2	20/1020	I	Gainesville, FL Gainesville, FL				
ws as Necessary	WCJBD2/WCJBH2 WGFL/WGFLHD	20/1020 28/1028	I	Gainesville, FL Gainesville, FL High Springs, FL				
rs as Necessary	WCJBD2/WCJBH2 WGFL/WGFLHD WGFLD2/WGFLH2	20/1020 28/1028 28/1028	I N I	Gainesville, FL Gainesville, FL High Springs, FL High Springs, FL				
ws as Necessary	WCJBD2/WCJBH2 WGFL/WGFLHD WGFLD2/WGFLH2 WNBW/WNBWHD	20/1020 28/1028 28/1028 9/1009	I N I	Gainesville, FL Gainesville, FL High Springs, FL High Springs, FL Gainesville, FL				
ws as Necessary	WCJBD2/WCJBH2 WGFL/WGFLHD WGFLD2/WGFLH2 WNBW/WNBWHD WOGX/WOGXHD	20/1020 28/1028 28/1028 9/1009 51/1051	I N I N I	Gainesville, FL Gainesville, FL High Springs, FL High Springs, FL Gainesville, FL Ocala, FL				
ws as Necessary	WCJBD2/WCJBH2 WGFL/WGFLHD WGFLD2/WGFLH2 WNBW/WNBWHD WOGX/WOGXHD	20/1020 28/1028 28/1028 9/1009 51/1051	I N I N I	Gainesville, FL Gainesville, FL High Springs, FL High Springs, FL Gainesville, FL Ocala, FL				
ws as Necessary	WCJBD2/WCJBH2 WGFL/WGFLHD WGFLD2/WGFLH2 WNBW/WNBWHD WOGX/WOGXHD	20/1020 28/1028 28/1028 9/1009 51/1051	I N I N I	Gainesville, FL Gainesville, FL High Springs, FL High Springs, FL Gainesville, FL Ocala, FL				
ws as Necessary	WCJBD2/WCJBH2 WGFL/WGFLHD WGFLD2/WGFLH2 WNBW/WNBWHD WOGX/WOGXHD	20/1020 28/1028 28/1028 9/1009 51/1051	I N I N I	Gainesville, FL Gainesville, FL High Springs, FL High Springs, FL Gainesville, FL Ocala, FL				
ws as Necessary	WCJBD2/WCJBH2 WGFL/WGFLHD WGFLD2/WGFLH2 WNBW/WNBWHD WOGX/WOGXHD	20/1020 28/1028 28/1028 9/1009 51/1051	I N I N I	Gainesville, FL Gainesville, FL High Springs, FL High Springs, FL Gainesville, FL Ocala, FL				
ws as Necessary	WCJBD2/WCJBH2 WGFL/WGFLHD WGFLD2/WGFLH2 WNBW/WNBWHD WOGX/WOGXHD	20/1020 28/1028 28/1028 9/1009 51/1051	I N I N I	Gainesville, FL Gainesville, FL High Springs, FL High Springs, FL Gainesville, FL Ocala, FL				
ws as Necessary	WCJBD2/WCJBH2 WGFL/WGFLHD WGFLD2/WGFLH2 WNBW/WNBWHD WOGX/WOGXHD	20/1020 28/1028 28/1028 9/1009 51/1051	I N I N I	Gainesville, FL Gainesville, FL High Springs, FL High Springs, FL Gainesville, FL Ocala, FL				
ws as Necessary	WCJBD2/WCJBH2 WGFL/WGFLHD WGFLD2/WGFLH2 WNBW/WNBWHD WOGX/WOGXHD	20/1020 28/1028 28/1028 9/1009 51/1051	I N I N I	Gainesville, FL Gainesville, FL High Springs, FL High Springs, FL Gainesville, FL Ocala, FL				
ws as Necessary	WCJBD2/WCJBH2 WGFL/WGFLHD WGFLD2/WGFLH2 WNBW/WNBWHD WOGX/WOGXHD	20/1020 28/1028 28/1028 9/1009 51/1051	I N I N I	Gainesville, FL Gainesville, FL High Springs, FL High Springs, FL Gainesville, FL Ocala, FL				
ws as Necessary	WCJBD2/WCJBH2 WGFL/WGFLHD WGFLD2/WGFLH2 WNBW/WNBWHD WOGX/WOGXHD	20/1020 28/1028 28/1028 9/1009 51/1051	I N I N I	Gainesville, FL Gainesville, FL High Springs, FL High Springs, FL Gainesville, FL Ocala, FL				
ws as Necessary	WCJBD2/WCJBH2 WGFL/WGFLHD WGFLD2/WGFLH2 WNBW/WNBWHD WOGX/WOGXHD	20/1020 28/1028 28/1028 9/1009 51/1051	I N I N I	Gainesville, FL Gainesville, FL High Springs, FL High Springs, FL Gainesville, FL Ocala, FL				
ws as Necessary	WCJBD2/WCJBH2 WGFL/WGFLHD WGFLD2/WGFLH2 WNBW/WNBWHD WOGX/WOGXHD	20/1020 28/1028 28/1028 9/1009 51/1051	I N I N I	Gainesville, FL Gainesville, FL High Springs, FL High Springs, FL Gainesville, FL Ocala, FL				
ws as Necessary	WCJBD2/WCJBH2 WGFL/WGFLHD WGFLD2/WGFLH2 WNBW/WNBWHD WOGX/WOGXHD	20/1020 28/1028 28/1028 9/1009 51/1051	I N I N I	Gainesville, FL Gainesville, FL High Springs, FL High Springs, FL Gainesville, FL Ocala, FL				
ws as Necessary	WCJBD2/WCJBH2 WGFL/WGFLHD WGFLD2/WGFLH2 WNBW/WNBWHD WOGX/WOGXHD	20/1020 28/1028 28/1028 9/1009 51/1051	I N I N I	Gainesville, FL Gainesville, FL High Springs, FL High Springs, FL Gainesville, FL Ocala, FL				
ws as Necessary	WCJBD2/WCJBH2 WGFL/WGFLHD WGFLD2/WGFLH2 WNBW/WNBWHD WOGX/WOGXHD	20/1020 28/1028 28/1028 9/1009 51/1051	I N I N I	Gainesville, FL Gainesville, FL High Springs, FL High Springs, FL Gainesville, FL Ocala, FL				
ws as Necessary	WCJBD2/WCJBH2 WGFL/WGFLHD WGFLD2/WGFLH2 WNBW/WNBWHD WOGX/WOGXHD	20/1020 28/1028 28/1028 9/1009 51/1051	I N I N I	Gainesville, FL Gainesville, FL High Springs, FL High Springs, FL Gainesville, FL Ocala, FL				
ws as Necessary	WCJBD2/WCJBH2 WGFL/WGFLHD WGFLD2/WGFLH2 WNBW/WNBWHD WOGX/WOGXHD	20/1020 28/1028 28/1028 9/1009 51/1051	I N I N I	Gainesville, FL Gainesville, FL High Springs, FL High Springs, FL Gainesville, FL Ocala, FL				

Accounting Period:	2023/2			FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: DIRECTV, LLC			S	YSTEM ID# 63595
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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 from subscribers for secondary transmission service.	ystem's se n of how to	condary transm compute this a	ission service mount, see	0,077.15 oss receipts)
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 f • Use block 3 if the amount of gross receipts in space K is more than \$263,800 f See page (vi) of the general instructions located in the paper SA1-2 form for more i	out less than nformation	an \$527,600 I.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	u must pay for th	is 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 lin	ies 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	100)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	180,077.15		
	3. Subtract line 2 from line 1	\$	83,722.85		
	Enter the amount of gross receipts from space K		\$ 1	80,077.15	
	5. Enter the amount from line 3		\$	83,722.85	
	6. Subtract line 5 from line 4		\$	96,354.30	
	7. Multiply line 6 by .005 (enter figure here)			\$	481.77
	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		\$	481.77
	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				
	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 DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	481.77	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	501.77
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1				hts!

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF DIRECTV, LL	OWNER OF CABLE SYSTEM:				SYSTEM ID# 63595
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	ers, and (2) the cable system's	s total num ich the ca ns els on broad	dcast stations	accounting period.	14 578
N Individual to Be Contacted		TO BE CONTACTED IF FURT ct about this statement of acco		FORMATION IS NEEDED (Identify an i	individual to whom	
for Further Information	Name Address	Myriam Nassif 2260 E Imperial Hwy	Room	1 839	Telephone 3	10-964-1930
		(Number, street, rural route, apart El Segundo, CA 9024 (City, town, state, zip)		suite number)		
	Email	mn112s@att.cc	om		Fax (optional	
O Certification	I, the undersig (Owr (Age X (Offi I have examin are true, comp	ned, hereby certify that (Check on the other than corporation or p int of owner other than corpora in line 1 of space B and that the icer or partner) I am an officer (in line 1 of space B. ed the statement of account and	one, <i>but o</i> partnersh ation or p ne owner if a corpo hereby d	certified and signed in accordance with only one, of the boxes.) hip) I am the owner of the cable system a partnership) I am the duly authorized ag is not a corporation or partnership; or oration) or a partner (if a partnership) of t declare under penalty of law that all states edge, information, and belief, and are ma	as identified in line 1 of space B; o gent of the owner of the cable sys he legal entity identified as owner ments of fact contained herein	tem as identified
	1			Nicholas Sinovich n electronic signature on the line above to ignature using an "/s/ signature" (e.g., /s/ .		
		Typed or printed	l name:	Nicholas Sinovich		
	1	Title: (Ti		inancial Ops		
		Date:			2/20/2024	

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

unting Period: 2023/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
ECTV, LLC	6359
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- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
YES. Enter the total here and list the satellite carrier(s) below	
	_
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.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	U
To an explanation of interest assessment, see page (vin) of the general instructions located in the paper ox 1-2 form.	-
	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
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