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	IENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
	lary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General inst	<i>tems (Short Form)</i> ructions are located b of this workbook	2-26-25	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period)) Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	

2024/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Barcode Data Filing Period (optional - see instructions)	
Accounting Period	
B 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	
Zito Midwest LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
Zito Media	
MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
PO Box 665 (Number, street, rural route, apartment, or suite number)	
Coudersport, PA 16915 (City, town, state, zip)	
C 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:	
Zito Media - Valparaiso Mailing address of cable system:	
2 (Number, street, rural route, apartment, or suite number)	
(City, town, state, zip code)	

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Accounting Period:	2024/2	FORM SA1-2E. PAGE 1b.				
N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Name	Zito Midwest LLC 233					
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the i city.					
	CITY OR TOWN	STATE				
First	Valparaiso	NE				
Community						
Add Rows as Necessary						

									1-2E. PAGE STEM IC	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						51	233 ⁴	
	Zito Midwest LLC								200-	
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RATE	ES					
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
0	system, that is, the retransmission									
Secondary Transmission	about other services (including p						ose existi	ng on the		
Service: Sub-	····· ··· ··· ························									
scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged									
	separately for the particular servi Rate: Give the standard rate cl							e and the		
	unit in which it is generally billed.									
	category, but do not include disc				Standar		within a p			
	Block 1: In the left-hand block			•						
	systems most commonly provide									
	that applies to your system. Note categories, that person or entity			-		-				
	subscriber who pays extra for ca									
	first set" and would be counted o									
	Block 2: If your cable system h					service that are	different fr	om those		
	printed in block 1 (for example, ti									
	with the number of subscribers a	nd rates, in the	e right-ha	and block. A two-	or three	e-word description	on of the s	ervice is		
	sufficient. BLC	DCK 1					BLOC	K 2		
		NO. OF		DATE	0 4T			NO. OF		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT	
	Service to first set		1	50.27						
	Service to additional set(s)			50.27						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS							
-	In General: Space F calls for rat				ect to all	l your cable syst	em's serv	ces that were		
F	not covered in space E, that is, th									
Services	service for a single fee. There are furnished at cost or (2) services of	•		•			• • • •			
Other Than										
Secondary	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.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.									
	bhei (two- of three-word) descrip									
	CATEGORY OF SERVICE	BLO						BLOCK 2		
	Continuing Services:	RATE		ORY OF SERVI		RATE	CATEG	ORY OF SERVICE	RATI	
	Pay cable			el, hotel	entiui					
	Pay cable—add'l channel		1	nmercial						
	Fire protection		1	cable						
					nel					
			· ·	y cable-add'l channel						
	•Burglar protection		• Eiro	protection						
	•Burglar protection Installation: Residential	30.00		protection						
	•Burglar protection Installation: Residential • First set	30.00	• Burg	glar protection						
	•Burglar protection Installation: Residential • First set • Additional set(s)	30.00 20.00	• Burg Other s	glar protection		30.00				
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Burg Other s • Rec	glar protection ervices: connect		30.00				
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Burg Other s • Rec • Disc	glar protection services: connect connect						
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Burg Other s • Rec • Disc • Out	glar protection ervices: connect	-	30.00 30.00 30.00				

ng Period: 2	2024/2			FORM SA1-2E. PAGE 3			
ame	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID			
	Zito Midwest LLC			23346			
G mary mitters: vision	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- bo not list the station here station was carried only on • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to	entify every television station (including to m during the accounting period, except (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. :: With respect to any distant stations can ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pri d with a station according to its over-the- the form. el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C. n case whether the station is a network s ering the letter "N" (for network), "N-N" (for , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc-	(1) stations carried only on a part-tin e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also see page (v) of the general instructio ogram services such as HBO, ESPI air designation. For example, repor- rision station for broadcasting over t tation, an independent station, or a or network multicast), "I" (for indepe "E-M" (for noncommercial educatio tions in the paper SA1-2 form.	evision stations) ne basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial indent), "I-M" nal multicast).			
		umn 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the C. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION					
	KFXL	51.1	N	Lincoln NE			
	KLKN	8.1	N				
as Necessary	KOLN	10.1	N				
vecessary	KSNB	4.1	N				
	KSNB	4.2		Lincoln NE			
	KUON	12.1	E				
	KETV	7.1	N	Omaha NE			
	KPTM	42.1	N	Omaha NE			
	WOWT	6.1	N	Omaha NE			

I SA1-2E. PAGE	FORM					2	eriod: 2024/	Accounting P
SYSTEM 23					STEM:	ABLE SY		EGAL NAME OF
23.								
н					rried on a separate and discre nerally receivable by your cabl	tation ca	t every radio s	
Primary Transmitters Radio	be expected, ated intervals. Istructions in the. and discrete) it can t ertain sta eneral in parate a	adend, and (2 enna, during ce ge (v) of the ge ystem as a se sed by the FC0	the system's he vstem's FM ante is point, see pa d by the cable s station is licens	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	y the sys be receivent t the Co sign of e he statio ion's sign g a check n's locatio	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stat this by placing sive the statior	eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G
	LOCATION OF STATION	S/D	AM or FM	CALL SIGN	LOCATION OF STATION	S/D	AM or FM	CALL SIGN

Accounting Perio	d: 2024/2					FOF	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Zito Midwest LLC						23346
	SUBSTITUTE CARRIAGE				1		
	In General: In space I, identi	-	-			on, that your cable syste	m carried on a
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further 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 STATEMENT CONCERNING SUBSTITUTE CARRIAGE						
Special Statement and	 During the accounting per 	iod, did you	ur cable systen	n carry, on a substitute ba	sis, any nonn	etwork tele <u>visio</u> n progra	a <u>m</u>
Program Log	broadcast by a distant stat	ion?				YES	× NO
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer is	"Yes," you m	nust complete the progr	am
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subs clear. If you need more spa				s wherever po	ssible, if their meaning	is
	Column 1: Give the title	of every no	onnetwork telev	vision program ("substitute			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categor						
	"NBA Basketball: 76ers vs.						
				er "Yes." Otherwise enter " asting the substitute progr			
	Column 4: Give the broa	adcast stati	on's location (t	he community to which the	e station is lic		า
	the case of Mexican or Car			community with which the stem carried the substitute			onth
	first. Example: for May 7 giv		when your sys		piogram. Os	e numerais, with the m	onun
				ogram was carried by your			tely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carr	led by a system from 6:01	:15 p.m. to 6:	28:30 p.m. snouid be	
	Column 7: Enter the lett			n was substituted for prog			
	to delete under FCC rules a was substituted for program						gram
	effect on October 19, 1976.						
	s	UBSTITUT	E PROGRAM	I		EN SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
		103 01 110	ONEL OIGH				
					-		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
						_	
						_	
			L	l		—	

Accounting Period:	2024/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 23346
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er 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 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	499.45 pss 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 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. 	263,800	
	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 thi accounting period is \$52.00	s 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 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		
	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		
	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	,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 DUE		
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
		10.00	1
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more informati		ts!

Accounting Period:	2024/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF Zito Midwest I	OWNER OF CABLE SYSTEM: LLC	SYSTEM ID# 23346
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ied television broadcast stations	9 100
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone §	314-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional	
O Certification	I, the undersign (Own (Ager X (Offic I have examined are true, complet	I (This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste in line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)]	em as identified
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: James Rigas Title: President (Title of official position held in corporation or partnership)	
		Date: 02/27/2025	

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unting Period: 2024/2	SYSTEM II
Midwest LLC	2334
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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
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	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
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.	0
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
	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 Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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C	Cal Woi	ble rksheet	Total amount of remittance	Number of SAs re	c'd Initials
			Date of remittance	Check EFT	FILING FEES
Cable ID #					Amount Initials
Examined by		Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period					
	🗌 Janu	ary 1 - June 30, 2017	[July 1 - December 31, 2017	
	Lette	er sent	[Information received	
	Acce	pted		Phone call/Date/Contact	
Space B Owner					
	Lette	er sent	[Information received	
	Acce	epted		Phone call/Date/Contact	
Space D Area Served					
	Lette	er sent	Γ	Information received	
	Acce	epted		Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	Lette	er sent		Information received	
and Rates	Acce	pted		Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	Lette	er sent		Information received	
	Acce	pted		Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio	Acce	pted	Γ	Phone call/Date/Contact	

		Space I Substitute Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
✓ Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	