

**SA1-2E**  
**Short Form**

General instructions are located  
in the first tab of this workbook

| FOR COPYRIGHT OFFICE USE ONLY |                   |
|-------------------------------|-------------------|
| DATE RECEIVED                 | AMOUNT            |
| 2-26-25                       | \$                |
|                               | ALLOCATION NUMBER |
|                               |                   |

For additional information,  
contact the U.S. Copyright  
Office Licensing Division at:  
Tel: (202) 707-8150

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>A</b>               | <b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |
|                        | <div>Accounting Period</div> <div> <div>2024/2</div> <div>Period 1 = January 1 - June 30      Period 2 = July 1 - December 31</div> <div></div> <div>Barcode Data Filing Period (optional - see instructions)</div> </div>                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           |
| <b>B</b><br><br>Owner  | <b>Instructions:</b><br>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.<br><br>List any other name or names under which the owner conducts the business of the cable system.<br><br>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. |                                                                                                                           |
|                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. |
|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 568                                                                                                                       |
|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           |
|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM                                                                       |
|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Zito Canton LLC                                                                                                           |
|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)                                                                  |
|                        | Zito Media                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           |
|                        | MAILING ADDRESS OF OWNER OF CABLE SYSTEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           |
|                        | PO Box 665<br><small>(Number, street, rural route, apartment, or suite number)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                           |
|                        | Coudersport, PA 16915<br><small>(City, town, state, zip)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                           |
| <b>C</b><br><br>System | <b>INSTRUCTIONS:</b> 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.                                                                                                                                                                                                                                                                                              |                                                                                                                           |
|                        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | IDENTIFICATION OF CABLE SYSTEM:<br>Zito Media - Ralston                                                                   |
|                        | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MAILING ADDRESS OF CABLE SYSTEM:                                                                                          |
|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <small>(Number, street, rural route, apartment, or suite number)</small>                                                  |
|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <small>(City, town, state, zip code)</small>                                                                              |

U.S. Copyright Office

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------|
| Name                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Zito Canton LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | SYSTEM ID#<br><b>568</b> |
| D                     | Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.<br><br>Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
| Area Served           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
| First Community       | CITY OR TOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STATE                  |                          |
|                       | <b>Ralston</b><br><b>Roaring Branch</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>PA</b><br><b>PA</b> |                          |
| Add Rows as Necessary |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                          |

|      |                                                                |                          |
|------|----------------------------------------------------------------|--------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Zito Canton LLC</b> | SYSTEM ID#<br><b>568</b> |
|------|----------------------------------------------------------------|--------------------------|

|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |       |                     |                    |      |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------|---------------------|--------------------|------|
| <b>E</b><br><br><b>Secondary Transmission Service: Subscribers and Rates</b> | <b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b><br><b>In General:</b> 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 last day of the accounting period (June 30 or December 31, as the case may be).<br><b>Number of Subscribers:</b> 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 each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).<br><b>Rate:</b> 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.<br><b>Block 1:</b> 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. <b>Note:</b> 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)."<br><b>Block 2:</b> If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. |                    |       |                     |                    |      |
|                                                                              | BLOCK 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |       | BLOCK 2             |                    |      |
|                                                                              | CATEGORY OF SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NO. OF SUBSCRIBERS | RATE  | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE |
|                                                                              | <b>Residential:</b><br>• Service to first set<br>• Service to additional set(s)<br>• FM radio (if separate rate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11                 | 74.54 |                     |                    |      |
|                                                                              | <b>Motel, hotel</b><br><b>Commercial</b><br><b>Converter</b><br>• Residential<br>• Non-residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |       |                     |                    |      |
|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |       |                     |                    |      |

|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                                                                                                                                                 |                         |                     |      |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------|------|
| <b>F</b><br><br><b>Services Other Than Secondary Transmissions: Rates</b> | <b>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b><br><b>In General:</b> 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.<br><b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.<br><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           | CATEGORY OF SERVICE                                                                                                                                             | RATE                    | CATEGORY OF SERVICE | RATE |
|                                                                           | <b>Continuing Services:</b><br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                | <b>Installation: Non-residential</b><br>• Motel, hotel<br>• Commercial<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection |                         |                     |      |
|                                                                           | <b>Installation: Residential</b><br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate)<br>• Converter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 30.00<br>20.00 | <b>Other services:</b><br>• Reconnect<br>• Disconnect<br>• Outlet relocation<br>• Move to new address                                                           | 30.00<br>30.00<br>30.00 |                     |      |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                                                                                                                                                 |                         |                     |      |

[illegible]

SYSTEM ID#

568

## H

**Primary Transmitters:  
Radio**

**Primary Transmitters:  
Radio**

**Primary Transmitters:  
Radio**

**Primary Transmitters:  
Radio**

**Primary Transmitters:  
Radio**

**Primary Transmitters:  
Radio**

[illegible]

Form SA1-2E Short Form (Rev. 05-17)

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Accounting Period: 2024/2                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | FORM SA1-2E. PAGE 6.            |
| <b>Name</b>                              | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Zito Canton LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>SYSTEM ID#</b><br><b>568</b> |
| <b>K</b><br><b>Gross Receipts</b>        | <p><b>GROSS RECEIPTS</b><br/> <b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of 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, see page (vii) of the general instructions located in the paper SA1-2 form.<br/> Gross receipts from subscribers for secondary transmission service(s) during the accounting period. . . . .</p> <div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> <b>\$ 7,575.09</b><br/> <small>(Amount of gross receipts)</small> </div> <p><b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |
| <b>L</b><br><b>Copyright Royalty Fee</b> | <p><b>COPYRIGHT ROYALTY FEE</b><br/> <b>Instructions:</b> To compute the royalty fee you owe:<br/> • Complete block 1, block 2, or block 3.<br/> • Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br/> • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800<br/> • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600<br/> See page (vi) of the general instructions located in the paper SA1-2 form for more information.</p> <div style="border: 1px solid black; padding: 2px; text-align: center; margin-bottom: 5px;"> <b>BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS</b> </div> <p>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</p> <p>Line 1. Royalty fee for accounting period . . . . . <b>\$ 52.00</b></p> <p>Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . . <b>0.00</b></p> <p>Line 3. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 1 and 2 . . . . . <b>\$ 52.00</b></p> <div style="border: 1px solid black; padding: 2px; text-align: center; margin-bottom: 5px;"> <b>BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)</b> </div> <p>1. Base amount under statutory formula . . . . . <b>\$ 263,800.00</b></p> <p>2. Enter amount of gross receipts from space K . . . . .</p> <p>3. Subtract line 2 from line 1 . . . . .</p> <p>4. Enter the amount of gross receipts from space K . . . . .</p> <p>5. Enter the amount from line 3 . . . . .</p> <p>6. Subtract line 5 from line 4 . . . . .</p> <p>7. Multiply line 6 by .005 (enter figure here) . . . . .</p> <p>8. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . . <b>0.00</b></p> <p>9. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 7 and 8 . . . . .</p> <div style="border: 1px solid black; padding: 2px; text-align: center; margin-bottom: 5px;"> <b>BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)</b> </div> <p>1. Enter the amount of gross receipts from space K . . . . .</p> <p>2. Base amount under statutory formula . . . . . <b>\$ 263,800.00</b></p> <p>3. Subtract line 2 from line 1 . . . . .</p> <p>4. Multiply line 3 by .01 . . . . .</p> <p>5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) . . . . . <b>\$ 1,319.00</b></p> <p>6. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . . <b>0.00</b></p> <p>7. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 4, 5, and 6 . . . . .</p> <div style="border: 1px solid black; padding: 2px; text-align: center; margin-bottom: 5px;"> <b>FILING FEE AND TOTAL REMITTANCE DUE</b> </div> <div style="display: flex;"> <div style="width: 15%; padding: 5px; text-align: center;"> <b>Filing Fee and Total Remittance Due</b> </div> <div style="padding: 5px;"> <p>1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) . . . . . <b>\$ 52.00</b></p> <p>2. Filing Fee (See the instructions for more information on filing fee calculations) . . . . . <b>\$ 15.00</b></p> <p>3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 . . . . .</p> <div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> <b>\$ 67.00</b> </div> <p style="text-align: center; margin-top: 10px;"> <b>Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!</b><br/> See page i of the general instructions in the paper SA1-2 form for more information. </p> </div> </div> |                                 |

|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <b>Name</b>                                                           | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Zito Canton LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>SYSTEM ID#</b><br><b>568</b> |
| <b>M</b><br><b>Channels</b>                                           | <b>CHANNELS</b><br><b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.<br><br>1. Enter the total number of channels on which the cable system carried television broadcast stations ..... <div style="border: 1px solid black; width: 100px; text-align: center; padding: 2px;">7</div><br><br>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services ..... <div style="border: 1px solid black; width: 100px; text-align: center; padding: 2px;">59</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |
| <b>N</b><br><b>Individual to Be Contacted for Further Information</b> | <b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)<br><br>Name <u>Teri McMullen</u> Telephone <u>814-260-0434</u><br><br>Address <u>PO Box 665</u><br><small>(Number, street, rural route, apartment, or suite number)</small><br><u>Coudersport PA 16915</u><br><small>(City, town, state, zip)</small><br><br>Email <u>teri.mcmullen@zitomedia.com</u> Fax (optional) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |
| <b>O</b><br><b>Certification</b>                                      | <b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations)<br><br>• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)<br><br><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or<br><br><input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or<br><br><input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.<br><br>• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.<br>[18 U.S.C., Section 1001(1986)]<br><br><div style="text-align: center; margin-top: 20px;"><div style="display: inline-block; vertical-align: middle; text-align: left;"><div style="font-size: 2em; margin-bottom: 5px;">X</div><div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"></div><div style="font-size: 0.9em;">Enter an electronic signature on the line above to certify this statement.<br/>Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</div></div></div><br><div style="margin-top: 10px;">Typed or printed name: <u>James Rigas</u></div><br><div style="margin-top: 10px;">Title: <u>President</u><br/><small>(Title of official position held in corporation or partnership)</small></div><br><div style="margin-top: 10px;">Date: <u>02/27/2025</u></div> |                                 |

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Canton LLC

568

**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 following 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 subscribers 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 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?

☒ NO☐ YES. Enter the total here and list the satellite carrier(s) below. . . . . \$

Name

Mailing Address

Name

Mailing Address

**P****Special Statement  
Concerning Gross  
Receipts Exclusion****INTEREST ASSESSMENT**

You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.

Line 1 Enter the amount of late payment or underpayment . . . . .

x 1%

Line 2 Multiply line 1 by the interest rate\* and enter the sum here . . . . . -

x days

Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . -

x 0.00274

Line 4 Multiply line 3 by 0.00274\*\* and enter here

in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 . . . . .

\$ -

(interest charge)

\* To view the interest rate chart click on [www.copyright.gov/licensing/interest-rate.pdf](http://www.copyright.gov/licensing/interest-rate.pdf). For further assistance please contact the Licensing Division at (202) 707-8150 or [licensing@loc.gov](mailto:licensing@loc.gov).

\*\* This is the decimal equivalent of 1/365, which is the interest assessment for one day late.

NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.

Owner

Address

ID number

First community served

Accounting period

**Q****Interest Assessment**

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

CONTROL #:

REMITTANCE #:



# Cable Worksheet

Total amount of  
remittance

Number of SAs rec'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**
☐ January 1 - June 30, 2017☐ July 1 - December 31, 2017☐ Letter sent☐ Information received☐ Accepted☐ Phone call/Date/Contact
**Space B  
Owner**
☐ Letter sent☐ Information received☐ Accepted☐ Phone call/Date/Contact
**Space D  
Area Served**
☐ Letter sent☐ Information received☐ Accepted☐ Phone call/Date/Contact
**Space E  
Secondary  
Transmission  
Service  
Subscribers:  
and Rates**
☐ Letter sent☐ Information received☐ Accepted☐ Phone call/Date/Contact
**Space G  
Primary  
Transmitters:  
Television**
☐ Letter sent☐ Information received☐ Accepted☐ Phone call/Date/Contact
**Space H  
Primary  
Transmitters:  
Radio**
☐ Accepted☐ Phone call/Date/Contact

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