This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA3E Long Form

prints correctly

STATEMENT OF ACCOUNT for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

| FOR COPYRIGHT OFFICE USE ONLY | | | | | |
|-------------------------------|----------------------|--|--|--|--|
| DATE RECEIVED | AMOUNT | | | | |
| 02/28/2025 | \$ ALLOCATION NUMBER | | | | |
| 02/20/2023 | 7LEOG (HON NOWIZE) | | | | |

Return completed workbook by email to:

coplicsoa@loc.gov

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

| Α | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: | | | |
|------------|--|---|---------------------------------------|------------------|
| Accounting | 2024/2 | | | |
| Period | | | | |
| B Owner | Instructions: Give the full legal name of the owner of the cable system. If the owner is rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine if there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. | ess of the cable syst or on the last day of the counting period | em. the accounting period should s | |
| | Check here if this is the system's first filing. If not, enter the system's ID | number assigned b | by the Licensing Division. | 063010 |
| | Verizon New York Inc. | | | |
| | | | | 06301020242 |
| | | | | 063010 2024/2 |
| | 9000 Junction Dr | | | |
| | Annapolis Junction, MD USA 20701 | | | |
| _ | INSTRUCTIONS: In line 1, give any business or trade names used to | identify the busin | ess and operation of the sy | etam unless thas |
| С | names already appear in space B. In line 2, give the mailing address of | | | |
| System | IDENTIFICATION OF CABLE SYSTEM: | | | |
| | Verizon Fios TV (Buffalo, NY) VHO 15 | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: | | | |
| | 548 Elmwood Ave 2 (Number, street, rural route, apartment, or suite number | | | |
| | Buffalo, NY 14222 (City, town, state, zip code) | | | |
| D | Instructions: For complete space D instructions, see page 1b. Identify | only the frst comr | munity served below and re | elist on page 1b |
| Area | with all communities. | | | |
| Served | CITY OR TOWN | STATE | | |
| First | AMHERST (TOWN) | NY | | |
| Community | Below is a sample for reporting communities if you report multiple ch | nannel line-ups in | Space G. | |
| | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# |
| Sample | Alda | MD | A | 1 |
| , i | Alliance | MD | В | 2 |
| | Gering | MD | В | 3 |

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

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon New York Inc.

Instructions: List each separate community served by the cable system. A "community" is the same as a "community" in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you of system identification hereafter known as the "first community." Please use it as the first community on all Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be rebelow the identified city or town.

If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community volvesignated by a number (based on your reporting from Part 9).

When reporting the carriage of television broadcast stations on a community-by-community basis, associate channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.

| CITY OR TOWN | STATE |
|--|-------|
| AMHERST (TOWN) | NY |
| BLASDELL (VILLAGE) | NY |
| HAMBURG (TOWN) | NY |
| HAMBURG (VILLAGE) | NY |
| HAMBURG (TOWN) HAMBURG (VILLAGE) KENMORE (VILLAGE) LACKAWANNA CITY ORCHARD PARK (TOWN) | NY |
| LACKAWANNA CITY | NY |
| ORCHARD PARK (TOWN) | NY |
| ORCHARD PARK (TOWN) ORCHARD PARK (VILLAGE) TONAWANDA (ERIE) TOWN WEST SENECA (TOWN) | NY |
| ΓΟΝΑWANDA (ERIE) TOWN | NY |
| WEST SENECA (TOWN) | NY |
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| ommunity unit" as within unincorpo ou list will serve as future filings. reported in parent or all), then either rou report any sta | D Area Served | |
|---|---------------------|--|
| e each community designated by a | y with a | |
| CH LINE UP | SUB GRP# | |
| A A A | 1 1 1 1 | First Community See instructions for |
| Α | 1 1 | additional information on alphabetization. |
| | | Add rows as necessary. |
| | | |

ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 2. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063010 Verizon New York Inc. SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subdown by categories of secondary transmission service. In general, you can compute the number of subscribers in scribers and each category by counting the number of billings in that category (the number of persons or organizations charged Rates separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 NO. OF CATEGORY OF SERVICE **SUBSCRIBERS** RATE CATEGORY OF SERVICE RATE **SUBSCRIBERS** Residential: · Service to first set 49.24 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 35.00 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

F

Services Other Than Secondary Transmissions: Rates

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

| | BLOCK 1 | | | | | | |
|---|---------|------|---|----------|--|----------------------|------|
| CATEGORY OF SERVICE | RATE | | CATEGORY OF SERVICE | RATE | | CATEGORY OF SERVICE | RATE |
| Continuing Services: | | | Installation: Non-residential | | | | |
| Pay cable | \$ 15 | 5.00 | Motel, hotel | | | See Tab Attachment B | |
| Pay cable—add'l channel | | | Commercial | | | | |
| Fire protection | | | Pay cable | | | | |
| Burglar protection | | | Pay cable-add'l channel | | | | |
| Installation: Residential | | | Fire protection | | | | |
| First set | \$ 99 | 00.6 | Burglar protection | | | | |
| Additional set(s) | \$ 60 | 0.00 | Other services: | | | | |
| FM radio (if separate rate) | | | Reconnect | | | | |
| Converter | | | Disconnect | | | | |
| | | | Outlet relocation | \$ 60.00 | | | |
| | | | Move to new address | | | | |
| | | | | | | | |

| Category of Service | Residential Rate | Commercial Rate |
|---|----------------------|--------------------|
| Block 1 | | |
| Pay Cable | 15.00 | 15.00 |
| Pay Cable - add'l Channel | 00.00 | 00.00 |
| Installation - First Set | 99.00 | 99.99 |
| Installation - Additional Set(s) | 60.00 | 34.99 |
| Outlet Relocation | 60.00 | 69.99 |
| Block 2 | | |
| Fios Current TV | N/A | 65.00 |
| Fios Current TV for Bar/Restaurant | N/A | 65.00 |
| Fios TV Local | 25.00 | 50.00 |
| FIOS TV Local for Bar/Restaurant | N/A | 50.00 |
| Custom TV Kids & Pop | 64.99 | N/A |
| Custom TV Sports & News | 64.99 | N/A |
| Custom TV Action & Entertainment | 64.99 | N/A |
| Custom TV News & Variety | 64.99 | N/A |
| Custom TV Lifestyle & Reality | 64.99 | N/A |
| Custom TV Infotainment & Drama | 64.99 | N/A |
| Custom TV Home & Family | 64.99 | N/A |
| Fios TV Preferred HD | 74.99 | 120.00 |
| Fios TV Extreme HD | 79.99 | 140.00 |
| Fios TV Ultimate HD | 89.99 | 150.00 |
| Fios Local TV | 79.00 | N/A |
| Fios TV Test Drive | 95.00 | N/A |
| Your Fios TV | 95.00 | N/A |
| More Fios TV | 119.00 | N/A |
| The MostFios TV | 139.00 | N/A |
| Fios TV Mundo Total | 139.00 | N/A |
| Fios TV Mundo | 119.00 | N/A |
| Your Fios TV Spotlight Package | 95.00 | N/A |
| Sports Pass | 14.00 | 15.00 |
| Sports Pass (Ultimate HD Customers) | N/A | Included |
| Fox Soccer Plus | 14.99 | 14.99 |
| Fox Soccer Plus (Bar/Rest.) | N/A | Varies |
| Sports Pass (Bar/Rest.) | N/A | Varies |
| Cinemax | 15.00 | 15.00 |
| MGM+ | 15.00 | 15.00 |
| HBO / HBO Max | 15.00 | 15.00 |
| Paramount+ with Showtime Starz | 15.00 | 15.00 |
| Starz/Encore | N/A 15.00 | 15.00 |
| Spanish Language Package | 15.00 N/A | N/A Varies |
| Music Choice Package | N/A N/A | 34.99 |
| - | Varies | Varies |
| Internaltional Language Packages International Premium Channels | Varies | N/A |
| On Demand Movies and Games | Varies | Varies |
| On Demand Subscriptions | Varies | Varies |
| Pay Per View | Varies | Varies |
| MLB Extra Innings | 149.99 | N/A |
| NBA League Pass | 109.99 | Varies |
| NHL Center Ice | 69.00 | Varies |
| CableCARD | 10.00 | 10.00 |
| | | |
| Digital Adapter | 10.00 | 10.00 |
| Set-Top Box First two boxes (each) | 12.00 | 11.99 |
| Set-Top Box: Boxes 3-5 (each) | 6.00 | 11.99 |
| Set-Top Box: 6+ boxes | No additional charge | 11.99 |

| | Residential | Commercial |
|---|-------------------|-------------------|
| Category of Service | Rate | Rate |
| Streaming device connection bundle | 20.00 | N/A |
| Fios Quantum Gateway Router | N/A | N/A |
| | \$18 rental, | \$15 rental, |
| Fios Wireless Router | \$299.99 purchase | \$299.99 purchase |
| | \$18 rental, | \$18 rental, |
| Verizon Router | \$399.99 purchase | \$399.99 purchase |
| Fios TV Activation Fee | 99.00 | 99.99 |
| DVR Service | 12.00 | 12.00 |
| Multi-room DVR Enhanced Service | 20.00 | 20.00 |
| Multi-room DVR Premium Service | 30.00 | 30.00 |
| Agent Assistance Fee | 10.00 | N/A |
| Fios TV Setup w New Outlets | 160.00 | N/A |
| New Outlet Install/Existing Relocation | 60.00 | 69.99 |
| Peak-Time Installation | N/A | 49.99 |
| Tech Visit Charge Subsequent | up to \$100 | 99.99 |
| New Outlet Installation Subsequent | 60.00 | 69.99 |
| Existing Outlet Connection Subsequent | N/A | 34.99 |
| Existing Outlet Connection (up to 3) | N/A | 89.99 |
| Service Charge | up to \$100.00 | 120.00/55.00 |
| Set-Top Box Return - UPS/Retail | Free | No Charge |
| Standard Shipping Charge | N/A | 25.00 |
| Expedited Shipping Charge (additional) | N/A | 15.00 |
| Set-Top Box Addition (self-install) | N/A | No Charge |
| Set-Top Box Add/Upgrade | 25.00 | N/A |
| TV Equipment Upgrade | N/A | 50.00 |
| TV Equipment Tech Install | up to \$100 | N/A |
| Seasonal Service Suspenstion | 50.00 | N/A |
| Fios TV Suspend for non payment | 50.00 | 29.99 |
| Fios TV Voice Remote | 24.99 | 24.99 |
| Fios Replacement Remote | 15.00 | 14.99 |
| Unreturned/Damaged Fios Router | 175.00 | up to 175.00 |
| Unreturned/Damaged Verizon Router | 200.00 | 200.00 |
| Unreturned/Damaged STB Media Client | 115.00 | N/A |
| Unreturned/Damaged STB Fios TV One Mini | 115.00 | 115.00 |
| Unreturned/Damaged STB Fios Svc Unit | 210.00 | 210.00 |
| Unreturned/Damaged Fios TV+ | 90.00 | N/A |
| Unreturned/Damaged STB Media Server | 375.00 | N/A |
| Unreturned/Damaged STB Fios TV One | 375.00 | 375.00 |
| 2 2 3/2 a a.g. a. | 3. 3.33 | 0.0.00 |

| LEGAL NAME OF OWN | ER OF CABLE SY | STEM: | | | SYSTEM ID# | | | |
|--|--------------------------------|--------------------------|----------------------------|---|------------------------|---|--|--|
| Verizon New Y | ork Inc. | | | | 063010 | Name | | |
| PRIMARY TRANSMITTERS: TELEVISION | | | | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. | | | | | | | | |
| · // · / · / · / · / · / · · / · · · · | | | | | | | | |
| | Ī | | EL LINE-UP | | | - | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
| | | | | | | See instructions for additional information on alphabetization. | | |

| LEGAL NIAME OF OVAIN | | OTEN | | | SYSTEM ID# | |
|--|--|---|--|---|---|---|
| Verizon New Yo | | STEM: | | | 063010 | Namo |
| PRIMARY TRANSMITTE | | N | | | | |
| | | | ation (including | translator stations | and low power television stations) | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Sta | ystem during toons in effect of .61(e)(2) and (sis, as explaine ations: With re- | he accounting n June 24, 19 (4), or 76.63 (ed in the next spect to any o | g period, excep 981, permitting the referring to 76.6 paragraph. distant stations of | t (1) stations carri he carriage of cer 51(e)(2) and (4))]; | ed only on a part-time basis under cain network programs [sections and (2) certain stations carried on a ble system on a substitute program | G Primary Transmitters: Television |
| station was carried List the station here, a basis. For further in in the paper SA3 for Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servic Column 5: If you ha | here in space only on a substand also in spatformation concern. a station's call associated with -2". Simulcast channel numbers of example stem carried the example in each case we entering the least), "E" (for nose terms, see tion is outside the example of example in each case we entered "Ye entered "Ye entered the station is substant station." | G—but do listitute basis. ace I, if the steerning substitute basis. ace I, if the steerning substitute basis ace I, if the steerning substitute basis ace I, if the station ace the FCC he, WRC is Chees the station. Whether the steeter "N" (for roncommercia page (v) of the local servage (v) of the es" in column on during the | ation was carrie itute basis station was carrie itute basis station report origination recording to its own to be reported in the sas assigned to stannel 4 in Wasl attion is a network), "N-M" all educational), where area, (i.e. "or general instructivice area, (i.e. "or general instructivice area, counting peri | d both on a substans, see page (v) on program service ver-the-air designate column 1 (list each the television statinington, D.C. This with station, an indeference of the television statinington, b.C. This with station, an indeference of the television and the station, an indeference of the television, an indeference of the television, an indeference of the television, an indeference of the television in the television of | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system | |
| For the retransmiss | ion of a distant | t multicast str | | | y payment because it is the subject | |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the | ion of a distant entered into of a primary trans simulcasts, als ree categories location of eac canadian static | t multicast str n or before Ji mitter or an a o enter "E". If , see page (v ch station. Fo ons, if any, giv | une 30, 2009, bussociation repressive carried the busy of the general or U.S. stations, we the name of the state of the st | etween a cable sy esenting the prima channel on any c instructions locate list the community he community wit | y payment because it is the subject stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. To which the station is licensed by the hybrid which the station is identifed. | |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C | ion of a distant entered into of a primary trans simulcasts, als ree categories location of eac canadian static | t multicast str n or before Jumitter or an a o enter "E". If , see page (v ch station. Fo ons, if any, giv nnel line-ups, | une 30, 2009, bussociation repressive carried the busy of the general or U.S. stations, we the name of the state of the st | etween a cable sy esenting the prima channel on any c instructions locate list the community he community wit space G for each | y payment because it is the subject stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. To which the station is licensed by the hybrid which the station is identifed. | |
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| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL | ion of a distant entered into o a primary trans simulcasts, als ree categories location of each canadian static g multiple chared. 2. B'CAST CHANNEL | t multicast str n or before Jumitter or an a o enter "E". If n, see page (v ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE | une 30, 2009, bussociation repre- iyou carried the y) of the general or U.S. stations, we the name of t use a separate EL LINE-UP 4. DISTANT? (Yes or No) | etween a cable sy esenting the prima channel on any c instructions locate list the community he community wit space G for each A 5. BASIS OF CARRIAGE | y payment because it is the subject stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It to which the station is licensed by the h which the station is identifed. channel line-up. | |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column 1: CALL SIGN | ion of a distant entered into o a primary trans simulcasts, als ree categories location of each canadian static g multiple char 2. B'CAST CHANNEL NUMBER | t multicast str n or before Jumitter or an a o enter "E". If , see page (v ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION | une 30, 2009, bussociation repre- you carried the you carried | etween a cable sy esenting the prima channel on any c instructions locate list the community he community wit space G for each A 5. BASIS OF CARRIAGE | y payment because it is the subject stem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. To which the station is licensed by the hand the station is identifed. channel line-up. 6. LOCATION OF STATION | See instructions for |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column 6: If you are utilizing 1. CALL SIGN | ion of a distant entered into o a primary trans simulcasts, als ree categories location of ear canadian static g multiple char 2. B'CAST CHANNEL NUMBER | t multicast str n or before Jo mitter or an a o enter "E". If n, see page (v ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N | une 30, 2009, bussociation repre- you carried the you carried | etween a cable sy esenting the prima channel on any c instructions locate list the community he community wit space G for each A 5. BASIS OF CARRIAGE | y payment because it is the subject stem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. To which the station is licensed by the hand which the station is identifed. channel line-up. 6. LOCATION OF STATION Buffalo | additional information on |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column 6: If you are utilizing 1. CALL SIGN | ion of a distant entered into o a primary trans simulcasts, als ree categories location of each canadian static g multiple char CHANNEL NUMBER 2 4 | t multicast str n or before Jo mitter or an a o enter "E". If , see page (v ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N | une 30, 2009, bussociation representations of the general of U.S. stations, we the name of the use a separate LLINE-UP 4. DISTANT? (Yes or No) No No | etween a cable sy esenting the prima channel on any c instructions locate list the community he community wit space G for each A 5. BASIS OF CARRIAGE | y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. To which the station is licensed by the hand the station is identifed. channel line-up. 6. LOCATION OF STATION Buffalo Buffalo | |
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| LEGAL NAME OF OWNE | | STEM: | | | SYSTEM ID# 063010 | Nama |
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| PRIMARY TRANSMITTEI | | N | | | | |
| In General: In space G carried by your cable s FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas | , identify every ystem during t ons in effect or .61(e)(2) and (is, as explaine | television standard the accounting June 24, 19 (4), or 76.63 (ed in the next | g period, except 181, permitting the referring to 76.6 paragraph. | t (1) stations carri he carriage of cer 61(e)(2) and (4))]; | s and low power television stations) led only on a part-time basis under tain network programs [sections and (2) certain stations carried on a | Primary Transmitters: Television |
| basis under specifc FC Do not list the station station was carried of List the station here, at basis. For further into in the paper SA3 for Column 1: List each each multicast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate is educational station, by (for independent multic For the meaning of the Column 4: If the star planation of local servic Column 5: If you had cable system carried the distant statifor the retransmission of a written agreement the cable system and at tion "E" (exempt). For sexplanation of these the Column 6: Give the | C rules, regular here in space only on a substand also in space formation concern. In station's call station can caption is outside the distant station on a part-tilition of a distant entered into on a primary transstation of eact categories location of eact canadian station can caption of eact categories location of eact canadian station can be substationed in the categories location of eact categories location of eact canadian station can be substationed in the categories location of eact categories location of eact categories location stations. | ations, or auth G—but do listitute basis. ace I, if the state ace I | norizations: at it in space I (the ation was carried tute basis station exported in the properties of | the Special Statem of both on a substants, see page (v) on program service over-the-air designations, and indicate of the television state of the television state of the television state of the television, an indexity of the television socated in the television socated channel subject to a royal television activated channel on any constructions located list the community with the community with the television of the television o | nent and Program Log)—if the ititute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example ition for broadcasting over-the-air in a may be different from the channel expendent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). the paper SA3 form. esa". If not, enter "No". For an ex- tie paper SA3 form. stating the basis on which your intering "LAC" if your cable system capacity. by payment because it is the subject ystem or an association representing ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the th which the station is identifed. | Television |
| | 0. DIOAOT | | EL LINE-UP | | A LOGATION OF STATION | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
| WNED-simulcast | 17 | Е | No | | Buffalo | |
| WNLO-simulcast | 23 | I | No | | Buffalo | See instructions for |
| WNYB-simulcast | 26 | I | No | | Jamestown | additional information on |
| WGRZ Antenna T | 2 | N-M | No | | Buffalo | aiphabetization. |
| WUTV Charge TV | 29 | I-M | No | | Buffalo | |
| WKBW Bounce TV | 7 | N-M | No | | Buffalo | |
| WKBW Grit TV | 7 | N-M | No | | Buffalo | |
| WUTV TBD TV | 29 | I-M | No | | Buffalo | |
| WNYO CometTV | 49 | I-M | No | | Buffalo | |
| WNED Create | 17 | E-M | No | | Buffalo | " |
| WGRZ Quest | 2 | N-M | No | | Buffalo | " |
| WGRZ True Crime | 2 | N-M | No | • | Buffalo | " |
| WNYO The Nest | 49 | I-M | No | | Buffalo | |
| WNTO The Nest | 49 23 | 1-1VI | No | | Buffalo | |
| | | | | | | |
| | | | | | | |

ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063010 Verizon New York Inc. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. **Column 1:** Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM LOCATION OF STATION AM or FM S/D LOCATION OF STATION

| FURIN SASE. PAGE 5. | | | | | | ACCOUNTING | 1 PERIOD. 2024/2 | | | | |
|---|--|--|--|---|---|----------------------|----------------------|--|--|--|--|
| LEGAL NAME OF OWNER OF OVER INC. | CABLE SYST | EM: | | | | SYSTEM ID# 063010 | Name | | | | |
| SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG | | | | | | | | | | | |
| In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. | | | | | | | | | | | |
| 1. SPECIAL STATEMENT | CONCER | NING SUBST | TUTE CARRIAGE | | | | Carriage: Special | | | | |
| * During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program | | | | | | | | | | | |
| Note: If your answer is "No", log in block 2. | leave the res | st of this page b | lank. If your answer is "Yes," | you must cor | nplete the program | | Program Log | | | | |
| period, was broadcast by a di under certain FCC rules, regu SA3 form for futher informatio titles, for example, "I Love Luc Column 2: If the program of Column 3: Give the call sig Column 4: Give the broad the case of Mexican or Canad Column 5: Give the month first. Example: for May 7 give Column 6: State the times to the nearest five minutes. E stated as "6:00–6:30 p.m." | atte program of please attation stant stations, or an on. Do not use by or "NBA lawas broadcagn of the station's dian stations and day when the suxample: a present of the list of regulations." | on a separate licath additional pattwork television and that your cuthorizations. See general cate. Basketball: 766 st live, enter "Yetion broadcastins location (the content your system abstitute program carried between your site of the program carried between your system and the program carried between your system are gram a | ages. n program (substitute progra able system substituted for t ee page (vi) of the general ir gories like "movies", or "bask ers vs. Bulls." es." Otherwise enter "No." g the substitute program. community to which the station munity with which the station carried the substitute progra m was carried by your cable by a system from 6:01:15 p.n es substituted for programmin the accounting period; ente | m) that, during he programm istructions locketball". List so is licensed to is identified) am. Use nume system. List the to 6:28:30 pg that your syr the letter "P" | g the accounting ing of another station ated in the paper specific program by the FCC or, in stall, with the month the times accurately o.m. should be stem was required if the listed pro | | | | | | |
| | LIDETITLIT | E DDOCDAM | | | EN SUBSTITUTE IAGE OCCURRED | 7. REASON | | | | | |
| TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TIMES FROM — TO | FOR DELETION | | | | | |
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ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 6.

| ACCOONTING | LINIOD: 2024/2 | | | | | | | OTTIVI OFTOE. I FTO | | | | |
|-----------------------------------|---|--|---|--|--|--|---|---------------------|---|--|--|--|
| Name | Verizon Nev | OWNER OF CABLE | SYSTEM: | | | | | SYSTEM I 0630 | | | | |
| | Verizon Nev | V TOIK IIIC. | | | | | | | _ | | | |
| J Part-Time Carriage Log | time carriage di hours your syst Column 1 (C column 5 of spa Column 2 (E curred during the Give the mont "4/10." • State the start television statio "app." Example | is space ties in value to lack of activem carried that call sign): Give face G. Dates and hours ne accounting point and day when thing and ending on's broadcast do: "12:30 a.m.— 3 | ivated channel capar station. If you need in the call sign of every s of carriage): For eleriod. In the carriage occurrent times of carriage to the ay, you may give an in:15 a.m. app." | city, you are required space, plead distant station where station, list list. Use numeral the nearest quarapproximate en | ed a station's basis of uired to complete this ase attach additional whose basis of carriathe dates and hours ls, with the month firster hour. In any case ding hour, followed but the same. Example | s log giving the pages. ge you identifie when part-time st. Example: for where carriagery the abbreviation | total dates and d by "LAC" in carriage oc- April 10 give e ran to the end o | f the | | | | |
| | DATES AND HOURS OF PART-TIME CARRIAGE | | | | | | | | | | | |
| | CALL SIGN | WHEN | CARRIAGE OCCU | RRED | CALL SIGN | WHEN | CARRIAGE OC | CURRED | | | | |
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| LEGA | AL NAME (| OF OWNER OF CABLE SYSTEM: | | SYSTEM ID# | Nama | | | |
|---|---|--|------------------|------------------|---|--|--|--|
| Ver | izon N | ew York Inc. | | 063010 | Name | | | |
| GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle 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. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. | | | | | | | | |
| | | | | J 17 | | | | |
| COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of | | | | | | | | |
| bloc | k 3 belov | N. | | | | | | |
| 3 be | | e DSE schedule was completed, the amount from line 7 of block C should be ente | reu on I | IIIE Z III DIOCK | | | | |
| | rt 7 or pa block 4 l | art 9, block B, of the DSE schedule was completed, the surcharge amount should below. | oe enter | red on line | | | | |
| | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at | | | | | | | |
| | | Enter the amount of gross receipts from space K Multiply the amount in line 1 by 0.01064 | | \$ 16,908,232.50 | | | | |
| | | Enter the result here. | | 470 000 50 | | | | |
| | | This is your minimum fee. | \$ | 179,903.59 | | | | |
| Block 2 | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule. X No—Leave block 3 below blank and complete line 1, block 4. | | | | | | | |
| Block 3 | Line 1. | BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero | | \$ - | | | | |
| 0 | Line 2. | 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero | | 0.00 | | | | |
| | Line 3. | Add lines 1 and 2 and enter here | \$ | - | | | | |
| Block 4 | Line 1. | BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, | | \$ 179,903.59 | | | | |
| | Line 2. | whichever is larger SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter | | 0.00 | Cable systems submitting additional | | | |
| | Line 3. | zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | | 0.00 | deposits under Section 111(d)(7) should contact | | | |
| | Line 4. | FILING FEE | | \$ 725.00 | the Licensing additional fees. Division for the | | | |
| | | ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. es 1, 2 and 3 of block 4 and enter total here | \$ | 180,628.59 | appropriate form for submitting the additional fees. | | | |
| | | i) of the | additional 1003. | | | | | |

ACCOUNTING PERIOD: 2024/2

| Name | Verizon New | | YSTEM: | | | | SYSTEM 063 | и ID# 3010 |
|---|--|-------------|------------------------|---|---------------------|-------------------------|--|---------------|
| M Channels | CHANNELS Instructions: 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. | | | | | | | |
| | 1. Enter the total number of channels on which the cable system carried television broadcast stations | | | | | | | |
| | 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services | | | | | | | |
| N Individual to Be Contacted | we can contact about this statement of account.) adividual to | | | | | | | |
| for Further Information | Name Dar | niel J Marg | olis | | | Telephone | (703) 558-9832 | |
| | Address 9000 Junction Dr (Number, street, rural route, apartment, or suite number) | | | | | | | |
| | Annapolis Junction, MD USA 20701 (City, town, state, zip) | | | | | | | |
| | Email | daniel | .margolis@verizo | n.com | Fax (or | ptional) | | |
| CERTIFICATION (This statement of account must be certifed and signed in accordance with Cop | | | | | | h Copyright Office re | egulations.) | |
| Certifcation | • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) [Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or [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 [X] (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. • 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. [18 U.S.C., Section 1001(1986)] | | | | | | | |
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| | | X | /s/ Paula M. Valdez | 2 | | | | |
| | | (e.g., /s/ | John Smith). Before en | the line above using an "/s tering the first forward slas me. Pressing the "F" butt | sh of the /s/ signa | ature, place your curso | r in the box and press the "F2" mpatibility settings. | |
| | Typed or printed name: Paula M. Valdez | | | | | | | |
| | | | Assistant Secre | tary, Verizon New | York Inc. | | | |
| | | Date: | February 28, 2025 | | | | | |

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 the 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 telephon 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 i search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law

prints correctly

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | | | | | |
|--|-----------------|------------------------|--|--|--|--|
| Verizon New York Inc. | 063010 | Name | | | | |
| 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 in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? | | | | | | |
| X NO | | | | | | |
| YES. Enter the total here and list the satellite carrier(s) below | | | | | | |
| Name Mailing Address Mailing Address Mailing Address | | | | | | |
| INTEREST ASSESSMENTS | | | | | | |
| 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 in the paper SA3 form. | | | | | | |
| Line 1 Enter the amount of late payment or underpayment | | Interest Assessment | | | | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | - days | | | | | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | - 274 | | | | | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) | - narge) | | | | | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or 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 Offce please list below the owner, address, first community served, accounting period, and ID number as given in the filing. | | | | | | |
| Owner Address | | | | | | |
| First community convol | | | | | | |
| First community served Accounting period | | | | | | |
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