**Name**

LEGAL NAME OF OWNER OF CABLE SYSTEM:
**MASSILLON CABLE TV, INC.**

**SYSTEM ID#**
**2588**

## K
**Gross Receipts**

**GROSS RECEIPTS**

**Instructions**: The figure you give in this space determines the form you file and the amount you pay. Enter the total 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.

Gross receipts from subscribers for secondary transmission service(s) during the accounting period. . . . . **$ 427,590.48** (Amount of gross receipts)

**IMPORTANT:** You must complete a statement in space P concerning gross receipts.

## L
**Copyright Royalty Fee**

**COPYRIGHT ROYALTY FEE**

**Instructions**: To compute the royalty fee you owe:
- Complete block 1, block 2, *or* block 3.
- Use block 1 if the amount of gross receipts in space K is $137,100 or less
- Use block 2 if the amount of gross receipts in space K is more than $137,100 but less than or equal to $263,800
- Use block 3 if the amount of gross receipts in space K is more than $263,800 but less than $527,600

See page (vi) of the general instructions located in the paper SA1-2 form for more information.

### BLOCK 1: GROSS RECEIPTS OF $137,100 OR LESS

Instructions: As a cable system with gross receipts of $137,100 or less, the royalty fee that you must pay for this six-month accounting period is $52.00

Line 1. Royalty fee for accounting period . . . . . _____

Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . . **0.00**

Line 3. **TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD**. Add lines 1 and 2 . . . . . _____

### BLOCK 2: GROSS RECEIPTS OF $263,800 OR LESS (but more than $137,100)

1. Base amount under statutory formula . . . . . **$ 263,800.00**
2. Enter amount of gross receipts from space K . . . . . _____
3. Subtract line 2 from line 1 . . . . . _____
4. Enter the amount of gross receipts from space K . . . . . _____
5. Enter the amount from line 3 . . . . . _____
6. Subtract line 5 from line 4 . . . . . _____
7. Multiply line 6 by .005 (enter figure here) . . . . . _____
8. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . . **0.00**
9. **TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.** Add lines 7 and 8 . . . . . _____

### BLOCK 3: GROSS RECEIPTS OF MORE THAN $263,800 (but less than $527,600)

1. Enter the amount of gross receipts from space K . . . . . **$ 427,590.48**
2. Base amount under statutory formula . . . . . **$ 263,800.00**
3. Subtract line 2 from line 1 . . . . . **$ 163,790.48**
4. Multiply line 3 by .01 . . . . . **$ 1,637.90**
5. Royalty due on the first $263,800 of gross receipts (under statutory formula) . . . . . **$ 1,319.00**
6. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . . **0.00**
7. **TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.** Add lines 4, 5, and 6 . . . . . **$ 2,956.90**

### FILING FEE AND TOTAL REMITTANCE DUE

**Filing Fee and Total Remittance Due**

1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) . . . . . **$ 2,956.90**
2. Filing Fee (See the instructions for more information on filing fee calculations) . . . . . **$ 20.00**
3. **TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3** . . . . . **$ 2,976.90**

**EFT Trace # or TRANSACTION ID #** 27QL7NOI

**Important:** Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

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

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

# STATEMENT OF ACCOUNT

*for Secondary Transmissions by Cable Systems (Short Form)*

General instructions are located in the first tab of this workbook

| FOR COPYRIGHT OFFICE USE ONLY | |
|---|---|
| DATE RECEIVED | AMOUNT |
| 8/20/2025 | $ |
| | ALLOCATION NUMBER |
| | |

Return completed workbook by email to:

coplicsoa@copyright.gov

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

LICENSING SECTION

Digitally signed by LICENSING SECTION
Date: 2025.09.30 10:40:24 -04'00'

## A Accounting Period

**ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/Period)**

2025/1 **Period 1 = January 1 - June 30** **Period 2 = July 1 - December 31**

**Barcode Data Filing Period (optional - see instructions)**

## B Owner

**Instructions:**
Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.

List any other name or names under which the owner conducts the business of the cable system.

If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.

Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 2588

**LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM**

**MASSILLON CABLE TV, INC.**

**BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)**

**MAILING ADDRESS OF OWNER OF CABLE SYSTEM**

**814 CABLE CT NW, PO BOX 1000**
(Number, street, rural route, apartment, or suite number)

**MASSILLON, OH 44647**
(City, town, state, zip)

## C System

**INSTRUCTIONS:** In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

1 **IDENTIFICATION OF CABLE SYSTEM:**

**POWHATAN POINT**

2 **MAILING ADDRESS OF CABLE SYSTEM:**

(Number, street, rural route, apartment, or suite number)

(City, town, state, zip code)

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: **MASSILLON CABLE TV, INC.**

SYSTEM ID# **2588**

**D**

Area Served

Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC 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.

Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.

First Community

Add Rows as Necessary

| CITY OR TOWN | STATE |
|---|---|
| COLERAIN TWP BELMONT COUNTY | OH |
| YORK TWP BELMONT COUNTY | OH |
| POWHATAN POINT VILLAGE BELMONT COUNTY | OH |
| BARTON | OH |
| CRESCENT | OH |
| MAYNARD | OH |
| BELLAIRE VILLAGE BELMONT COUNTY | OH |
| RICHLAND TWP BELMONT COUNTY | OH |
| PULTNEY TWP BELMONT COUNTY | OH |
| PEASE TWP BELMONT COUNTY | OH |
| SMITH TWP BELMONT COUNTY | OH |
| AMSTERDAM JEFFERSON COUNTY | OH |
| BERGHOLZ JEFFERESON COUNTY | OH |
| SPRINGFIELD JEFFERSON COUNTY | OH |
| LOUDON CARROLL COUNTY | OH |
| VILLAGE OF SALINEVILLE COLUMBIANA COUNTY | OH |
| WASHINGTON TWP COLUMBIANA COUNTY | OH |
| FOX TWP CARROLL COUNTY | OH |
| BRUSH CREEK TWP JEFFERSON COUNTY | OH |
| WARWOOD | WV |
| BEECH BOTTOM | WV |
| WINDSOR HEIGHTS BROOKE COUNTY | WV |
| VILLAGE OF WOODSFIELD MONROE COUNTY | OH |
| VILLAGE OF LEWISVILLE MONROE COUNTY | OH |
| CENTER TWP MONROE COUNTY | OH |
| SUMMIT TWP MONROE COUNTY | OH |
| LEE TWP MONROE COUNTY | OH |
| OHIO TWP MONROE COUNTY | OH |
| AUGUSTA TWP CARROLL COUNTY | OH |
| WASHINGTON TWP CARROLL COUNTY | OH |
| ATHENS TWP HARRISON COUNTY | OH |
| FREEPORT TWP HARRISON COUNTY | OH |
| FREEPORT VILLAGE HARRISON COUNTY | OH |
| MOOREFIELD TWP HARRISON COUNTY | OH |
| NEW ATHENS VILLAGE HARRISON COUNTY | OH |
| SOMERSET TWP BELMONT COUNTY | OH |
| UNION TWP BELMONT COUNTY | OH |
| WAYNE TWP BELMONT COUNTY | OH |
| WHEELING TWP BELMONT COUNTY | OH |
| BUFFALO TWP BROOKE COUNTY | OH |
| CLEARVIEW VILLAGE OHIO COUNTY | WV |
| WHEELING CITY OHIO COUNTY | WV |
| WEST LIBERTY TWP OHIO COUNTY | WV |
| WHEELING RICHLAND TWP OHIO COUNTY | WV |
| BEALLSVILLE VILLAGE MONROE COUNTY | OH |
| CLARINGTON VILLAGE MONROE COUNTY | OH |
| FRANKLIN TWP MONROE COUNTY | OH |
| JERUSALEM VILLAGE MONROE COUNTY | OH |
| MALAGA TWP MONROE COUNTY | OH |
| SUNSBURY TWP MONROE COUNTY | OH |
| WAYNE TWP MONROE COUNTY | OH |
| WILSON VILLAGE MONROE COUNTY | OH |
| ADAMS TWP MONROE COUNTY | OH |
| GREEN TWP MONROE COUNTY | OH |
| MILTONSBURG VILLAGE MONROE COUNTY | OH |
| SALEM TWP MONROE COUNTY | OH |
| FRANKLIN TWP COLUMBIANA COUNTY | OH |
| SUMMITVILLE COLUMBIANA COUNTY | OH |
| WAYNE TWP COLUMBIANA COUNTY | OH |
| ROSS TWP JEFFERSON COUNTY | OH |
| SALEM TWP JEFFERSON COUNTY | OH |
| WASHINGTON TWP BELMONT COUNTY | OH |
| SENECA TWP MONROE COUNTY | OH |
| WELLSBURG BROOKE COUNTY | WV |
| MARION TWP NOBLE COUNTY | OH |
| SUMMERFIELD VILLAGE NOBLE COUNTY | OH |

**Accounting Period: 2025/1**



| | | |
|---|---|---|
| **Name** | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>**MASSILLON CABLE TV, INC.** | **SYSTEM ID#**<br>**2588** |

**D**

**Area Served**

Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC 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.

Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.

| CITY OR TOWN | STATE |
|---|---|

**Name**

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**MASSILLON CABLE TV, INC.**

**SYSTEM ID#**
**2588**

## E

**Secondary Transmission Service: Subscribers and Rates**

**SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES**

**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 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).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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).

**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 | | |
|---|---|---|---|---|---|
| CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE |
| **Residential:** | | | | | |
| • Service to first set | **1,157** | **46.92-63.95** | | | |
| • Service to additional set(s) | | | | | |
| • FM radio (if separate rate) | | | | | |
| **Motel, hotel** | | | | | |
| **Commercial** | | | | | |
| **Converter** | | | | | |
| • Residential | | | | | |
| • Non-residential | | | | | |

## F

**Services Other Than Secondary Transmissions: Rates**

**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 | | | | BLOCK 2 | |
|---|---|---|---|---|---|
| CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE |
| **Continuing Services:** | | **Installation: Non-residential** | | | |
| • Pay cable | **15.50** | • Motel, hotel | | **HBO** | **23.00** |
| • Pay cable—add'l channel | **54-97** | • Commercial | | **STARZ/ENCORE** | **15.50** |
| • Fire protection | | • Pay cable | | **SHOWTIME** | **)9-20.15** |
| •Burglar protection | | • Pay cable-add'l channel | | **ENCORE** | **4.75** |
| **Installation: Residential** | | • Fire protection | | **HD ESSENTIALS** | **7.95** |
| • First set | | • Burglar protection | | **CINEMAX** | **15.15** |
| • Additional set(s) | | **Other services:** | | **STARZ** | **15.50** |
| • FM radio (if separate rate) | | • Reconnect | | | |
| • Converter | | • Disconnect | | | |
| | | • Outlet relocation | | | |
| | | • Move to new address | | | |

**Name**

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**MASSILLON CABLE TV, INC.**

**SYSTEM ID#**
**2588**

# G

**Primary Transmitters: Television**

**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.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

• Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
|---|---|---|---|
| | | | |
| | | | |
| WOUB PBS | 20.1 - 44.1 | E | ATHENS-CAMBRIDGE |
| WOUB OHIO CH | 20.5-44.5 | E-M | ATHENS-CAMBRIDGE |
| WOUB PBS KIDS | 20.6-44.6 | E-M | ATHENS-CAMBRIDGE |
| WQED PBS | 13.1 | E | PITTSBURGH |
| WQED CREATE | 13.2 | E-M | PITTSBURGH |
| WTOV NBC | 9.1 | N | STEUBENVILLE |
| WTOV FOX | 9.2 | N-M | STEUBENVILLE |
| WTOV Comet | 9.3 | N-M | STEUBENVILLE |
| WTRF CBS | 7.1 | N | STEUBENVILLE-OH-WHEELING WV |
| WTRF MyNetwork TV | 7.2 | N-M | STEUBENVILLE OH-WHEELING WV |
| WTRF ABC | 7.3 | N-M | STEUBENVILLE-OH-WHEELING WV |
| WTRF Court TV Myste | 7.4 | N-M | STEUBENVILLE-OH-WHEELING WV |
| | | | |
| WOUB Classic | 20.2-44.2 | E-M | ATHENS-CAMBRIDGE |
| WOUB PBS World | 20.3-44.3 | E-M | ATHENS-CAMBRIDGE |
| WOUB Create | 20.4-44.4 | E-M | ATHENS-CAMBRIDGE |
| WQED SHOWCASE | 13.4 | E-M | PITTSBURGH |
| WQED WORLD | 13.3 | E-M | PITTSBURGH |
| WPGH FOX | 53.1 | N | PITTSBURGH |
| WPNT MyNetwork TV | 22.1 | N | PITTSBURGH |
| WPGH Antenna TV | 53.2 | N-M | PITTSBURGH |
| WPGH CHARGE | 53.3 | N-M | PITTSBURGH |
| WNEO PBS | 45.1 | E | ALLIANCE |
| WNEO Fusion | 45.2 | E-M | ALLIANCE |
| FNX | 45.3 | E-M | ALLIANCE |

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|---|---|---|
| | MASSILLON CABLE TV, INC. | 2588 |

## G

**Primary Transmitters: Television**

**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.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

• Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
|---|---|---|---|
| WQED PBS Kids | 13.5 | E-M | PITTSBURGH |
| WBCB CW | 21.2 | N-M | YOUNGSTOWN |
| WYFX MY NETWORK | 62.2 | N-M | YOUNGSTOWN |
| WFMJ NBC | 21.1 | N | YOUNGSTOWN |
| WKBN CBS | 27.1 | N | YOUNGSTOWN |
| WYTV ABC | 33.1 | N | YOUNGSTOWN |
| WYFX FOX | 62.1 | N | YOUNGSTOWN |
| WVPB PBS | 24.1 | E | WHEELING |
| WVPB West Virginia | 24.2 | E-M | WHEELING |
| WVPB PBS Kids | 24.3 | E-M | WHEELING |
| WYFX Bounce | 62.4 | N-M | YOUNGSTOWN |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

LEGAL NAME OF OWNER OF CABLE SYSTEM: **SYSTEM ID#**

**MASSILLON CABLE TV, INC.** **2588**

**H**

**Primary Transmitters: Radio**

**PRIMARY TRANSMITTERS: RADIO**

**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 receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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 Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 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 | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**Name**

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**MASSILLON CABLE TV, INC.**

**SYSTEM ID#**
**2588**

**I**

**Substitute Carriage: Special Statement and Program Log**

## 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 in the paper SA1-2 form.

### 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE

• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? [ ] **YES** [X] **NO**

**Note:** If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.

### 2. LOG OF SUBSTITUTE PROGRAMS

**In General:** List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.

**Column 1:** Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."

**Column 2:** If the program was broadcast live, enter "Yes." Otherwise enter "No."

**Column 3**: Give the call sign of the station broadcasting the substitute program.

**Column 4:** Give the broadcast 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).

**Column 5:** Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."

**Column 6:** State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."

**Column 7:** Enter the letter "R" if the listed program was substituted for programming that your system was *required* to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.

| SUBSTITUTE PROGRAM | | | | WHEN SUBSTITUTE CARRIAGE OCCURRED | | | 7. REASON FOR DELETION |
|---|---|---|---|---|---|---|---|
| 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TIMES FROM | TO | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**Name**

LEGAL NAME OF OWNER OF CABLE SYSTEM: **MASSILLON CABLE TV, INC.**

**SYSTEM ID# 2588**

## 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 . . . . . **9-17 & 0 - IPTV ONLY**

2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . . . . . **65-86 & 0 - IPTV ONLY**

## N Individual to Be Contacted for Further Information

**INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED** (Identify an individual to whom we can contact about this statement of account.)

Name **KATHERINE GESSNER** Telephone **330-833-5509**

Address **814 CABLE CT NW PO BOX 1000**
(Number, street, rural route, apartment, or suite number)

**MASSILLON, OH 44648**
(City, town, state, zip)

Email Fax (optional)

## O Certification

**CERTIFICATION** (This statement of account must be certified and signed in accordance with Copyright Office regulations)

• **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)]

X /S/ KATHERINE GESSNER

Enter an electronic signature on the line above to certify this statement.
Enter signature using an "/s/ signature" (e.g., /s/ John Smith)

Typed or printed name: **KATHERINE GESSNER**

Title: **PRESIDENT**
(Title of official position held in corporation or partnership)

Date: August 22, 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 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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: **SYSTEM ID#**

**MASSILLON CABLE TV, INC.** **2588**

## SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS

**P**

**Special Statement Concerning Gross Receipts Exclusion**

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?

[X] NO

[ ] YES. Enter the total here and list the satellite carrier(s) below. . . . . $

| | |
|---|---|
| Name | Name |
| Mailing Address | Mailing Address |

## INTEREST ASSESSMENT

**Q**

**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

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.* For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.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

**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 Transission 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 |

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