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						
09/29/2017	\$ ALLOCATION NUMBER						

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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31  Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		COMMZOOM COMMUNICATIONS, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM  2438 BOARDWALK ST
		(Number, street, rural route, apartment, or suite number)
		SAN ANTONIO, TX 78217 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	<u> </u>	COMMZOOM
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGI SYSTEM I								
Name										
	COMMZOOM COMMUNICATIONS, LLC	221								
D	Instructions: List each separate community served by the cable system. A "comn "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings	d communities within unincorporated areas and including single ou list will serve as a form of system identification hereafter kno								
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the									
Served	identified city.									
	CITY OR TOWN	STATE								
First	DEVINE	TX								
Community	LYTLE	TX								
	NATALIA	TX								
Rows as Necessary										

Accounting Period: 2017/1 FORM SA1-2F PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 22162

# E

#### Secondary **Transmission** Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**COMMZOOM COMMUNICATIONS, LLC** 

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.

BL	OCK 1	BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
<ul> <li>Service to first set</li> </ul>	30	66.38					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel	9	66.38					
Commercial							
Converter							
Residential							
Non-residential							
		T					

# 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 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
Pay cable	13.95	Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		
Fire protection		• Pay cable		
•Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set	100.00	Burglar protection		
Additional set(s)		Other services:		
FM radio (if separate rate)		Reconnect		
Converter		Disconnect		
		Outlet relocation		
		Move to new address		

Accounting Period: 2017/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 22162

4. LOCATION OF STATION

SAN ANTONIO, TX

## COMMZOOM COMMUNICATIONS, LLC

G

# Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

**KABB** 

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.

2. B'CAST CHANNEL NUMBER

29

**KENS** 5 N-M SAN ANTONIO, TX **KHCE** 23 Ε SAN ANTONIO, TX 9 Ε **KLRN** SAN ANTONIO, TX WOAI N-M 4 SAN ANTONIO, TX **KPXL** 26 I **UVALDE, TX KMYS** 35 ı KERRVILLE, TX 12 **KSAT** N-M SAN ANTONIO, TX **KVDA** 60 N-M SAN ANTONIO, TX **KWEX** 41 N-M SAN ANTONIO, TX **KCWX** 2 FREDERICKSBURG, TX

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **COMMZOOM COMMUNICATIONS, LLC**

22162

#### 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.

Н

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.

Primary Transmitters: Radio

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
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Accounting Perio	d: 2017/1						FOR	M SA1-2E. PAGE 5.				
-	LEGAL NAME OF OWNER OF			SYSTEM ID#								
Name	COMMZOOM COMMUN	NICATION	IS, LLC					22162				
	SUBSTITUTE CAPPIAGE	E. SDECIA	I STATEME	NT AND PROGRAM I	)G							
Substitute	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 substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2											
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE											
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program											
Statement and Program Log	and based each burg distant station?											
0 0	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 and regulations in											
	effect on October 19, 1976.											
						EN SUBSTI	TUTE					
	s	UBSTITUT	E PROGRAM	1		JRRED	7. REASON FOR					
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		MES - TO	DELETION				
		Tes of No	CALL SIGN	4. STATION'S LOCATION	ANDDAT	I KOW -	- 10					
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ccounting Period:	2017/1	FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMZOOM COMMUNICATIONS, LLC	S	2216
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	nsmission servi nis amount, see	8,874.23
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		
	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 accounting period is \$52.00	r this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$	0.06
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.06
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137		
	1. Base amount under statutory formula	<u> </u>	
	Enter amount of gross receipts from space K	<u>_</u>	
	3. Subtract line 2 from line 1	_	
	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 \$52	27,600)	
	Enter the amount of gross receipts from space K		
	Base amount under statutory formula	_	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01	_	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	•	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.06	
Due	Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.06
	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more information.		jhts!

: 2017/1											FORM SA	1-2E. PAGE 7
											S	YSTEM ID# 22162
to its subscribers, a  1. Enter the total nu system carried tel  2. Enter the total nu on which the cabl	and (2) the cable system's to umber of channels on which levision broadcast stations. umber of activated channels e system carried television	otal numbers the cable	e	tivated chann	nels during the	e acc	counting perio				10	
			RMATIO	ON IS NEEDI	ED (Identify a	n indi	ividual to wh	om				
Name	JACOB T. GRAY							Telephon	e <b>210-7</b>	36-3376	6, EXT 1004	1
(I	Number, street, rural route, apartn	ment, or suit	ite numbe	r)								
Email		оом.со	DM				Fax (option	al) 210-403-2	688			
Owner of (Agent of in line)  X (Officer in line)  I have examined the are true, complete, a	hereby certify that (Check on other than corporation or parties 1 of space B and that the over partner) I am an officer (if e 1 of space B.  e statement of account and hand correct to the best of my 1 (1001(1986))]  Typed or printed  Title:	tion or partwer is not fa corporate knowledge  Enter an e Enter sign  name:	y one, o p) I am the artnersh of a corporation) or clare under, informature under the properties of th	f the boxes.)  the owner of the owner of the owner of the owner of the oration or particle a partner (if a partner (if a der penalty of nation, and before the owner of the owner ow	e cable syster uly authorized nership; or partnership) of law that all sta ief, and are m	m as i	identified in li	ne 1 of space or of the cable dentified as ow intained herein	B; or system as		em	
	LEGAL NAME OF OW COMMZOOM CO  CHANNELS Instructions: You to its subscribers, at 1. Enter the total number of the cable and nonbroadcas  INDIVIDUAL TO Be we can contact about the cable and nonbroadcas  INDIVIDUAL TO Be we can contact about the cable and nonbroadcas  CERTIFICATION (The capital of the capita	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMZOOM COMMUNICATIONS, LLC  CHANNELS Instructions: You must give (1) the number of to its subscribers, and (2) the cable system's to to its subscribers, and (2) the cable system's to the system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television and nonbroadcast services	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMZOOM COMMUNICATIONS, LLC  CHANNELS Instructions: You must give (1) the number of channel to its subscribers, and (2) the cable system's total numb.  1. Enter the total number of channels on which the cable system carried television broadcast stations	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMZOOM COMMUNICATIONS, LLC  CHANNELS Instructions: You must give (1) the number of channels on wh to its subscribers, and (2) the cable system's total number of activated channels on which the cable system carried television broadcast stations	CHANNELS Instructions: You must give (1) the number of channels on which the cable to its subscribers, and (2) the cable system's total number of activated channels.  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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEED two can contact about this statement of account.)  Name  JACOB T. GRAY  Address  2438 BOARDWALK ST (Number, street, rural route, apartment, or suite number)  SAN ANTONIO, TX 78217 (City, town, state, zip)  Email  CFO@COMMZOOM.COM  CERTIFICATION (This statement of account must be certified and signed in a in line 1 of space B and that the owner is not a corporation or part in line 1 of space B and that the owner is not a corporation or part in line 1 of space B.  1 I have examined the statement of account and hereby declare under penalty of are true, complete, and correct to the best of my knowledge, information, and be [18 U.S.C., Section 1001(1986)]  X /s/ JACOB T. G.  Enter an electronic signature or Enter signature using an "/s/ signature using an	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMZOOM COMMUNICATIONS, LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carriet to its subscribers, and (2) the cable system's total number of activated channels during the system carried television broadcast stations.  1. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  2. Enter the total number of activated television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify a we can contact about this statement of account.)  Name  JACOB T. GRAY  Address  2438 BOARDWALK ST (Number, street, rural route, apartment, or suite number)  SAN ANTONIO, TX 78217  (City. town, state, zpp)  Email  CFO@COMMZOOM.COM  CERTIFICATION (This statement of account must be certified and signed in accordance we in line 1 of space B and that the owner is not a corporation or partmership) I am the duly authorized in line 1 of space B and that the owner is not a corporation or partmership, or in line 1 of space B.  1 I have examined the statement of account and hereby declare under penalty of law that all stare true, complete, and correct to the best of my knowledge, information, and belief, and are in [18 U.S.C., Section 1001(1986)]  X /s/ JACOB T. GRAY  Title:  CFO/COO  (Title of official position held in corporation or partmership)  Title:  CFO/COO  (Title of official position held in corporation or partmership)	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMZOOM COMMUNICATIONS, LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried tel to its subscribers, and (2) the cable system's total number of activated channels during the acc 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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an indiversion contact about this statement of account.)  Name  JACOB T. GRAY  Address  2438 BOARDWALK ST (Number, street, corni route, apariment, or suite number)  SAN ANTONIO, TX 78217  (City, town, state, zip)  Email  CFO@COMMZOOM.COM  CERTIFICATION (This statement of account must be certified and signed in accordance with Country of the cable system as a comparation of partnership) I am the duly authorized ager 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 inline 1 of space B.  1 have examined the statement of account and hereby declare under penalty of law that all statement are true, complete, and correct to the best of my knowledge, information, and belief, and are made in line 4 complete, and correct to the best of my knowledge, information, and belief, and are made in 18 U.S.C., Section 1001(1986))  Typed or printed name:  JACOB T. GRAY  Title:  CFO/COO  (Title of official position held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMZOOM COMMUNICATIONS, LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broat to its subscribers, and (2) the cable system's total number of activated channels during the accounting period to its subscribers, and (2) the cable system's total number of activated channels during the accounting period its subscribers, and (2) 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  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whe we can contact about this statement of account.)  Name  JACOB T. GRAY  Address  2438 BOARDWALK ST  (Number, steet, rusal route, apartment, or sude number)  SAN ANTONIO, TX 78217  (Cay, town, stetus, ze)  Email  CFO@COMMZOOM.COM  Fax (option  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office  1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the duty authorized agent of the owner in line 1 of space B and that the owner is not a corporation or partnership, or  X (Officer or partners) I am an officer (if a corporation or partnership) of the legal entity is in line 1 of space B.  1 I have examined the statement of account and hereby declare under penalty of law that all statements of fact or are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [Typed or printed name:  JACOB T. GRAY  Title:  CFO/COO  (Title of official position held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM:  COMMUNICATIONS, LLC  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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  JACOB T. GRAY  Telephon  Address  Address  SAN ANTONION, TX 78217  (Cs), town, state, app)  Email  CFO@COMMZOOM.COM  Fax (optional) 210.403.20  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations in line 1 of space B and that the owner is not a corporation or partnership) I am the owner of the cable system as identified in line 1 of space I (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I (Agent of owner other than corporation or partnership) I am 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 the legal entity identified as ow in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as ow in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as ow in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as ow in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as ow in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as ow in line 1 of space B and that th	LEGAL NAME OF OWNER OF CABLE SYSTEM.  COMMUNICATIONS, LLC  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. Einer 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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  JACOB T. GRAY  Telephone 210-7  Address  2438 BOARDWALK ST (Winther, street, run) rouls, apertment, or suite number)  SAN ANTONIO, TX 78217 (City, town, state, z.c)  Email  CFO@COMMAZOOM.COM  Fax (optional) 210-403-2688  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 duly authorized agent of the owner of the cable system as 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 partnership; or the legal entity identified as owner of the in line 1 of space B and that the owner is not a corporation or partnership; or the legal entity identified as owner of the in line 1 of space B and that the owner is not a corporation or partnership; or the legal entity identified as owner of the in line 1 of space B and that the owner is not a corporation or partnership; or the legal entity identified as owner of the in line 1 of space B and that the owner is not a corporation or partnership; or the legal entity identified as owner of the in line 1 of space B.  * I have examined the statement of account and hereby declare under penalty of law that all s	LECAL NAME OF OWNER OF CABLE 9YSTEM COMMZOOM COMMUNICATIONS, LLC  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 total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable systems carried television broadcast stations on which the total number of advances stations and nonbroadcast stations on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  JACOB T. GRAY  Telephone 210-736-3376  Address  2438 BOARDWALK ST (Purses: steel, rural roots, partment of subservment)  SAN ANTONIO, TX 78217  (Chy, team steels and)  Email  CFO@COMMZCOM.COM  Fax (optional) 210-403-2688  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  1. It 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 dust authorized agent of the owner of the cable system in line 1 of space B and that the common in not a corporation or partnership) of the legal entity identified as owner of the cable syst in line 1 of space B and that the common in an accordance or partnership) of the legal entity identified as owner of the cable syst in line 1 of space B and that the common in not a corporation or partnership of the legal entity identified as owner of the cable syst in line 1 of space B and that the common in not a corporation or partnership of the legal entity identified as owner of the cable syst in line 1 of space B and that the common in not a corporation, and belief, and are made in good faith.  1 have examined	LECAL NAME OF OWNER OF CASLE SYSTEM COMMONDO COMMUNICATIONS, LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried tolevision broadcast stations to its subscribers, and (2) the cable systems to tols immore of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried fallevision broadcast stations or which the cable system carried fallevision broadcast stations and nontribudousle services.  2. Enter the total number of activated channels or which the cable system carried fallevision broadcast stations and nontribudousle services.  160  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.)  Name  JACOB.T. GRAY  Telephone 219.736-3376, EXT 100:  Address  233 BOARDWALK ST (Cyr. Insert State 20)  Email  CFORCOMMIZOON.COM  Fox (optional) 210-403-5688  Fox (optional) 210-403-5688  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  - 1, the undessigned, hereby certify that (Check one, fox 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 8, or  In line 1 of space 8 and that the owner in one or partnership) of the legal entity identified as owner of the cable system in line 1 of space 8.  - 1 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 bellef, and are made in good faith.  Typed or printed name:  X / S/ JACOB T. GRAY  Title:  CFORCOO  (Title or offer printed name:  JACOB T. GRAY

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 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

counting Period: 2017/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
OMMZOOM COMMUNICATIONS, LLC	22162
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."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x 1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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 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	

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