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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

SA3E Long Form

Return completed workbook by email to:

<u>coplicsoa@loc.gov</u>

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:										
Accounting Period	2019/2										
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 corpo rate 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 submi a single statement of account and royalty fee payment covering the entire accounting perioo 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										
	Consolidated Cmmunications of Florida Co (fka: G	TC, Inc)									
	Consolidated Communications										
				63103	2019/2						
	121 S 17th Street Mattoon, IL 61938										
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address o										
System	1 IDENTIFICATION OF CABLE SYSTEM:										
	MAILING ADDRESS OF CABLE SYSTEM:										
	2 (Number, street, rural route, apartment, or suite number)										
	(City, town, state, zip code)										
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst comm	nunity served below and rel	ist on page	e 1b						
Area	with all communities.										
Served	CITY OR TOWN	STATE									
First	Port St Joe	FL									
Community	Below is a sample for reporting communities if you report multiple ch	i									
	CITY OR TOWN (SAMPLE) Alda	STATE	CH LINE UP	SUB	GRP#						
Sample	Alliance	MD MD	A B		2						
	Gering	MD	B		3						
form in order to pro numbers. By provid search reports prep	e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect occess your statement of account. PII is any personal information that can be used to identify ting PII, you are agreeing to the routine use of it to establish and maintain a public record, occered for the public. The effect of not providing the PII requested is that it may delay proces of statements of account, and it may affect the legal sufficiency of the fling, a determination of the statements of account, and it may affect the legal sufficiency of the fling, a determination of the statements of account.	y or trace an individual, s which includes appearing ssing of your statement of	such as name, address and teleph g in the Offce's public indexes and of account and its placement in the	ione 1 in							

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2/28/2020

FORM SA3E. PAGE 1b.									
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
Consolidated Cmmunications of Florida Co (fka: GTC, Inc)			63103						
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 frst 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 hom below the identified city or town.	e parks should b	e reported in pare	ntheses						
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9).	e column blank. I	f you report any st	ations						
When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber gro								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
Port St Joe Mexico Beach	FL FL	AA AA	1	First Community					
Wewahitchka	FL	AA	1	,					
Altha	FL	AA	1						
Blountstown	FL	AA	1						
Tyndall AFB	FL	AA	1	See instructions for					
Bristol	FL	AA	1	additional information					
Hosford	FL	AA	1	on alphabetization.					
Apalachicola	FL	AA	1						
Carrabelle	FL	AA	1						
St George Island	FL	AA	- 1						
Eastpoint	FL		1	Add rows as necessary					
Perry	FL	AC	3						
Chattahoochee	FL	AC	3						
		AD	2						
		n							
				1					

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Ν.	LEGAL NAME OF OWNER OF CABL	E SYSTEM:						S	YSTEM ID			
Name	Consolidated Cmmunic	ations of F	lorida	Co (fka: GT	C, Inc)				6310			
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND RA	ATES							
E	In General: The information in s											
	system, that is, the retransmission											
Secondary	about other services (including p						those exist	ng on the				
Transmission			June 30 or December 31, as the case may be). blocks in space E call for the number of subscribers to the cable system, broken									
Service: Sub- scribers and												
Rates	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 category, but do not include disc Block 1: In the left-hand block	counts allowed	for adv	ance payment.	•							
	systems most commonly provide											
	that applies to your system. Not											
	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, t with the number of subscribers a											
	sufficient.		e ngnt-i	TATIC DIOCK. A IN		e-word descript						
		OCK 1					BLOC	K 2				
		NO. OF	-				0200	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RATE			
	Residential:											
	 Service to first set 		77	\$ 43.95	Expande	ed Tier		1,116	\$ 77.4			
	 Service to additional set(s) 				Ultimate	Tier		301	\$ 87.4			
	 FM radio (if separate rate) 											
	Motel, hotel											
	Commercial											
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s							
-	In General: Space F calls for ra	-			-	ll your cable sys	stem's serv	ices that were				
F	not covered in space E, that is, t	hose services	that are	e not offered in a	combinatio	on with any seco	ondary tran	smission				
	service for a single fee. There a											
Services	furnished at cost or (2) services											
Other Than	amount of the charge and the ur		usually	/ billed. If any ra	ates are ch	arged on a vari	able per-pr	ogram basis,				
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		the cab	le system for ea	ch of the :	applicable servi	ces listed					
Rates	Block 2: List any services that							were not				
	listed in block 1 and for which a											
	brief (two- or three-word) descrip	otion and inclue	de the r	ate for each.								
		BLO						BLOCK 2				
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE			
	Continuing Services:			ation: Non-res			CAILOC	INT OF SERVICE				
	• Pay cable			otel, hotel	laonnai		Ultimate	Movie Pack	\$ 49.0			
	Pay cable—add'l channel			ommercial				ital Suite	\$ 43.0			
			-	y cable			Movie Pa		\$ 10.0			
	Fire protection	1			annel			Digital Suite	\$ 22.0			
	Fire protection Burglar protection						UniendX		J J L.U			
	•Burglar protection			y cable-add'l ch			Starz/E-					
	•Burglar protection Installation: Residential	¢ 50.00	• Fir	e protection				core Digital Ste	\$ 12.0			
	•Burglar protection Installation: Residential • First set	\$ 50.00	• Fir • Bu	e protection Irglar protection					\$ 12.0			
	•Burglar protection Installation: Residential • First set • Additional set(s)	\$ 50.00 \$ 50.00	• Fir • Bu Other	e protection Irglar protection services:				core Digital Ste	\$ 12.0			
	•Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Fir • Bu Other • Re	e protection Irglar protection services: econnect		\$ 30.00		core Digital Ste	\$ 12.0			
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Fir • Bu Other • Re • Dis	e protection Irglar protection services: connect sconnect		\$ 30.00		core Digital Ste	\$ 12.0			
	•Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Fir • Bu Other • Re • Dis • Ou	e protection Irglar protection services: econnect		\$ 30.00 \$ 50.00		core Digital Ste	\$ 12.0			

LEGAL NAME OF OWN	IER OF CABLE S	/STEM:			SYSTEM ID#		
Consolidated C	mmunicati	ons of Flor	ida Co (fka:	GTC, Inc)	63103	Name	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON					
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 specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licenss on which your cable sy Column 3: Indicate educational station, by (for independent multicated For the meaning of the Column 5: If you has cable system carried th carried the distant statate For the retransmission a written agreement the cable system and a tion "E" (exempt). For a explanation of these th Column 6: Give the 	2C rules, regula here in space only on a subs and also in spa formation cond rm. th station's call associated witi -2". Simulcast e channel numl se. For example stem carried th e neach case of e entering the le cast), "E" (for n se terms, see ation is outside ce area, see p ave entered "Y the distant statio ion on a part-tii ion of a distant e entered into o a primary trans simulcasts, also ree categories e location of eat	ations, or auth G—but do lisi titute basis. ace I, if the sta- serning substit sign. Do not r h a station acc streams must ber the FCC h e, WRC is Cha- ne station. whether the st etter "N" (for mo- oncommercial page (v) of the table local serv- age (v) of the ess" in column on during the a- multicast strea n or before Ju mitter or an a- po enter "E". If , see page (v)	orizations: t it in space I (th ation was carried tute basis station report origination cording to its ove be reported in or as assigned to t annel 4 in Wash cation is a netwo etwork), "N-M" (' I educational), o e general instruct 4, you must cor accounting perio ause of lack of a sam that is not s ine 30, 2009, be ssociation repre you carried the of the general in r U.S. stations,	e Special Statem d both on a substi- ns, see page (v) of er-the-air designa- column 1 (list eac the television stat ington, D.C. This rk station, an inde for network multion r "E-M" (for nonco- ctions located in the nplete column 5, od. Indicate by en- ictivated channel ubject to a royalty senting the prima channel on any o instructions located list the community	ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial east), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	Television	
Note: If you are utilizir	ig multiple chai	•	•		channel line-up.	_	
		CHANN	EL LINE-UP	AA		_	
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	_	
WECP (CBS)	4	N	No		Panama City, FL		
WJHG (NBC)	7	N	No		Panama City, FL	See instructions for	
WJHG (CW)	9	I	No		Panama City, FL	additional information	
WFSU (PBS)	11	Е	No		Panama City, FL	on alphabetization.	
WPGX (FOX)	12	I	No		Panama City, FL		
WMBB (ABC)	13	N	No		Panama City, FL		
WJHG (MyNet)	16	I	No		Panama City, FL		
						m	

FORM SA3E. PAGE 3.

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	NER OF CABLE SY	/STEM:			SYSTEM ID#	
Consolidated (Cmmunicatio	ons of Flor	ida Co (fka:	GTC, Inc)	63103	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
In General: In space (carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 for Column 1: List ead cach multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the ts community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st column 5: If you h cable system carried t carried the distant stat For the retransmiss	G, identify even system during ti itions in effect or 6.61(e)(2) and (sis, as explaine Stations: With n CC rules, regula in here in space only on a subs and also in spa formation concor- orm. ch station's call associated with A-2". Simulcast e channel numb se. For example ystem carried th a in each case w y entering the le cast), "E" (for n ese terms, see p fation is outside ice area, see pa iave entered "Yt he distant statiot ison of a distant	y television sta he accounting n June 24, 194 4), or 76.63 (r d in the next p respect to any ations, or auth G—but do list titute basis. ace I, if the sta serning substit sign. Do not r h a station acc streams must ber the FCC h e, WRC is Cha ne station. whether the st tter "N" (for monomercial page (v) of the the local serv age (v) of the es" in column on during the a multicast stree	period, except B1, permitting the eferring to 76.6 varagraph. distant stations orizations: it in space I (the tion was carried ute basis station eport origination cording to its ow be reported in or as assigned to funnel 4 in Wash ation is a network), "N-M" (educational), o general instruct dice area, (i.e. "co general instruct 4, you must con accounting perior use of lack of a am that is not s	(1) stations carrie the carriage of cert 1(e)(2) and (4))]; a s carried by your of the Special Statem d both on a substi- ns, see page (v) of the regram service er-the-air designa column 1 (list each the television stat ington, D.C. This or the television stat ington, D.C. This of network multic or "E-M" (for nonce the television stat ington, D.C. This of network multic for network multic or "E-M" (for nonce the television stat ington, D.C. This of network multic for network multic or "E-M" (for nonce the television stat ington, D.C. This of network multic for network multic or "E-M" (for nonce the television stat ington, D.C. This of network multic for network multic or "E-M" (for nonce the television stat ington, D.C. This of network multic or "E-M" (for nonce the television stat ington, D.C. This of network multic or "E-M" (for nonce the television stat ington, D.C. This of network multic or "E-M" (for nonce the television stat ington, D.C. This of network multic or "E-M" (for nonce the television stat ington, D.C. This of network multic or "E-M" (for nonce the television stat ington, D.C. This of network multic or "E-M" (for nonce the television stat ington, D.C. This of network multic or "Ye in the television stat ington stat	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	G Primary Transmitter Television
				•		
the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or (simulcasts, also nree categories e location of ea Canadian statio	o enter "E". If ; , see page (v) ch station. Fo ns, if any, give nnel line-ups,	you carried the of the general is U.S. stations, the name of the use a separate	channel on any or instructions locate list the community ne community with space G for each	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	
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LEGAL NAME OF OWNER OF CABLE SYSTEM:					SYSTEM ID#		
Consolidated	Consolidated Cmmunications of Florida Co (fka: GTC, Inc)					Name	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON					
carried by your cable FCC rules and regular 76.59(d)(2) and (4), 74 substitute program ba Substitute Basis basis under specifc F(• Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List ear each multicast stream cast stream as "WET/ WETA-simulcast). Column 2: Give th	system during the system of 6.61(e)(2) and (1) sis, as explaine Stations: With the system of the	he accounting n June 24, 19 4), or 76.63 (r d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta ærning substit sign. Do not r h a station ac streams must per the FCC h	g period, except 81, permitting th referring to 76.6 paragraph. / distant stations orizations: t it in space I (th ation was carried tute basis station report origination cording to its over the reported in or mas assigned to	(1) stations carrie ac carriage of certa 1(e)(2) and (4))]; a s carried by your c as Special Stateme d both on a substit ns, see page (v) o n program service er-the-air designa column 1 (list each the television stati	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a vable system on a substitute program ent and Program Log)—if the stute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example ion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters Television	
educational station, by (for independent multi For the meaning of the Column 4: If the si planation of local serv Column 5: If you h cable system carried the distant sta For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	y entering the le icast), "E" (for mese terms, see plation is outside ice area, see pa have entered "Yu the distant static tion on a part-tin sion of a distant t entered into or a primary trans simulcasts, also hree categories e location of ea Canadian statio	tter "N" (for n oncommercia page (v) of the the local served age (v) of the es" in column on during the me basis beca multicast strate n or before Ju mitter or an a po enter "E". If , see page (v) ch station. For ns, if any, giv	etwork), "N-M" (I educational), o e general instruct vice area, (i.e. "c general instruct 4, you must cor accounting perio ause of lack of a eam that is not s ine 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, e the name of th	for network multic or "E-M" (for nonco- ctions located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by en- ictivated channel of subject to a royalty etween a cable sys senting the prima- channel on any of instructions locate list the community me community with	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.		
		CHANN	EL LINE-UP	AC		-	
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		
WCTV (CBS)	6	N	No		Tallahassee, FL		
WTXL (ABC)	7	N	No		Tallahassee, FL		
WFSU (PBS) T	11	Е	Yes	0	Tallahassee, FL		
WTWC2 (FOX)	12	I	No		Tallahassee, FL		
WTWC (NBC)	13	N	No		Tallahassee, FL		
	13		NU				

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FORM SA3E. PAGE 3.								
LEGAL NAME OF OV					SYSTEM ID#	Name		
Consolidated	Consolidated Cmmunications of Florida Co (fka: GTC, Inc) 63103							
PRIMARY TRANSMIT	TERS: TELEVISIO	NC						
carried by your cable FCC rules and regula	e system during t ations in effect o 76.61(e)(2) and (he accounting n June 24, 19 (4), or 76.63 (i	g period, except 81, permitting th referring to 76.6	(1) stations carrie	and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:		
				s carried by your c	able system on a substitute program	Television		
	on here in space	G-but do lis		e Special Statem	ent and Program Log)—if the			
	e, and also in spa information cond	ace I, if the sta			tute basis and also on some other f the general instructions located			
Column 1: List ea each multicast strear cast stream as "WET WETA-simulcast).	ach station's call n associated wit ʿA-2". Simulcast	h a station ac streams must	cording to its over t be reported in o	er-the-air designa column 1 (list eacl	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example			
	nse. For example	e, WRC is Ch	•		ion for broadcasting over-the-air in may be different from the channel			
Column 3: Indica educational station, t (for independent mul For the meaning of th	te in each case v by entering the le ticast), "E" (for n nese terms, see	whether the st etter "N" (for n oncommercia page (v) of th	etwork), "N-M" (I educational), o e general instrue	for network multic or "E-M" (for nonco ctions located in th				
planation of local ser Column 5: If you cable system carried carried the distant sta	vice area, see p have entered "Y the distant station ation on a part-ti	age (v) of the es" in column on during the me basis beca	general instruct 4, you must cor accounting perio ause of lack of a	ions located in the mplete column 5, pd. Indicate by en activated channel o	stating the basis on which your tering "LAC" if your cable system			
the cable system and tion "E" (exempt). Fo explanation of these Column 6: Give t	a primary trans r simulcasts, als three categories he location of ea Canadian static	mitter or an a o enter "E". If , see page (v) ach station. Fo ons, if any, giv	ssociation repre you carried the) of the general i or U.S. stations, re the name of th	senting the prima channel on any of instructions locate list the community ne community with	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up.			
		CHANN	EL LINE-UP	AD				
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			

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FORM SA3E. PAGE 3.								
LEGAL NAME OF OV					SYSTEM ID#	Name		
Consolidated	Consolidated Cmmunications of Florida Co (fka: GTC, Inc) 63103							
PRIMARY TRANSMIT	TERS: TELEVISIO	NC						
carried by your cable FCC rules and regula	e system during t ations in effect o 76.61(e)(2) and (he accounting n June 24, 19 (4), or 76.63 (i	g period, except 81, permitting th referring to 76.6	(1) stations carrie	and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:		
				s carried by your c	able system on a substitute program	Television		
	on here in space	G-but do lis		e Special Statem	ent and Program Log)—if the			
	e, and also in spa information cond	ace I, if the sta			tute basis and also on some other f the general instructions located			
Column 1: List ea each multicast strear cast stream as "WET WETA-simulcast).	ach station's call n associated wit ʿA-2". Simulcast	h a station ac streams must	cording to its over t be reported in o	er-the-air designa column 1 (list eacl	s such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example			
	nse. For example	e, WRC is Ch	•		ion for broadcasting over-the-air in may be different from the channel			
Column 3: Indica educational station, t (for independent mul For the meaning of th	te in each case v by entering the le ticast), "E" (for n nese terms, see	whether the st etter "N" (for n oncommercia page (v) of th	etwork), "N-M" (I educational), o e general instrue	for network multic or "E-M" (for nonco ctions located in th				
planation of local ser Column 5: If you cable system carried carried the distant sta	vice area, see p have entered "Y the distant station ation on a part-ti	age (v) of the es" in column on during the me basis beca	general instruct 4, you must cor accounting perio ause of lack of a	ions located in the mplete column 5, od. Indicate by en activated channel o	stating the basis on which your tering "LAC" if your cable system			
the cable system and tion "E" (exempt). Fo explanation of these Column 6: Give t	a primary trans r simulcasts, als three categories he location of ea Canadian static	mitter or an a o enter "E". If , see page (v) ach station. Fo ons, if any, giv	ssociation repre you carried the) of the general i or U.S. stations, re the name of th	esenting the prima channel on any of instructions locate list the community ne community with	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up.			
		CHANN	EL LINE-UP	AE				
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			

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FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN					SYSTEM ID#	Name			
Consolidated C	Cmmunicatio	ons of Flor	rida Co (fka:	GTC, Inc)	63103				
PRIMARY TRANSMITTE	ERS: TELEVISIO	DN							
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 specifc FC Do not list the station station was carried List the station here, a 	CC rules, regula here in space only on a subs and also in spa formation conc	itions, or auth G—but do lis titute basis ice I, if the sta	orizations: t it in space I (th ation was carried	e Special Stateme d both on a substit	able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located	Television			
each multicast stream	associated with	n a station ac	cording to its over	er-the-air designat	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example				
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 servit Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For se explanation of these th Column 6: Give the	se. For example ystem carried the e in each case w e entering the le cast), "E" (for no use terms, see p ation is outside ce area, see parte ave entered "Yd he distant static ion on a part-tir ion of a distant e entered into or a primary transp simulcasts, also aree categories, e location of ea Canadian statio	e, WRC is Cha e station. whether the st tter "N" (for mo- procommercia bage (v) of the local served age (v) of the ess" in column on during the multicast street or before Ju mitter or an arbot street of enter "E". If see page (v) ch station. For ns, if any, giv	annel 4 in Wash tation is a netwo etwork), "N-M" (' I educational), o e general instruct vice area, (i.e. "c general instruct 4, you must cor accounting perio ause of lack of a eam that is not s ine 30, 2009, be ssociation repre you carried the of the general i or U.S. stations, e the name of th	ington, D.C. This in rk station, an inder for network multica or "E-M" (for nonco- ctions located in the distant"), enter "Ye ions located in the mplete column 5, so od. Indicate by ent inctivated channel or subject to a royalty stween a cable sys- senting the primar channel on any ot instructions locate list the community me community with	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.				
		CHANN	EL LINE-UP	AF					
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				
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN				070 1)	SYSTEM ID#	Name
Consolidated C			rida Co (fka:	GIC, Inc)	63103	
PRIMARY TRANSMITTE						
					and low power television stations) ad only on a part-time basis under	G
	, ,			· · /	ain network programs [sections	
		, , ,	-	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary
substitute program bas Substitute Basis S				s carried by your o	able system on a substitute program	Transmitters Television
basis under specifc FC		• •		s canned by your c	able system on a substitute program	Television
			t it in space I (th	e Special Statem	ent and Program Log)—if the	
station was carried I ist the station here			ation was carried	d both on a substit	tute basis and also on some other	
basis. For further in	formation conc				f the general instructions located	
in the paper SA3 fo Column 1: List eac		sian Do not r	report origination	n program service	s such as HBO, ESPN, etc. Identify	
		-			tion. For example, report multi-	
	-2". Simulcast	streams must	t be reported in o	column 1 (list eacl	h stream separately; for example	
NETA-simulcast). Column 2: Give the	e channel numl	ber the FCC h	has assigned to t	the television stat	ion for broadcasting over-the-air in	
			-		may be different from the channel	
on which your cable sy						
					ependent station, or a noncommercial ast), "I" (for independent), "I-M"	
					ommercial educational multicast).	
or the meaning of the						
Column 4: If the state clanation of local servi					es". If not, enter "No". For an ex-	
					stating the basis on which your	
•			•	•	tering "LAC" if your cable system	
carried the distant stat	•					
					/ payment because it is the subject stem or an association representing	
-				•	ry transmitter, enter the designa-	
· · /					ther basis, enter "O." For a further	
					ed in the paper SA3 form. / to which the station is licensed by the	
				•	which the station is identifed.	
Note: If you are utilizir	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AG		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
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FORM SA3E. PAGE 3.										
LEGAL NAME OF OWN					SYSTEM ID#	Name				
Consolidated C	mmunicati	ons of Flor	rida Co (fka:	GTC, Inc)	63103					
PRIMARY TRANSMITTE	ERS: TELEVISIO	DN								
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station	n General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections (6.59(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 ubstitute 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 pasis under specifc 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, a basis. For further in in the paper SA3 for Column 1: List eace each multicast stream as "WETA simulcast stream as "WETA VETA-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 staplanation of local servic Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these th Column 6: Give the 	and also in spa formation conc rm. h station's call associated with -2". Simulcast e channel numb ise. For example stem carried th in each case w entering the le cast), "E" (for m ise terms, see p ave entered "Yo he distant static ion of a distant entered into of a primary trans simulcasts, also uree categories e location of ea	ace I, if the stater erning substitu- sign. Do not r in a station acc streams must ber the FCC h e, WRC is Cha- be, WRC is Cha- be station. whether the station. whether the station. whether the station. whether the station on commercial page (v) of the the local serv- age (v) of the ses" in column on during the station multicast stream or before Ju- mitter or an ar- po enter "E". If , see page (v) ch station. For	tute basis station report origination cording to its over be reported in or has assigned to the annel 4 in Wash tation is a netwo etwork), "N-M" (I educational), o e general instruct vice area, (i.e. "co general instruct 4, you must cor accounting period ause of lack of a earn that is not s ine 30, 2009, be ssociation repre- you carried the of the general is r U.S. stations, i	ns, see page (v) of n program services er-the-air designal column 1 (list each the television stati ington, D.C. This is rk station, an inde for network multic; r "E-M" (for nonco- ctions located in the mplete column 5, s od. Indicate by ent ctivated channel c ubject to a royalty tween a cable sys- senting the primar channel on any ot instructions locate list the community	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system					
Note: If you are utilizin	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.					
		CHANN	EL LINE-UP	AH						
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					

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FORM SA3E. PAGE 3.										
LEGAL NAME OF OWN					SYSTEM ID#	Name				
Consolidated C	Cmmunicatio	ons of Flor	rida Co (fka:	GTC, Inc)	63103					
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON								
FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here,	 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 located 									
in the paper SA3 fo		crimig substi		13, 300 page (V) 0						
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 multi For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	associated with -2". Simulcasts e channel numb se. For example ystem carried th in each case w r entering the le cast), "E" (for m ese terms, see ation is outside ce area, see pa ave entered "Yo he distant statio ion of a distant t entered into on a primary trans simulcasts, also mee categories e location of ea Canadian statio	h a station ac streams must ber the FCC h e, WRC is Cha- ne station. whether the st stater "N" (for n oncommercia page (v) of the the local service age (v) of the es" in column on during the me basis beca multicast strea n or before Ju mitter or an a penter "E". If , see page (v) ch station. For uns, if any, giv	cording to its over the reported in or annel 4 in Wash tation is a netwo etwork), "N-M" (I educational), o e general instruct 4, you must cor accounting perior ause of lack of a sam that is not s ine 30, 2009, be ssociation repre you carried the of the general in r U.S. stations, e the name of th	er-the-air designal column 1 (list each the television stati ington, D.C. This rk station, an inde for network multic r "E-M" (for nonco ctions located in the instructions located in the plete column 5, s od. Indicate by ent ctivated channel o ubject to a royalty tween a cable sys senting the primar channel on any ot instructions locate list the community with	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. If to which the station is licensed by the which the station is identifed.					
	.g manipie enai	• •	•							
		CHANN	EL LINE-UP	AI						
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					

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FORM SA3E. PAGE 3.										
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name				
Consolidated C	mmunicati	ons of Flor	rida Co (fka:	GTC, Inc)	63103	Humo				
PRIMARY TRANSMITTE	RS: TELEVISIO	DN .								
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	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 specifc FC	C rules, regula here in space	ations, or auth G—but do lis	orizations:		ent and Program Log)—if the	Television				
 List the station here, 	and also in spa formation conc	ice I, if the sta			ute basis and also on some other f the general instructions located					
each multicast stream cast stream as "WETA	associated with	n a station ac	cording to its over	er-the-air designat	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example					
its community of licens	e. For example	e, WRC is Ch	-		on for broadcasting over-the-air in may be different from the channel					
educational station, by	in each case w entering the le cast), "E" (for ne	whether the st tter "N" (for n oncommercia	etwork), "N-M" ([.] l educational), o	for network multic r "E-M" (for nonco	pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast).					
Column 4: If the sta planation of local servi Column 5: If you ha	ation is outside ce area, see pa ave entered "Ye	the local servage (v) of the es" in column	vice area, (i.e. "c general instructi 4, you must cor	distant"), enter "Ye ions located in the mplete column 5, s	s". If not, enter "No". For an ex-					
carried the distant stati For the retransmiss	ion on a part-tir ion of a distant	me basis beca multicast stre	ause of lack of a eam that is not s	ctivated channel o subject to a royalty	3 1 1					
tion "E" (exempt). For s explanation of these th	simulcasts, also ree categories	o enter "E". If , see page (v)	you carried the) of the general i	channel on any ot instructions locate	y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form.					
	Canadian statio	ns, if any, giv	e the name of th	ne community with	to which the station is licensed by the which the station is identifed. channel line-up.					
		CHANN	EL LINE-UP	AJ						
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					

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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated C	Cmmunicati	ons of Flor	rida Co (fka:	GTC, Inc)	63103	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
carried by your cable s FCC rules and regulati	system during t ions in effect or 6.61(e)(2) and (he accounting n June 24, 19 4), or 76.63 (r	g period, except 81, permitting th referring to 76.6	(1) stations carrie	and low power television stations) ad only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
Substitute Basis S basis under specifc FC				s carried by your c	able system on a substitute program	Television
	here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the	
 List the station here, 	and also in spa formation conc	ace I, if the sta			tute basis and also on some other f the general instructions located	
Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast).	h station's call associated witl 2". Simulcast	h a station ac streams must	cording to its over t be reported in o	er-the-air designa column 1 (list eacl	s such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in	
on which your cable sy	/stem carried th	ne station.		0	may be different from the channel	
educational station, by (for independent multion For the meaning of the	entering the le cast), "E" (for n ese terms, see	etter "N" (for no oncommercia page (v) of the	etwork), "N-M" (l educational), o e general instruc	for network multic or "E-M" (for nonco ctions located in th	ast), "I" (for independent), "I-M" ommercial educational multicast).	
planation of local servi Column 5: If you ha cable system carried th carried the distant stat	ce area, see pa ave entered "Ye he distant statio ion on a part-tii	age (v) of the es" in column on during the me basis beca	general instructi 4, you must cor accounting perio ause of lack of a	ions located in the mplete column 5, s od. Indicate by en activated channel o	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	a primary trans simulcasts, also nee categories e location of ea Canadian statio	mitter or an a o enter "E". If , see page (v) ch station. Fo ons, if any, giv	ssociation repre you carried the) of the general i or U.S. stations, e the name of th	senting the prima channel on any of instructions locate list the community ne community with	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. It to which the station is licensed by the which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AK		
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	

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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated C	mmunicatio	ons of Flor	ida Co (fka:	GTC, Inc)	63103	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during the ons in effect or 6.61(e)(2) and (sis, as explaine fitations: With r	he accounting n June 24, 19 4), or 76.63 (r d in the next prespect to any	period, except 81, permitting th referring to 76.6 paragraph. v distant stations	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
	here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the	
• List the station here, basis. For further in in the paper SA3 fo	and also in spa formation conc rm.	ace I, if the sta erning substit	ute basis statio	ns, see page (v) of	ute basis and also on some other f the general instructions located	
each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	associated witl -2". Simulcast e channel numb	h a station ac streams must per the FCC h	cording to its over be reported in o has assigned to the	er-the-air designat column 1 (list each the television stati	s such as HBO, ESPN, etc. Identify ion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in	
on which your cable sy Column 3: Indicate educational station, by	vstem carried th in each case v entering the le	ne station. whether the st etter "N" (for n	ation is a netwo etwork), "N-M" (ork station, an inde for network multic	may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast).	
For the meaning of the Column 4: If the staplanation of local servi	ese terms, see ation is outside ce area, see pa	page (v) of the the local serv age (v) of the	e general instruc vice area, (i.e. "c general instruct	ctions located in th distant"), enter "Ye ions located in the	e paper SA3 form. s". If not, enter "No". For an ex-	
carried the distant stati For the retransmiss of a written agreement	ion on a part-tir ion of a distant entered into o	me basis beca multicast stre n or before Ju	ause of lack of a eam that is not s ine 30, 2009, be	activated channel o subject to a royalty etween a cable sys	ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designa-	
tion "E" (exempt). For s explanation of these th Column 6: Give the	simulcasts, also aree categories e location of ea Canadian statio	o enter "E". If , see page (v) ch station. Fo ns, if any, giv	you carried the) of the general i r U.S. stations, e the name of th	channel on any ot instructions locate list the community ne community with	her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
,	5	•	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	
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated C	Cmmunicati	ons of Flor	rida Co (fka:	GTC, Inc)	63103	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during t ions in effect or 6.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 4), or 76.63 (r d in the next p	period, except 81, permitting th referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
 basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy 	CC rules, regula here in space only on a subs and also in spa formation conc rm. h station's call associated with -2". Simulcast e channel numl se. For example ystem carried th	ations, or auth G—but do lis titute basis. ace I, if the sta ærning substif sign. Do not r h a station acc streams must ber the FCC h e, WRC is Cha ne station.	orizations: t it in space I (th ation was carried tute basis station report origination cording to its over be reported in o has assigned to to annel 4 in Wash	e Special Stateme d both on a substit ns, see page (v) o n program service er-the-air designa column 1 (list each the television stati ington, D.C. This	cable system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial	Television
(for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you has cable system carried the carried the distant statt For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	cast), "E" (for mese terms, see ation is outside ce area, see pa ave entered "Y ne distant static ion of a distant ion of a distant e entered into o a primary trans simulcasts, also ree categories e location of ea Canadian statio	oncommercia page (v) of the the local serv- age (v) of the es" in column on during the me basis beca multicast stre n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo	I educational), o e general instruct vice area, (i.e. "c general instruct 4, you must cor accounting perio ause of lack of a eam that is not s une 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, e the name of th	or "E-M" (for nonco ctions located in the distant"), enter "Ye ions located in the mplete column 5, s od. Indicate by en- ictivated channel of subject to a royalty etween a cable sys senting the prima channel on any of instructions locate list the community me community with	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	
		CHANN	EL LINE-UP	AM		
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	

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FORM SA3E. PAGE 3.						
LEGAL NAME OF OW					SYSTEM ID#	Name
Consolidated (Cmmunicati	ons of Flor	rida Co (fka:	GTC, Inc)	63103	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
carried by your cable FCC rules and regulat 76.59(d)(2) and (4), 70 substitute program ba	system during t tions in effect of 6.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 4), or 76.63 (r d in the next p	g period, except 81, permitting th referring to 76.6 paragraph.	(1) stations carrie le carriage of certa 1(e)(2) and (4))]; a	and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
Substitute Basis 3 basis under specifc F0 • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 fo Column 1: List ead cast multicast stream wETA-simulcast). Column 2: Give th its community of licen on which your cable s Column 3: Indicate	Stations: With CC rules, regula in here in space only on a subs and also in spa formation conc orm. ch station's call associated witt A-2". Simulcast e channel numi se. For example ystem carried the in each case of	respect to any ations, or auth G—but do lis titute basis. ace I, if the sta ærning substit sign. Do not r h a station acc streams must ber the FCC h e, WRC is Cha ne station. whether the station.	y distant stations norizations: t it in space I (th ation was carried tute basis station report origination cording to its over t be reported in o has assigned to f annel 4 in Wash tation is a netwo	e Special Stateme d both on a substit ns, see page (v) o n program service er-the-air designa column 1 (list each the television stati ington, D.C. This rk station, an inde	able system on a substitute program ent and Program Log)—if the tute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial ast), "I" (for independent), "I-M"	Television
For the meaning of the Column 4: If the si column 5: If you h cable system carried the carried the distant star For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	ese terms, see tation is outside ice area, see pr ave entered "Y the distant station tion on a part-tin sion of a distant t entered into o a primary trans simulcasts, also hree categories e location of ea Canadian static	page (v) of the the local serv- age (v) of the es" in column on during the me basis beca multicast streen n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo ons, if any, giv	e general instruct vice area, (i.e. "c general instructi 4, you must cor accounting perio ause of lack of a eam that is not s une 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, e the name of the	ctions located in the distant"), enter "Ye ions located in the nplete column 5, s od. Indicate by en- ctivated channel of subject to a royalty ween a cable sys senting the primal channel on any of instructions located list the community with	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	
·····	·········	•	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	

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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated C	Cmmunicati	ons of Flor	rida Co (fka:	GTC, Inc)	63103	
PRIMARY TRANSMITT	ERS: TELEVISIO	DN				
carried by your cable s FCC rules and regulat	system during t ions in effect or 6.61(e)(2) and (he accounting n June 24, 19 4), or 76.63 (r	period, except 81, permitting th referring to 76.6	(1) stations carrie	and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
				s carried by your c	able system on a substitute program	Television
	here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the	
,	and also in spa formation cond	ace I, if the sta			tute basis and also on some other f the general instructions located	
Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast).	th station's call associated with -2". Simulcast	h a station ac streams must	cording to its over be reported in o	er-the-air designa column 1 (list eacl	s such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in	
	se. For example	e, WRC is Ch	0		may be different from the channel	
educational station, by (for independent multion For the meaning of the	r entering the le cast), "E" (for n ese terms, see	etter "N" (for ne oncommercia page (v) of the	etwork), "N-M" (l educational), o e general instruc	for network multic or "E-M" (for nonco ctions located in th		
planation of local servi Column 5: If you have cable system carried the carried the distant stat	ce area, see pa ave entered "Y he distant statio ion on a part-tii	age (v) of the es" in column on during the me basis beca	general instructi 4, you must cor accounting perio ause of lack of a	ions located in the mplete column 5, s od. Indicate by en activated channel o	stating the basis on which your tering "LAC" if your cable system	
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	a primary trans simulcasts, also nree categories e location of ea Canadian statio	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv	ssociation repre you carried the) of the general i or U.S. stations, e the name of th	senting the prima channel on any of instructions locate list the community ne community with	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AO		
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	

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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated C	Cmmunicati	ons of Flor	rida Co (fka:	GTC, Inc)	63103	
PRIMARY TRANSMITTI	ERS: TELEVISIO	N				
carried by your cable s FCC rules and regulat	system during t ions in effect or 6.61(e)(2) and (he accounting n June 24, 19 4), or 76.63 (r	g period, except 81, permitting th referring to 76.6	(1) stations carrie	and low power television stations) ad only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
Substitute Basis S	Stations: With	respect to any	distant stations	s carried by your c	able system on a substitute program	Television
	here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the	
,	and also in spa formation conc	ace I, if the sta			tute basis and also on some other f the general instructions located	
Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast).	h station's call associated witl 2". Simulcast	h a station ac streams must	cording to its over t be reported in o	er-the-air designa column 1 (list eacl	s such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in	
	e. For example	e, WRC is Ch	•		may be different from the channel	
Column 3: Indicate educational station, by (for independent multion For the meaning of the	e in each case w entering the le cast), "E" (for n ese terms, see	whether the st etter "N" (for n oncommercia page (v) of the	etwork), "N-M" (l educational), o e general instrue	for network multic r "E-M" (for nonco ctions located in th		
planation of local servi Column 5: If you h cable system carried t carried the distant stat	ce area, see pa ave entered "Ye he distant statio ion on a part-tii	age (v) of the es" in column on during the me basis beca	general instruct 4, you must cor accounting perio ause of lack of a	ions located in the mplete column 5, s od. Indicate by en ictivated channel o	stating the basis on which your tering "LAC" if your cable system	
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	a primary trans simulcasts, also nee categories e location of ea Canadian statio	mitter or an a o enter "E". If , see page (v) ch station. Fo ons, if any, giv	ssociation repre you carried the) of the general i or U.S. stations, e the name of th	senting the prima channel on any of instructions locate list the community ne community with	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AP		
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	

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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated C	Cmmunicati	ons of Flor	rida Co (fka:	GTC, Inc)	63103	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during t ions in effect or 6.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 4), or 76.63 (r d in the next p	period, except 81, permitting th referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) ad only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
 basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the 	C rules, regula here in space only on a subs and also in spa formation conc rm. h station's call associated with -2". Simulcast e channel numl se. For example	ations, or auth G—but do lis titute basis. ace I, if the sta cerning substit sign. Do not r h a station acc streams must ber the FCC h e, WRC is Cha	orizations: t it in space I (th ation was carried tute basis station report origination cording to its ove t be reported in o has assigned to the	e Special Stateme d both on a substit ns, see page (v) o n program service er-the-air designa column 1 (list each the television stati	able system on a substitute program ent and Program Log)—if the sute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example ion for broadcasting over-the-air in may be different from the channel	Television
educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servi. Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	rentering the le cast), "E" (for n ese terms, see ation is outside ce area, see p ave entered "Yn he distant static ion on a part-tit ion of a distant ion of a distant e entered into o a primary trans simulcasts, also a categories e location of ea Canadian statio	etter "N" (for monocommercial page (v) of the the local services age (v) of the es" in column on during the me basis beca multicast streat n or before Ju mitter or an ar- o enter "E". If , see page (v) ch station. For ons, if any, giv	etwork), "N-M" (I educational), o e general instruct vice area, (i.e. "c general instructi 4, you must cor accounting perio ause of lack of a eam that is not s ine 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, e the name of th	for network multic or "E-M" (for nonco ctions located in the distant"), enter "Ye ions located in the mplete column 5, s od. Indicate by en- ictivated channel of subject to a royalty etween a cable sys senting the prima channel on any of instructions locate list the community me community with	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further id in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	
		CHANN	EL LINE-UP	AQ		
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	

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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated (Cmmunicati	ons of Flor	rida Co (fka:	GTC, Inc)	63103	
PRIMARY TRANSMITT	ERS: TELEVISIO	N				
carried by your cable s FCC rules and regulat	system during t ions in effect of 6.61(e)(2) and (he accounting n June 24, 19 (4), or 76.63 (r	g period, except 81, permitting th referring to 76.6	(1) stations carrie	and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
				s carried by your c	able system on a substitute program	Television
	n here in space	G-but do lis		e Special Statem	ent and Program Log)—if the	
	and also in spa formation cond	ace I, if the sta			tute basis and also on some other f the general instructions located	
Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast).	ch station's call associated wit A-2". Simulcast	h a station ac streams must	cording to its over t be reported in o	er-the-air designa column 1 (list eacl	s such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example	
	se. For example	e, WRC is Ch	•		ion for broadcasting over-the-air in may be different from the channel	
educational station, by (for independent multi For the meaning of the	/ entering the le cast), "E" (for n ese terms, see	etter "N" (for no oncommercia page (v) of the	etwork), "N-M" (l educational), o e general instrue	for network multic or "E-M" (for nonco ctions located in th		
planation of local serv Column 5: If you h cable system carried t carried the distant stat	ice area, see pa ave entered "Y he distant statio ion on a part-tio	age (v) of the es" in column on during the me basis beca	general instruct 4, you must cor accounting perio ause of lack of a	ions located in the mplete column 5, pd. Indicate by en activated channel o	stating the basis on which your tering "LAC" if your cable system	
the cable system and tion "E" (exempt). For explanation of these th Column 6: Give th	a primary trans simulcasts, also nree categories e location of ea Canadian static	mitter or an a o enter "E". If , see page (v) , ch station. Fo ons, if any, giv	ssociation repre you carried the) of the general i or U.S. stations, e the name of th	senting the prima channel on any of instructions locate list the community ne community with	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AR		
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	

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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated C	Cmmunicati	ons of Flor	rida Co (fka:	GTC, Inc)	63103	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76	system during t ions in effect or 6.61(e)(2) and (he accounting n June 24, 19 4), or 76.63 (r	g period, except 81, permitting th referring to 76.6	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary
substitute program bas Substitute Basis S				s carried by your o	able system on a substitute program	Transmitters: Television
basis under specifc FC • Do not list the station	CC rules, regula here in space	ations, or auth G—but do lis	orizations:		ent and Program Log)—if the	Television
	and also in spa formation conc	ace I, if the sta			tute basis and also on some other f the general instructions located	
Column 1: List eac	h station's call	-			s such as HBO, ESPN, etc. Identify	
			0	0	tion. For example, report multi- h stream separately; for example	
Column 2: Give the			Ũ		ion for broadcasting over-the-air in	
on which your cable sy	•		annel 4 in Wash	lington, D.C. This	may be different from the channel	
					ependent station, or a noncommercial	
					ast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of the					he paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servi				,		
					stating the basis on which your	
cable system carried the carried the distant stati		-	÷ ·	•	tering "LAC" if your cable system capacity.	
For the retransmiss	ion of a distant	multicast stre	eam that is not s	subject to a royalty	payment because it is the subject	
-				•	stem or an association representing ry transmitter, enter the designa-	
			•	• •	ther basis, enter "O." For a further	
explanation of these th	ree categories	, see page (v)) of the general i	instructions locate	ed in the paper SA3 form.	
					to which the station is licensed by the which the station is identifed.	
Note: If you are utilizin				•		
		CHANN	EL LINE-UP	AS		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION	, ,	(If Distant)		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN				070 1)	SYSTEM ID#	Name
Consolidated C			rida Co (fka:	GIC, Inc)	63103	
PRIMARY TRANSMITTI						
					and low power television stations) ed only on a part-time basis under	G
					ain network programs [sections	
		, , ,	-	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary Transmitters
substitute program bas Substitute Basis S	· ·			s carried by your o	able system on a substitute program	Television
basis under specifc F0	CC rules, regula	ations, or auth	orizations:		ent and Program Log)—if the	
station was carried			· · · · · · · · · · · · · · · · · · ·			
basis. For further in	formation conc				tute basis and also on some other f the general instructions located	
in the paper SA3 fo		sian Do not i	report origination	n program service	s such as HBO, ESPN, etc. Identify	
		-			tion. For example, report multi-	
			0	•	h stream separately; for example	
WETA-simulcast). Column 2: Give the	e channel numl	ber the FCC h	has assigned to	the television stat	ion for broadcasting over-the-air in	
•	•		annel 4 in Wash	ington, D.C. This	may be different from the channel	
on which your cable sy Column 3: Indicate	•		tation is a netwo	ork station an inde	ependent station, or a noncommercial	
					ast), "I" (for independent), "I-M"	
for independent multi	cast), "E ["] (for n	oncommercia	l educational), o	or "E-M" (for nonco	ommercial educational multicast).	
For the meaning of the					he paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servi						
					stating the basis on which your	
		•	0.		tering "LAC" if your cable system	
carried the distant stat	•					
					/ payment because it is the subject stem or an association representing	
-				•	ry transmitter, enter the designa-	
· · /					ther basis, enter "O." For a further	
					ed in the paper SA3 form. / to which the station is licensed by the	
				•	which the station is identifed.	
Note: If you are utilizir	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	
	1	CHANN	EL LINE-UP	AT		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
		L				

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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated C	mmunicati	ons of Flor	rida Co (fka:	GTC, Inc)	63103	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during the ons in effect or 5.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 4), or 76.63 (r d in the next p	period, except 81, permitting th referring to 76.6 paragraph.	(1) stations carrie le carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eace 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 stat planation of local servi Column 5: If you ha cable system carried tt carried the distant statt For the retransmiss of a written agreement	Attions: With n C rules, regula here in space only on a subs and also in spa formation conc rm. h station's call associated with -2". Simulcast e channel numb e. For example ystem carried th in each case w entering the le cast), "E" (for n ese terms, see ju ation is outside ce area, see pa ave entered "Yu he distant statio ion on a part-tir ion of a distant entered into or	respect to any ations, or auth G—but do lis titute basis. ace I, if the sta serning substit sign. Do not r h a station acc streams must ber the FCC h e, WRC is Cha ne station. whether the station. whether the station. whether the station ethe local server age (v) of the ese in column on during the me basis beca in or before Ju	v distant stations orizations: t it in space I (th ation was carried tute basis station report origination cording to its over be reported in or as assigned to f annel 4 in Wash tation is a netwo etwork), "N-M" (I educational), o e general instruct vice area, (i.e. "co general instruct 4, you must cor accounting perio ause of lack of a eam that is not s ine 30, 2009, be	e Special Stateme d both on a substit ns, see page (v) o n program service: er-the-air designal column 1 (list each the television stati ington, D.C. This rk station, an inde for network multic r "E-M" (for nonco ctions located in the instant"), enter "Ye ions located in the mplete column 5, s ad. Indicate by ent ctivated channel o ubject to a royalty tween a cable systeme	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ering "LAC" if your cable system	Transmitters: Television
tion "E" (exempt). For s explanation of these th Column 6: Give the	simulcasts, also aree categories e location of ea Canadian statio	o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,	you carried the of the general i or U.S. stations, e the name of th use a separate	channel on any ot instructions locate list the community ne community with space G for each	her basis, enter "O." For a further d in the paper SA3 form. r to which the station is licensed by the which the station is identifed.	
	0	CHANN	EL LINE-UP	AU		
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	

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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated C	mmunicatio	ons of Flor	rida Co (fka:	GTC, Inc)	63103	
PRIMARY TRANSMITTE	ERS: TELEVISIO	DN				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S	system during the ons in effect or 6.61(e)(2) and (sis, as explaine Stations: With r	ne accounting n June 24, 19 4), or 76.63 (r d in the next respect to any	y period, except 81, permitting th referring to 76.6 paragraph. / distant stations	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
 basis under specifc FC Do not list the station station was carried 	here in space	G—but do lis		e Special Stateme	ent and Program Log)—if the	
basis. For further in in the paper SA3 fo	formation conc rm.	erning substit	tute basis statior	ns, see page (v) o	ute basis and also on some other f the general instructions located	
each multicast stream cast stream as "WETA	associated with	n a station ac	cording to its over	er-the-air designat	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example	
its community of licens on which your cable sy Column 3: Indicate	e. For example stem carried th in each case v	e, WRC is Cha ne station. vhether the st	annel 4 in Wash ation is a netwo	ington, D.C. This ork station, an inde	on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M"	
(for independent multic For the meaning of the Column 4: If the sta	cast), "E" (for no ese terms, see p ation is outside	oncommercia page (v) of the the local serv	l educational), o e general instruc vice area, (i.e. "c	or "E-M" (for nonco ctions located in th distant"), enter "Ye	mmercial educational multicast). le paper SA3 form. s". If not, enter "No". For an ex-	
•	ave entered "Ye ne distant statio	es" in column	4, you must cor accounting perio	mplete column 5, s od. Indicate by ent	stating the basis on which your ering "LAC" if your cable system	
For the retransmiss of a written agreement the cable system and a	ion of a distant entered into or a primary trans	multicast stre n or before Ju mitter or an a	eam that is not s ine 30, 2009, be ssociation repre	subject to a royalty etween a cable system senting the primate	payment because it is the subject stem or an association representing y transmitter, enter the designa-	
explanation of these th Column 6: Give the	ree categories e location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, giv) of the general i or U.S. stations, e the name of th	instructions locate list the community ne community with	her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AV	·	
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	

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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Consolidated C	Cmmunicati	ons of Flor	rida Co (fka:	GTC, Inc)	63103	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during t ions in effect or 6.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 4), or 76.63 (r d in the next p	g period, except 81, permitting th referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eace cach 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 servi Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these th	Stations: With a CC rules, regula here in space only on a subs and also in spa formation conc rm. h station's call associated with -2". Simulcast e channel numb se. For example ystem carried the in each case w e entering the le cast), "E" (for n set terms, see ation is outside ce area, see p ave entered "Yo he distant state ion on a part-tin ion of a distant entered into o a primary trans simulcasts, also	respect to any ations, or auth G—but do liss titute basis. ace I, if the sta- serning substif sign. Do not r h a station acc streams must ber the FCC h e, WRC is Chi- ne station. whether the sta- teter "N" (for n- oncommercia page (v) of the es" in column on during the me basis beca- is multicast streen n or before Ju mitter or an ai- o enter "E". If , see page (v)	y distant stations norizations: t it in space I (th ation was carried tute basis station report origination cording to its over the reported in or has assigned to the annel 4 in Wash tation is a netwo etwork), "N-M" (I educational), or e general instruct 4, you must cor accounting period ause of lack of a eam that is not s ine 30, 2009, be ssociation repre you carried the) of the general i	e Special Stateme d both on a substit ns, see page (v) o n program service er-the-air designa column 1 (list each the television stati ington, D.C. This with station, an inder for network multic or "E-M" (for nonco ctions located in the mplete column 5, so d. Indicate by en- ictivated channel of subject to a royalty stween a cable sys- senting the prima channel on any of instructions located	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. / payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.	Transmitters: Television
	Canadian statio	ons, if any, giv	e the name of th	ne community with	v to which the station is licensed by the which the station is identifed. channel line-up.	
		•	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	

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Name LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Cmmunications of Florida Co (fka: GTC, Inc)	SYSTEM ID# 63103
 H PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations can all-band basis whose signals were "generally receivable" by your cable system during the accounting peri all-band basis whose signals were "generally receivable" by your cable system during the accounting peri special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM sign receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain si For detailed information about the the Copyright Office regulations on this point, see page (vi) of the gene 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 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 Mexican or Canadian stations, if any, the community with which the station is identified). 	od. nal is generally be expected, ated intervals. ral instructions and discrete
CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D	LOCATION OF STATION
······	
······	

Consolidated Cmmuni			(fka: GTC, Inc)					3	63103	Name
SUBSTITUTE CARRIAGE	ify every nor	nnetwork televis	ion program broadcast by a	a d						Ι
substitute basis during the ac explanation of the programm										Substitute
1. SPECIAL STATEMENT				- :	general mea					Carriage:
 During the accounting per broadcast by a distant stat 		r cable system	carry, on a substitute basi	is,	any nonne	twork tele			ХNо	Special Statement an Program Log
Note: If your answer is "No' log in block 2. 2. LOG OF SUBSTITUTE			je blank. If your answer is	"Y	es," you mu	ist compl	ete the	program	1	
period, was broadcast by a under certain FCC rules, reg SA3 form for futher informat titles, for example, "I Love L Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please a of every no distant stat gulations, o tion. Do no .ucy" or "NE n was broad sign of the s adcast static th and day <i>ve</i> "5/7." es when the Example: a er "R" if the and regulatio	attach additiona nnetwork televi ion and that yo r authorizations t use general c BA Basketball: dcast live, enter station broadca on's location (the ons, if any, the when your syste substitute prop program carrie listed program ons in effect du	al pages. ision program (substitute p ur cable system substitute s. See page (vi) of the gen ategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "N sting the substitute progra the community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period	oro di er "k sta pro ca 15 am l; e	gram) that, for the prog al instructio pasketball". ation is lice ation is ider ogram. Use ble system. p.m. to 6:2 ming that y	during th ramming ns locate List spec nsed by t titified). numerals List the t 8:30 p.m. our syste ter "P" if t	e acco of ano d in the cific pro he FC(s, with imes a shoul m was he liste	unting ther stati e paper ogram C or, in the mont ccurately d be required ed pro	h /	
effect on October 19, 1976.		that your byote					ogula			
S	UBSTITUT	E PROGRAM				EN SUBS			7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		5. MONTH AND DAY	6 FROM	. TIME	s TO	DELETION	
				-						
				┥┝						
				┥┝						
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				11						
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				11			_			
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FORM SA3E. PAGE 5.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

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FORM SA3E. PAGE 6.

	LEGAL NAME OF	OWNER OF CABLE	SYSTEM:					5	SYSTEM ID#
Name	Consolidate	onsolidated Cmmunications of Florida Co (fka: (63103
	PART-TIME CARRIAGE LOG								
J Part-Time Carriage Log	 In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part- time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc- curred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m 12:00 p.m." 								
			DATES	AND HOURS (DF F	PART-TIME CAF	RIAGE		
		WHEN	I CARRIAGE OCCU	IRRED			WHEN	I CARRIAGE OCCL	IRRED
	CALL SIGN		HOUF	RS		CALL SIGN		HOUF	S
		DATE	FROM	TO			DATE	FROM	ТО
								<u> </u>	
			_					_	
								_	
			<u> </u>						
								<mark></mark>	
			_					_	
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FORM	SA3E. PAGE 7.		
LEGA	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Cor	nsolidated Cmmunications of Florida Co (fka: GTC, Inc)	63103	Nume
Inst all a (as i page	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's sect dentifed in space E) during the accounting period. For a further explanation of how to c e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ondary transmission service	K Gross Receipts
 Instru Con Con If you fee to the second sec	RIGHT ROYALTY FEE ctions : Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the ar from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable pro- poppanying this form and attach the schedule to your statement of account.	arts of the DSE Schedule	L Copyright Royalty Fee
bloc	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.		
If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered on line 2 in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered on line	
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.		
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 739,415.52	
	Enter the result here. This is your minimum fee.	\$ 7,867.38	
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. Did your cable system carry any distant television stations during the accounting peri X Yes—Complete the DSE schedule. 	nn 4, you must check od?	
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	\$ 243.13	
	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	\$ 243.13	
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, whichever is larger	\$ 7,867.38	Cable systems
	Line 2. 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 zero.	0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 8,592.38	form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the	

ACCOUNTING PERI		FORM SA3E. PAGE 8
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Cmmunications of Florida Co (fka: GTC, Inc)	SYSTEM ID# 63103
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s 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	stations 6
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	248
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name Jana Manterola Telephone 5	09-962-0272
	Address 305 N Ruby Street (Number, street, rural route, apartment, or suite number)	
	Ellensburg, WA 98926 (City, town, state, zip)	
	Email jana.manterola@consolidated.com Fax (optional)	
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulers I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space 	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ow in line 1 of space B.	ner of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact container 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)] 	d herein
	X /s/Michael Shultz	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus	
	Typed or printed name: Michael Shultz	
	Title: VP Regulatory & Public Policy (Title of official position held in corporation or partnership)	
	Date: February 26, 2020	
Privacy Act Notice	Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying informatic	on (PII) requested on th

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 telephor 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 th 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

FORM SA3E. PAGE9	FORM	SA3E.	PAGE9
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	SYSTEM ID#	
.egal NAME OF OWNER OF CABLE SYSTEM: Consolidated Cmmunications of Florida Co (fka: GTC		Name
Consolidated Chillianications of Florida Co (Ika. GTC	, iiic) 00100	
 SPECIAL STATEMENT CONCERNING GROSS RECI The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the gro service of providing secondary transmissions of primary bru scribers and amounts collected from subscribers receiving For more information on when to exclude these amounts, see the paper SA3 form. During the accounting period did the cable system exclude any an made by satellite carriers to satellite dish owners? NO 	111(d)(1)(A), of the Copyright Act by adding the fol- oss amounts paid to the cable system for the basic oadcast transmitters, the system shall not include sub- secondary transmissions pursuant to section 119." note on page (vii) of the general instructions in the	P Special Statement Concerning Gross Receipts Exclusion
	¢	
YES. Enter the total here and list the satellite carrier(s) below.	••••••••••••••••••••••••••••••••••••••	
Name	Name	
Mailing Address	Mailing Address	
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments sub For an explanation of interest assessment, see page (viii) of the g		Q
Line 1 Enter the amount of late payment or underpayment	\$ -	Interest
		Assessment
	X	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	•	
	x <mark></mark> days	
Line 3 Multiply line 2 by the number of days late and enter the su	m here	
	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block	κ 4,	
space L, (page 7)		
	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/lic contact the Licensing Division at (202) 707-8150 or licensing		
** 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 acc please list below the owner, address, first community served, acco filing.		
Owner		
Address		
First community conved		
First community served Accounting period		
ID number		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Co orm in order to process your statement of account. PII is any personal information that		

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.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station carriec by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

BASIC FORMULA: FOR ALL DISTANT STATIONS LISTEE IN SPACE G OF SA3E (LONG FORM)

Step 1: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of accoun (page 3), a distant station is:

Independent: its type-value is	1.00
• Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that local stations are not counted at all in computing DSEs.	

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particula station's DSE for the accounting period.

TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee anc the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are nor subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

The 3.75 Fee. If a cable system located in whole or in part within ε television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, ir whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable sys-

tems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following: 1) A station actually carried within any portion of a cable system prior

to June 25, 1981, pursuant to the former FCC rules. 2) A station first carried after June 24, 1981, which could have been

carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

3) A station of the same type substituted for a carried network, noncommercial educational, or regular independent station for which *a* quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.

4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.

5) In the case of a station carried prior to June 25, 1981, on a part-tim∉ and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any statior that it was authorized to carry or was lawfully carrying prior to March 31 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate but is subject to the Base Rate, and where applicable, the Syndicatec Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE— PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100 major television market as defined by the FCC rules and regulations in effect on June 24, 1981. If no portion of the cable system is located ir a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block
 B of part 7. This is the total number of DSEs subject to the Syndicated
 Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

DSE SCHEDULE. PAGE 11.

COMPUTING THE BASE RATE FEE-PART 8 OF THE DSE SCHEDULE

Determine whether any of the stations you carried were partially distantthat is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

· If none of the stations were partially distant, calculate your base rate fee according to the following rates-for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable. First DSF 1.064% of gross receipts

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE

0.330% of gross receipts PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

If any of the stations were partially distant:

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

2. Identify the communities/areas represented by each subscriber group. 3. For each subscriber group, calculate the total number of DSEs of

that group's complement of stations. If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule: or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

TOTAL DSEs

Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

EXAMPLE: COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

CITY

Santa Rosa

Bodega Bay

Rapid City

Fairvale

DSE

1.0

1.0

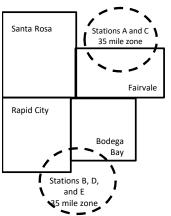
0.083

0.139

0.25

2.472

Distant Stations Carried STATION In most cases under current FCC rules, all of Fairvale would be within A (independent) B (independent) the local service area of both stations C (part-time) A and C and all of Rapid City and Bo-D (part-time) dega Bay would be within the local service areas of stations B, D, and E. E (network)



Minimum Fee Total Gross F	Receipts	\$600,000.00			
		x .01064			
		\$6,384.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Identification of Subscriber Groups

OUTSIDE LOCAL

Stations A and C

Stations A and C

Stations B. D. and E

TOTAL GROSS RECEIPTS

SERVICE AREA OF

Stations A, B, C, D ,E

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

GROSS RECEIPTS

\$310,000.00

100,000.00

70,000.00

120,000.00

\$600,000.00

FROM SUBSCRIBERS

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Consolidated Cmmunications of Florida Co (fka: GTC, Inc) 63103					
1						
	SUM OF DSEs OF CATEGORY "O" STATIONS: • Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.				0.50	
2	Instructions:					
Computation of DSEs for Category "O"	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- mercial educational station, give the DSE as ".25."					
	CATEGORY "O" STATIONS: DSEs					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		0.250				
	WFSU (PBS) T	0.250				
Add rows as						
necessary.						
Remember to copy						
all formula into new						
rows.						
				l		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name	Consolidated	d Cmmunications of	Florida Co (fka:	GTC, Inc)				0	6310			
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v Column 6	the call sign of all distar For each station, give the correspond with the inform For each station, give the Divide the figure in colu at least to the third decim For each independent s	te number of hours nation given in spa te total number of h mn 2 by the figure nal point. This is the tation, give the "typ umn 4 by the figure	your cable system ce J. Calculate on nours that the stat n column 3, and "basis of carriag re-value" as "1.0."	m carried the stain hy one DSE for en- tion broadcast ov- give the result in ye value" for the s ' For each network d give the result in	tion during the ach station. er the air dur decimals in o tation. rk or noncom	ring the accou column 4. This nmercial educa Round to no le	nting period. figure must ational station, ss than the				
Capacity		CATEGORY LAC STATIONS: COMPUTATION OF DSEs										
	1. CALL SIGN	2. NUMBER OF HOU CARRIE SYSTEM	RS 3. N RS O D BY S	UMBER F HOURS TATION N AIR	4. BASIS OF CARRIAG VALUE		5. TYPE VALUE	6. DS	E			
			÷ -		=	x x		=				
			÷		=	x		=				
			* *		=	x x		=				
			÷ ÷		=	x x		=				
			÷		=	× x		=				
	Add the DSEs of	OF CATEGORY LAC S of each station. m here and in line 2 of pa		e,			0.00					
4 Computation of DSEs for Substitute- Basis Stations	Was carried tions in effer Broadcast or space I). Column 2: F at your option. T Column 3: E Column 4: E	e the call sign of each sta by your system in substit ct on October 19, 1976 (a ne or more live, nonnetwo For each station give the l This figure should corres Enter the number of days Divide the figure in colume this is the station's DSE (tution for a program as shown by the let rk programs during number of live, nor pond with the inforn in the calendar yea n 2 by the figure in	n that your systen ter "P" in column that optional carr network program nation in space I. ar: 365, except in column 3, and giv	n was permitted to 7 of space I); and iage (as shown by as carried in subst a leap year. ve the result in co	o delete und the word "Ye titution for pr olumn 4. Rou	ler FCC rules a s″ in column 2 o ograms that w und to no less	of rere deleted than the third	m).			
		SUE	BSTITUTE-BAS	IS STATION	S: COMPUTA	TION OF	DSEs					
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUM OF PRC	GRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE			
		÷ ÷		= =			÷ ÷		=			
		÷ ÷		_			÷		=			
		÷		=			÷		=			
	Add the DSEs of	÷ OF SUBSTITUTE-BASI of each station. m here and in line 3 of pa		= e,			÷ 0.00		=			
5		R OF DSEs: Give the among applicable to your system		s in parts 2, 3, and	4 of this schedule	e and add the	em to provide th	ne tota				
Total Number	1. Number of	DSEs from part 2 ●				•		0.50				
of DSEs		DSEs from part 3			!	•		0.00				
	3. Number of	DSEs from part 4 ●				•		0.00				
	TOTAL NUMBE	R OF DSEs					►		0.50			

SYSTEM ID#

63103

DSE SCHEDULE. F	PAGE 13.							ACCOUNTIN	G PERIOD: 2019/
	OWNER OF CABLE		ida Co (fka:	GTC, Inc)			S	YSTEM ID# 63103	Name
In block A:	ck A must be com								•
schedule.	"Yes," leave the re			7 of the DSE sche	edule blank ar	nd complete p	art 8, (page 16) of	the	6
 If your answer if 	"No," complete blo	ocks B and C							Computation of
la tha achla avata	m located whally a	utoido of all		ELEVISION M		action 76 E of	ECC rules and re-	aulationa in	3.75 Fee
effect on June 24	m located wholly o , 1981?	utside of all	major and sma	aller markets as de	fined under s	ection 76.5 of	FCC rules and re	guiations in	
Yes—Com	nplete part 8 of the	schedule-	DO NOT COM	PLETE THE REM	AINDER OF F	PART 6 AND 7	7		
X No-Com	plete blocks B and	C below.							
		BLO	CK B: CARR		MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulati e DSE Sche	ons prior to Juedule. (Note: T	part 2, 3, and 4 of ne 25, 1981. For fu he letter M below r Act of 2010.)	urther explana	ation of permit	ted stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)]	iles and regi ed pursuant	ulations cited b to the FCC ma	asis on which you o elow pertain to tho rket quota rules [7 76.59(d)(1), 76.61(se in effect of 6.57, 76.59(b	n June 24, 198), 76.61(b)(c),	76.63(a) referring	ı tc	
	C Noncommeric D Grandfathered instructions fo E Carried pursua *F A station pre	al education d station (76 or DSE sche ant to individ viously carri JHF station v	al station [76.5 .65) (see parag dule). lual waiver of F ed on a part-tir within grade-B	9(c), 76.61(d), 76. graph regarding su CC rules (76.7) ne or substitute ba contour, [76.59(d)(63(a) referring bstitution of g sis prior to Ju	g to 76.61(d) randfathered ine 25, 198	stations in the	(5)	
Column 3:	*(Note: For those this schedule to o 2. PERMITTED	e stations ide determine th	entified by the I e DSE.) 1. CALL	2. PERMITTED		complete the 1	2. PERMITTED	e 14 of 3. DSE	
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		
				1					
								0.00	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
ine 1: Enter the	e total number of	DSEs from	part 5 of this	schedule					
ine 2: Enter the	e sum of permitte	d DSEs fro	m block B ab	ove					
	line 2 from line 1 leave lines 4–7 b					rate.			
ine 4: Enter gro	oss receipts from	space K (p	bage 7)				x 0.03	375	Do any of the DSEs represer partially
ine 5: Multiply	line 4 by 0.0375 a	and enter s	um here				x		permited/ partially nonpermitted
.ine 6: Enter tot	al number of DS	Es from line	e 3				~		carriage? If yes, see part 9 instructions.
ine 7: Multiply	line 6 by line 5 ar	nd enter he	re and on line	2, block 3, spac	e L (page 7)			0.00	

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Consolidated Cmmunications of Florida Co (fka: GTC, Inc) 63103									
Isonaatea	ommunicatio							03103	
1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
	<i>Briele</i>						Di tere		Computation of 3.75 Fee
 							-		

							DSE SCHEDUL	-		
Name	LEGAL NAME OF OWN						SYS	TEM ID#		
Name	Consolidated C	Communications	of Florida Co (fka	: GTC	;, Inc)			63103		
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried price Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fit A—Part-time sp 76.59 B—Late-night pr 76.61 S—Substitute ca genera Column 5: Indicate Column 5: Indicate Column 6: Compard in block	or to June 25, 1981, call sign for each dis the DSE for this stat the accounting perio the basis of carriage CC rules and regular ecialty programming (d)(1),76.61(e)(1), or rogramming: Carriage (e)(3)). arriage under certain al instructions in the the station's DSE fo e the DSE figures lis B, column 3 of part	under former FCC rul tant station identifed l ion for a single accou d and year in which t e on which the station ions cited below perta : Carriage, on a part- 76.63 (referring to 76 e under FCC rules, s FCC rules, regulatio paper SA3 form. r the current accounti ted in columns 2 and 6 for this station. in columns 2, 3, and	es gove by the le nting pe he carria was car ain to the ime bas 6.61(e)(1 ections ns, or au ng perio 5 and lis	lentifed by the letter "F rning part-time and sul tter "F" in column 2 of priod, occurring betwee age and DSE occurred ried by listing one of th ose in effect on June 2 bis, of specialty program ()). 76.59(d)(3), 76.61(e)(3 uthorizations. For furthe d as computed in parts at the smaller of the tw be accurate and is sub	bostitute carriage. part 6 of the DSE so an January 1, 1978 a (e.g., 1981/1) he following letters 4, 1981. mming under FCC ru b), or 76.63 (referring er explanation, see p s 2, 3, and 4 of this so o figures here. This	chedule and June 30, 1981 ules, section: g tc page (vi) of the schedule figure should be en			
	4.0411				ON A PART-TIME A					
	1. CALL	2. PRIOR	3. ACCOUNTIN	IG	4. BASIS OF	5. PRESENT				
	SIGN	DSE	PERIOD		CARRIAGE	DSE	DS	6E		
7 Computation of the	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.									
Syndicated			BLOCK A: MA	JOR T	ELEVISION MARK	KET				
Exclusivity										
Surcharge	 Is any portion of the or 	cable system within a	top 100 major televisio	on marke	et as defned by section	76.5 of FCC rules in e	effect June 24, 198	1?		
	Yes—Complete	blocks B and C .			X No—Proceed to part 8					
	BLOCK B: C	arriage of VHF/Grad	e B Contour Stations		BLOCK C: Computation of Exempt DSEs					
	Is any station listed in commercial VHF stati or in part, over the ca	block B of part 6 the	e primary stream of a	:	Was any station listed in block B of part 7 carried in any commu- nity served by the cable system prior to March 31, 1972? (refe to former FCC rule 76.159)					
	•			_		,		D 05		
			propriate permitted DS	=		tation below with its a	opropriate permitted	DSE		
	X No—Enter zero a	and proceed to part 8.			X No—Enter zero and proceed to part 8.					
								DSE		
	CALL SIGN	DSE C	ALL SIGN DSE		CALL SIGN	DSE C	ALL SIGN	DSE		
						· · · · · · · · · · · · · · · · · · ·				
		••••••••••••••••••••••••••••••••••••••				••••••••••••••••••••••••••••••••••••••				
						<u> </u>				
		тс	TAL DSEs	0.00		тс	DTAL DSEs	0.00		
		L				·	·			

DSE SCHEDULE. PAGE15

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Consolidated Cmmunications of Florida Co (fka: GTC, Inc)	SYSTEM ID# 63103	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	739,415.52	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	Iine C in section 2) and enter here • D. Multiply line B by line C and enter here •	_	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ <mark>\$</mark>		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

ACCOUNTING PERIOD: 2019/2

	LEGAL NAM	DSE SCHEDULE. ME OF OWNER OF CABLE SYSTEM: SYS	PAGE 16. TEM ID#								
Name		Consolidated Cmmunications of Florida Co (fka: GTC, Inc)	63103								
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.									
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)									
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1)									
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here									
		D. Enter 0.00089 of gross receipts (the amount in section 1)									
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.									
		´ F. Multiply line D by line E and enter here									
		G. Add lines A, C, and F. This is your surcharge.									
		Enter here and on line 2, block 4, space L (page 7)									
		Syndicated Exclusivity Surcharge▶ \$	<u></u> .								
8 Computation of Base Rate Fee	You m 6 was • In blo • If you • If you blank What i were lo	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ar answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ar answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below to the apartially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers bocated within that station's local service area and others were located outside that area. For the definition of a station's "local the area," see page (v) of the general instructions.									
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS										
	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?										
	Yes—Complete part 9 of this schedule.										
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE										
	Section	BLOCK B. NO PARTIALLY DISTANT STATIONS—COMPOTATION OF DASE RATE FEE									
	1	Enter the amount of gross receipts from space K (page 7) 5 739,415.52									
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)									
	Section										
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.									
		A. Enter 0.01064 of gross receipts (the amount in section 1)									
		B. Enter 0.00701 of gross receipts (the amount in section 1)									
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here									
		D. Multiply line B by line C and enter here									
		E. Add lines A, and D. This is your base rate fee. Enter here									
		and in block 3, line 1, space L (page 7) Base Rate Fee	-								
			<u></u> .								

	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Cons	olidated Cmmunications of Florida Co (fka: GTC, Inc) 63103	Name
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	0
•	A. Enter 0.01064 of gross receipts	8
	(the amount in section 1)►	
	B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$	Computation of
		Base Rate Fee
	C. Multiply line B by 3.000 and enter here ▶ \$	
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) ► \$	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your base rate fee.	
	Enter here and in block 3, line 1, space L (page 7)	
	Base Rate Fee \$ 0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall	
Instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
•	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this	Computation of
exclusi	on, you must:	Base Rate Fee
First: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity Surcharge
Finally	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must	Partially
	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	Distant
-		Stations, and for Partially
	Identify a Subscriber Group for Partially Distant Stations	Permitted
	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located	
•	the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by	
	ne token, the station is distant to the subscriber.)	
-	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable	
•	will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
-	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber	
groups.	u section:	
	fy the communities/areas represented by each subscriber group.	
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the	
	bers in the group.	
• lf:		
1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3,	
and 4 c	of this schedule; or,	
, .	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B,	
•	6 of this schedule.	
Add th	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions	
	paper SA3 form.	
	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total	
	or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your	
actual of	calculations on the form.	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	STEM ID
Name	Consolidated Cmmunications of Florida Co (fka: GTC, Inc)	6310
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these	
	subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

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Consolidated Cm		E SYSTEM: ons of Florida Co	o (fka: GT	ſC, Inc)			63103 63103	Na
В				TE FEES FOR EAC				
		SUBSCRIBER GRO	UP			SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Port St	Joe		COMMUNITY/ ARE	A Chattaho	oochee		C a m
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Com
	DOL	ONLE DIGIT	DOL	WECP (CBS)	0.25	O/LEE OIOIN	DOL	Base
		-						
								Syn
								Exc
								Sur
								Ра
								Di
								Sta
		ļ	0.00	Total DSEa			0.25	
otal DSEs			0.00		Total DSEs 0.25			
Bross Receipts First G	iroup	<u>\$</u> 648	3,012.48	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	and Group	\$	0.00	
					•			
		SUBSCRIBER GRO	UP					
OMMUNITY/ AREA	Perry			COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
VFSU (PBS) T	0.25							
otal DSEs			0.25	Total DSEs			0.00	
Gross Receipts Third (Group	<u>\$</u> 97	1,403.04	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	243.13	Base Rate Fee Fou	rth Group	\$	0.00	
ase Rate Fee: Add the state of the state o			criber group	as shown in the boxes	s above.		243.13	

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LEGAL NAME OF OWNE Consolidated Cmr			(fka: G	ΓC, Inc)		S	STEM ID# 63103	Name
BL				TE FEES FOR EACH				
COMMUNITY/ AREA	FIFTH	SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA	SIXTH	SUBSCRIBER GROU	P 0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
	DOL		DOL		DOL		DOL	Base Rate Fee
		-						and
		-						Syndicated
		-				+		Exclusivity Surcharge
		-						for
		-						Partially
						-		Distant
						-		Stations
Total DSEs	ļ	<u> </u>	0.00	Total DSEs	ļ	ļļ 	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secor	d Group	\$	0.00	
5	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA				COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		_						
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th	e base ra	te fees for each subsc	riber aroun	as shown in the boxes	above			
Enter here and in block			36		-	\$		

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LEGAL NAME OF OWNE Consolidated Cmr			o (fka: G⊺	ΓC, Inc)		S	YSTEM ID# 63103	Name
BL				TE FEES FOR EACH				
COMMUNITY/ AREA	NINTH	SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA	TENTH	SUBSCRIBER GROU	JP 0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
						-		and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs		·	0.00	Total DSEs			0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secor		\$	0.00	
	EVENTH	SUBSCRIBER GROU			TWELVTH	SUBSCRIBER GROU		
COMMUNITY/ AREA	IMUNITY/ AREA 0			COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
						I		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add th	e base rat	te fees for each subso	riber aroun	as shown in the boxes	above.			
Enter here and in block			5 1			\$		

LEGAL NAME OF OWN			o (fka: G	TC, Inc)			YSTEM ID# 63103	Name
		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAC		BER GROUP	ID	
COMMUNITY/ AREA		SOBSCINELI GIL	0	COMMUNITY/ ARE		I SUBSCRIBER GRO	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
								Base Rate F
								and
								Syndicated Exclusivity
		-						Surcharge
								for
								Partially
								Distant Stations
		-						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
F	IFTEENTH	SUBSCRIBER GRO)UP		SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
otal DSEs		···	0.00	Total DSEs		· ·	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
		te fees for each subs space L (page 7)	scriber group	as shown in the boxe	s above.	\$		

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LEGAL NAME OF OWN Consolidated Cm			o (fka: G	TC, Inc)		S	YSTEM ID# 63103	Name
		COMPUTATION O SUBSCRIBER GRC		ATE FEES FOR EAG		RIBER GROUP	IP	
COMMUNITY/ AREA	NIEENIH	SUBSCRIBER GRC	0	COMMUNITY/ ARE		I SUBSCRIBER GROU	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
ONEE OIGH	DOL		DOL		DOL		DOL	Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
		-						for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	NTEENTH	SUBSCRIBER GRC		11		I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t		te fees for each subs space L (page 7)	scriber group	as shown in the boxe	es above.	\$		

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BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAG	CH SUBSCR	RIBER GROUP	
	SUBSCRIBER GRO				SUBSCRIBER GRO	UP
MMUNITY/ AREA		0	COMMUNITY/ ARE	COMMUNITY/ AREA		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	n -					
	T.					
al DSEs	1	0.00	Total DSEs		1	0.00
ss Receipts First Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00
e Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
TWENTY-THIRD SUBSCRIBER GROUP			TWEN	ITY-FOURTH	SUBSCRIBER GRO	UP
/MUNITY/ AREA		0	COMMUNITY/ AREA 0			
L SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
L SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
L SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
L SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
LL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
ALL SIGN DSE			CALL SIGN	DSE	CALL SIGN	
ALL SIGN DSE		DSE	CALL SIGN	DSE DSE	CALL SIGN	
ALL SIGN DSE		DSE	CALL SIGN	DSE	CALL SIGN	
ALL SIGN DSE		DSE	CALL SIGN		CALL SIGN	
		DSE	CALL SIGN	DSE	CALL SIGN	O.00
I DSEs	CALL SIGN				S	
I DSEs		0.00	Total DSEs			0.00
ALL SIGN DSE		0.00	Total DSEs	Irth Group		0.00

BLOCK A		F BASE RA	TE FEES FOR EAG	CH SUBSCR		
	H SUBSCRIBER GRO				SUBSCRIBER GRO	UP
DMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

I DSEs		0.00	Total DSEs		· ·	0.00
ss Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
•						
e Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
TWENTY-SEVENTH SUBSCRIBER GROUP				-		1
	H SUBSCRIBER GRO			NTY-EIGHTH	SUBSCRIBER GRO	UP
	H SUBSCRIBER GRO	DUP 0	TWE COMMUNITY/ ARE	NTY-EIGHTH	SUBSCRIBER GRO	
MUNITY/ AREA	+ SUBSCRIBER GRO			NTY-EIGHTH	SUBSCRIBER GRO	UP
MUNITY/ AREA		0	COMMUNITY/ ARE	NTY-EIGHTH		UP 0
MUNITY/ AREA		0	COMMUNITY/ ARE	NTY-EIGHTH		UP 0
IMUNITY/ AREA		0	COMMUNITY/ ARE	NTY-EIGHTH		UP 0
/MUNITY/ AREA		0	COMMUNITY/ ARE	NTY-EIGHTH		UP 0
/MUNITY/ AREA		0	COMMUNITY/ ARE	NTY-EIGHTH		UP 0
/MUNITY/ AREA		0	COMMUNITY/ ARE	NTY-EIGHTH		UP 0
MMUNITY/ AREA		0	COMMUNITY/ ARE	NTY-EIGHTH		UP 0
MMUNITY/ AREA		0	COMMUNITY/ ARE	NTY-EIGHTH		UP 0
IMUNITY/ AREA		0	COMMUNITY/ ARE	NTY-EIGHTH		UP 0
MMUNITY/ AREA		0	COMMUNITY/ ARE	NTY-EIGHTH		UP 0
/MUNITY/ AREA		0	COMMUNITY/ ARE	NTY-EIGHTH		UP 0
/MUNITY/ AREA		0	COMMUNITY/ ARE	NTY-EIGHTH		UP 0
MUNITY/ AREA		0	COMMUNITY/ ARE	NTY-EIGHTH		UP 0
MMUNITY/ AREA		0 DSE	COMMUNITY/ ARE			
MMUNITY/ AREA	CALL SIGN	0 DSE	COMMUNITY/ ARE CALL SIGN			
MMUNITY/ AREA	CALL SIGN	0 DSE	COMMUNITY/ ARE CALL SIGN	NTY-EIGHTH		

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LEGAL NAME OF OWNER Consolidated Cmn			(fka: GT	۲C, Inc)		SY	STEM ID# 63103	Name
				TE FEES FOR EACH				
COMMUNITY/ AREA	Y-NINTH	SUBSCRIBER GROU	0 1	COMMUNITY/ AREA	HIRTIETH	SUBSCRIBER GROUP	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN			Computation of
ON REPORT	DOL		DOL		DOL		DSE	Base Rate Fee
								and
								Syndicated Exclusivity
						-		Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs	<u> </u>		0.00	
Gross Receipts First Gr	0110		0.00	Gross Receipts Secon	d Group	\$	0.00	
	oup	- -	0.00	Gloss Receipts Secon	u Group	<u>,</u>	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00	
	Y-FIRST	SUBSCRIBER GROU			-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
					_			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
						_		
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

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IMUNITY/ AREA 0 COMMUNITY/ AREA 0	e Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
	THIR	ry-fifth	SUBSCRIBER GRO	OUP	ТІ	HIRTY-SIXTH	I SUBSCRIBER GRO	UP
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ss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	ss Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00
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e Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	e Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00

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al DSEs		0.00	Total DSEs			0.00
oss Receipts First Group	\$	0.00	Gross Receipts See	cond Group	\$	0.00
se Rate Fee First Group	¢	0.00	Base Rate Fee Sec	and Croup	¢	0.00
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tal DSEs		0.00	Total DSEs			0.00
oss Receipts Third Group	\$	0.00	Gross Receipts For	urth Group	\$	0.00
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se Rate Fee Third Group	\$	0.00	Base Rate Fee For	urth Group	\$	0.00
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LEGAL NAME OF OWN Consolidated Cm			o (fka: G	TC, Inc)			YSTEM ID# 63103	Name
		COMPUTATION OI SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP	IP	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE			
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								Distant
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Total DSEs			0.00				0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	TY-THIRD	SUBSCRIBER GRO		11		I SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

TORWOAJE. TAOL 13	FORM	SA3E.	PAGE	19.
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LEGAL NAME OF OWNE	municati	ons of Florida C	o (fka: G	TC, Inc)			YSTEM ID# 63103	Name
		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GRU	0		FORTY-SIXTH SUBSCRIBER GROUP OMMUNITY/ AREA 0			9
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otal DSEs			0.00	Total DSEs			0.00	
Bross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
a se Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FORTY-	SEVENTH	SUBSCRIBER GRO)UP	FOF	RTY-EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add ti				11				

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LEGAL NAME OF OWNE Consolidated Cmi			o (fka: G	ΓC, Inc)		S	YSTEM ID# 63103	Name
				TE FEES FOR EAG				
COMMUNITY/ AREA		SUBSCRIBER GRO	<u>0</u> P	COMMUNITY/ ARE		I SUBSCRIBER GROU	0 0	9
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Total DSEs	•	···	0.00	Total DSEs	•	···	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	TY-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
	P	<u>.</u>				.		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th	ie base rat	te fees for each subs	criber aroun	as shown in the boxe	es above.			
Enter here and in block			9.00p			\$		

Consolidated Cm	municati	ons of Florida C	o (fka: G	I C, Inc)			63103	Name	
		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAC		RIBER GROUP		-	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of	
	DOL							Base Rate F	
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otal DSEs			0.00	Total DSEs			0.00		
Fross Receipts First C	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
ase Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
FI	TY-FIFTH	SUBSCRIBER GRO	DUP		FIFTY-SIXTH	I SUBSCRIBER GRO	UP		
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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otal DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00		
ase Rate Fee: Add t				11					

LEGAL NAME OF OWNE Consolidated Cmr			o (fka: G	ΓC, Inc)		S	YSTEM ID# 63103	Name	
				TE FEES FOR EAC			10	-	
COMMUNITY/ AREA	EVENTH	SUBSCRIBER GRC	0 0	COMMUNITY/ AREA		I SUBSCRIBER GRO	0P 0	9	
			-					Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
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Fotal DSEs			0.00	Total DSEs		++	0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
	·								
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
	Y-NINTH	SUBSCRIBER GRC				I SUBSCRIBER GRO	-		
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	4		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Four	rth Group	\$	0.00		
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
ase Rate Fee: Add th	e base rat	te fees for each subs	criber group	as shown in the boxe	s above.				

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LEGAL NAME OF OWNE Consolidated Cm			o (fka: G	TC, Inc)		S	63103	Name	
				TE FEES FOR EAC					
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		_						Base Rate Fee and	
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		-						Surcharge for	
								Partially	
								Distant	
		-						Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
SIX	TY-THIRD	SUBSCRIBER GRO	UP			I SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs	1	······	0.00	Total DSEs			0.00		
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00		
Base Rate Fee: Add th	e base rat	te fees for each subs	scriber arour	as shown in the boxe	s above				
Enter here and in block			<u>3</u> .esp			\$			

LEGAL NAME OF OWNE			o (fka: G	ΓC, Inc)		S	YSTEM ID# 63103	Name	
				TE FEES FOR EA					
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00		
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00		
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		-							
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third (Group	\$	0.00	Gross Receipts For	irth Group	\$	0.00		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00		
Base Rate Fee: Add ti	hasa ra	to foos for each subs	scriber group	as shown in the how	a above				
		space L (page 7)	scibei gioup	as shown in the DOX		\$			

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Consolidated Cm	municati						YSTEM ID# 63103	Name	
		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP	LID	-	
COMMUNITY/ AREA		SUBSCIE	0	COMMUNITY/ AREA		I SUBSCRIBER GRO	0	9 Computation	
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otal DSEs			0.00	Total DSEs			0.00		
Gross Receipts First C	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
a se Rate Fee First C	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
SEVEN	NTY-FIRST	SUBSCRIBER GRO	DUP	SEVEN	TY-SECOND	SUBSCRIBER GRO	UP		
OMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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otal DSEs	1		0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Rate Fee: Add t	he base ra	te fees for each subs	scriber group	as shown in the boxes	s above.	\$			

ם הרע ו	A: COMPUTATION C		TC, Inc)			
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tal DSEs		0.00	Total DSEs			0.00
oss Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00
e Rate Fee First Group						
	\$	0.00	Base Rate Fee Sec		\$	0.00
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SEVENTY-FIF		OUP	SEV	/ENTY-SIXTH		UP
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SEVENTY-FIF	TH SUBSCRIBER GRO	DUP 0	COMMUNITY/ ARE	/ENTY-SIXTH	SUBSCRIBER GRO	UP 0
SEVENTY-FIF	TH SUBSCRIBER GRO	DUP 0	COMMUNITY/ ARE	/ENTY-SIXTH	SUBSCRIBER GRO	UP 0
SEVENTY-FIF	TH SUBSCRIBER GRO	DUP 0	COMMUNITY/ ARE	/ENTY-SIXTH	SUBSCRIBER GRO	UP 0
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SEVENTY-FIF	TH SUBSCRIBER GRO	DUP 0	COMMUNITY/ ARE	/ENTY-SIXTH	SUBSCRIBER GRO	UP 0
SEVENTY-FIF	TH SUBSCRIBER GRO	DUP 0	COMMUNITY/ ARE	/ENTY-SIXTH	SUBSCRIBER GRO	UP 0
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SEVENTY-FIF	TH SUBSCRIBER GRO	DUP 0	COMMUNITY/ ARE	/ENTY-SIXTH	SUBSCRIBER GRO	UP 0
SEVENTY-FIF	TH SUBSCRIBER GRO	DUP 0	COMMUNITY/ ARE	/ENTY-SIXTH	SUBSCRIBER GRO	UP O DSE
SEVENTY-FIF	TH SUBSCRIBER GRO	DUP 0 DSE 0	COMMUNITY/ ARE COMMUNITY/ ARE CALL SIGN		SUBSCRIBER GRO	UP 0 DSE
SEVENTY-FIF	TH SUBSCRIBER GRO	DUP 0	COMMUNITY/ ARE		SUBSCRIBER GRO	UP O DSE
SEVENTY-FIF	TH SUBSCRIBER GRO	DUP 0 DSE 0	COMMUNITY/ ARE COMMUNITY/ ARE CALL SIGN	JENTY-SIXTH	SUBSCRIBER GRO	UP 0 DSE

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		ons of Florida Co					63103	
		SUBSCRIBER GRO		ATE FEES FOR EAC SEVE		SUBSCRIBER GROU	JP	
OMMUNITY/ AREA								
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oss Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	Gross Receipts Second Group \$ 0.00			
·	·							
e Rate Fee First Gr		\$	0.00	Base Rate Fee Sec		\$	0.00	
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tal DSEs			0.00					
	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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ss Receipts Third G			0.00	Gross Receipts Fou			0.00	
		\$				\$ \$		

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LEGAL NAME OF OWNE			o (fka: G	TC, Inc)		S	YSTEM ID# 63103	Name		
						RIBER GROUP	IP	_		
EIGHTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA 0			COMMUNITY/ ARE	9						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		Computation of		
CALL SIGN	DSE		DSE		DSE		DSE	or Base Rate Fee		
								and		
								Syndicated		
								Exclusivity Surcharge		
								for		
		-						Partially		
								Distant Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
EIGH	TY-THIRD	SUBSCRIBER GRO		11		I SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
		-								
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$				

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Consolidated Cm		LE SYSTEM: ons of Florida C	o (fka: G	ГС, Inc)			YSTEM ID# 63103	Name			
						RIBER GROUP	ID	_			
COMMUNITY/ AREA	EIGHTY-FIFTH SUBSCRIBER GROUP MUNITY/ AREA 0			COMMUNITY/ ARE	9						
								Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fe			
								and			
								Syndicated			
								Exclusivity Surcharge			
								for			
		-						Partially			
		-						Distant Stations			
lotal DSEs			0.00	Total DSEs			0.00				
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00				
3ase Rate Fee First C	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00				
EIGHTY	SEVENTH	SUBSCRIBER GRO	DUP	EIG	HTY-EIGHTH	I SUBSCRIBER GRO	UP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
		-									
		-									
		-									
		-									
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00				
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00				
Base Rate Fee: Add t	he base ra	te fees for each subs	scriber group	as shown in the boxe	s above.						

		ions of Florida C					63103	Name		
		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAC		RIBER GROUP	JP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	9 Computation					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
		-						Base Rate Fe		
								and Syndicated		
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								Surcharge		
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								Stations		
otal DSEs			0.00	Total DSEs			0.00			
Fross Receipts First C	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
ase Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00			
NINE	TY-FIRST	SUBSCRIBER GRO	UP	NINE	TY-SECOND	SUBSCRIBER GROU	JP			
OMMUNITY/ AREA			0	COMMUNITY/ ARE/	۹		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
otal DSEs			0.00	Total DSEs			0.00			
	Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00			
Total DSEs Gross Receipts Third	Group	\$			rth Group	\$				
		\$\$				\$\$				
ross Receipts Third			0.00	Gross Receipts Four			0.00			

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Diidated Cmmunications of BLOCK A: COMPU	UTATION OF BASE RA		SUBSCR	IBER GROUP	63103
NINETY-THIRD SUBSC				SUBSCRIBER GROU	JP
UNITY/ AREA	COMMUNITY/ AREA 0				
. SIGN DSE CAL	L SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE
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SEs	0.00	Total DSEs			0.00
Receipts First Group	0.00	Gross Receipts Secon	d Group	\$	0.00
ate Fee First Group \$	0.00	Base Rate Fee Secon			0.00
				\$	0.00
		NINE		SUBSCRIBER GROU	JP
NINETY-FIFTH SUBSC	CRIBER GROUP				
UNITY/ AREA		NINE			JP
UNITY/ AREA	0	COMMUNITY/ AREA	ETY-SIXTH	SUBSCRIBER GROU	JP 0
UNITY/ AREA	0	COMMUNITY/ AREA	ETY-SIXTH	SUBSCRIBER GROU	JP 0
UNITY/ AREA	0	COMMUNITY/ AREA	ETY-SIXTH	SUBSCRIBER GROU	JP 0
UNITY/ AREA	0	COMMUNITY/ AREA	ETY-SIXTH	SUBSCRIBER GROU	JP 0
UNITY/ AREA	0	COMMUNITY/ AREA	ETY-SIXTH	SUBSCRIBER GROU	JP 0
UNITY/ AREA	0	COMMUNITY/ AREA	ETY-SIXTH	SUBSCRIBER GROU	JP 0
UNITY/ AREA	0	COMMUNITY/ AREA	ETY-SIXTH	SUBSCRIBER GROU	JP 0
UNITY/ AREA	0	COMMUNITY/ AREA	ETY-SIXTH	SUBSCRIBER GROU	JP 0
UNITY/ AREA	0	COMMUNITY/ AREA	ETY-SIXTH	SUBSCRIBER GROU	JP 0
UNITY/ AREA	0	COMMUNITY/ AREA	ETY-SIXTH	SUBSCRIBER GROU	JP 0
UNITY/ AREA	0	COMMUNITY/ AREA	ETY-SIXTH	SUBSCRIBER GROU	JP 0
UNITY/ AREA	0	COMMUNITY/ AREA	ETY-SIXTH	SUBSCRIBER GROU	JP 0
UNITY/ AREA	0	COMMUNITY/ AREA	ETY-SIXTH	SUBSCRIBER GROU	JP 0
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UNITY/ AREA	0 L SIGN DSE	COMMUNITY/ AREA	DSE	SUBSCRIBER GROU	JP 0 DSE 0

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	A: COMPUTATION C		11		IBER GROUP SUBSCRIBER GRO	UP
OMMUNITY/ AREA	0					
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tal DSEs		0.00	Total DSEs			0.00
oss Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00
se Rate Fee First Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00
NINETY-NI	ITH SUBSCRIBER GR	OUP	ONE	HUNDREDTH	SUBSCRIBER GRO	UP
MMUNITY/ AREA		0	COMMUNITY/ ARE	EA		0
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	s	0.00	Total DSEs Gross Receipts Fou	urth Group	S	0.00
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otal DSEs ross Receipts Third Group ase Rate Fee Third Group	s s				S S	

FORM SA3E. PAG

Consolidated Cmm		E SYSTEM: ons of Florida Co) (fka: G	TC, Inc)		S	YSTEM ID# 63103
				TE FEES FOR EAG			
ONE HUNDRED FIRST SUBSCRIBER GROUP						SUBSCRIBER GRO	UP 0
COMMUNITY/ AREA 0				COMMUNITY/ ARE			U
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						-	
al DSEs			0.00	Total DSEs		11	0.00
oss Receipts First Gro		¢.	0.00	Gross Receipts Sec	and Group		0.00
	up	<u>\$</u>	0.00	Gross Receipts Sec	ond Group	\$	0.00
e Rate Fee First Gro	up	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
ONE HUNDRED	THIRD	SUBSCRIBER GROU	JP	ONE HUNDF	RED FOURTH	SUBSCRIBER GRO	UP
MMUNITY/ AREA			0	COMMUNITY/ ARE	A		0
LL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
						-	
			0.00	Total DSEs			0.00
al DSEs					Gross Receipts Fourth Group \$ 0.00		
	oup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00
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	·	\$ \$		Gross Receipts Fou Base Rate Fee Fou		\$\$	0.00
ss Receipts Third Gro	·		0.00				
s Receipts Third Gro e Rate Fee Third Gro	oup	\$	0.00		rth Group		
Receipts Third Gro Rate Fee Third Gro	bup base rate	\$ e fees for each subsc	0.00	Base Rate Fee Fou	rth Group		

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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED SITH SUBSCRIBER GROUP ONE HUNDRED SITH SUBSCRIBER GROUP ORMUNITY/ AREA O CALL SIGN DSE CALL SIGN	GAL NAME OF OWNER OF CA Insolidated Cmmunica		Co (fka: G	TC, Inc)			63103
CALL SIGN DSE CA				11			
CALL SIGN DSE CA							
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	MMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
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			0.00				0.00
ss Receipts Third Group <u>\$ 0.00</u> Gross Receipts Fourth Group <u>\$ 0.00</u>	ss Receipts Third Group	\$	0.00	Gross Receipts Fou	inn Group	\$	0.00
se Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	se Rate Fee Third Group	\$	0.00	Base Rate Fee For	irth Group	\$	0.00

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BLOCK A: COMPUT ONE HUNDRED NINTH SUBSCR COMMUNITY/ AREA	IBER GROUP		DRED TENTH	IBER GROUP SUBSCRIBER GRO	UP 0
OMMUNITY/ AREA	0	COMMUNITY/ ARE	EA	SUBSCRIBER GRO	
	SIGN DSE				
				CALL SIGN	DSE
al DSEs	0.00	Total DSEs	;	· · ·	0.00
ss Receipts First Group \$	0.00	Gross Receipts Sec	cond Group	\$	0.00
e Rate Fee First Group \$	0.00	Base Rate Fee Sec	cond Group	\$	0.00
ONE HUNDRED ELEVENTH SUBSCR	IBER GROUP	ONE HUNDRE	ED TWELVTH	SUBSCRIBER GRO	UP
IMUNITY/ AREA	0	COMMUNITY/ ARE	EA		0
LL SIGN DSE CALL	SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE
		m / / m = 7			
I DSEs	0.00	Total DSEs			0.00
ss Receipts Third Group \$	0.00	Gross Receipts Fou	urth Group	\$	0.00
e Rate Fee Third Group \$	0.00	Base Rate Fee Fou	urth Group	\$	0.00

	onsolidated Cmm		E SYSTEM: ons of Florida Co	(fka: G	TC, Inc)			YSTEM ID# 63103
DMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Call SIGN DSE CALL SIGN DSE CALL SIGN DSE Call SIGN DSE CALL SIGN DSE CALL SIGN DSE Call SIGN DSE CALL SIGN DSE CALL SIGN DSE tal DSEs					11			
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tal DSEs Communitry: AREA CALL SIGN DSE CALL SIGN COMMUNITY AREA CALL SIGN CALL SIGN CALL SIGN CALL SIGN CALL SIGN CALL SIGN CALL SIGN CALL SIGN C					n			
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Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)				riber group	as shown in the boxes	s above.			

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LEGAL NAME OF OWNE Consolidated Cmr			o (fka: G	ΓC, Inc)		S	YSTEM ID# 63103	Name
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Base Rate Fee: Add th	e hase rei	te fees for each subs	criber group	as shown in the boxes	above			
		space L (page 7)	siber group			\$		

FORM SA3E. F	PAGE 19.
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				ONE HUNDRED T		BER GROUP SUBSCRIBER GROUP	1
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MMUNITY/ AREA			0	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP	0
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MMUNITY/ AREA			0	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP	0
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MMUNITY/ AREA			P	ONE HUNDRED TH	IRTY-SECOND		<u>_</u>	
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MMUNITY/ AREA	TY-FIRST	SUBSCRIBER GROU	P 0	ONE HUNDRED TH	IRTY-SECOND	SUBSCRIBER GROUF	0	
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	tions of Florida C					63103
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tal DSEs		0.00	Total DSEs		<u> </u>	0.00
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ss Receipts First Group	\$	0.00	Gross Receipts Sec	cona Group	\$	0.00
e Rate Fee First Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00
ONE HUNDRED THIRTY-FIFTI	1 SUBSCRIBER GROU		11		I SUBSCRIBER GROUP	
MMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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tal DSEs oss Receipts Third Group Ise Rate Fee Third Group	<u>\$</u> <u>\$</u>				\$ \$	

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				TC, Inc)			63103
BL NE HUNDRED THIRTY-				ATE FEES FOR EA		IBER GROUP SUBSCRIBER GROUP	,
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tal DSEs			0.00	Total DSEs			0.00
oss Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00
se Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
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					A		0
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al DSEs pss Receipts Third G	roup	<u>\$</u>	0.00	Total DSEs Gross Receipts Fou	DSE	S	DSE

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al DSEs 0.00 Total DSEs 0.00			0.00				0.00
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se Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	al DSEs oss Receipts Third Group	\$	0.00	Gross Receipts For			

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ONE HUNDRED FORTY-FIFT	: COMPUTATION C H SUBSCRIBER GROU		11		IBER GROUP)
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tal DSEs		0.00	Total DSEs		<u> </u>	0.00
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ss Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00
e Rate Fee First Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00
E HUNDRED FORTY-SEVENT	H SUBSCRIBER GROU	IP	ONE HUNDRED F			
					I SUBSCRIBER GROUP	,
IMUNITY/ AREA		0	COMMUNITY/ ARE			0
	CALL SIGN				CALL SIGN	
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ALL SIGN DSE	CALL SIGN	0	COMMUNITY/ ARE	EA		0
ALL SIGN DSE	CALL SIGN	0 DSE	COMMUNITY/ ARE	A		0 DSE
ALL SIGN DSE		0 DSE	COMMUNITY/ ARE CALL SIGN	A		0 DSE
DMMUNITY/ AREA		0 DSE	COMMUNITY/ ARE CALL SIGN	Inth Group		0 DSE

LEGAL NAME OF OWNEF Consolidated Cmm) (fka: G	TC, Inc)		S	YSTEM ID# 63103	Name
				TE FEES FOR EAC				
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU				SUBSCRIBER GROU		9
COMMUNITY/ AREA		0 COMMUNITY/ AREA 0				-		
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Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIFT	Y-FIRST	SUBSCRIBER GROU				SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
					-			
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Baco Dato Essi Add the	hace ref	o foos for each sub-	riber grou	as shown in the here	a abovo			
Base Rate Fee: Add the Enter here and in block 3			nnei Aionb	as shown in the doxe		\$		

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EGAL NAME OF OWNER			EM:SYSTEM ID#Florida Co (fka: GTC, Inc)63103					N
	HUNDRED FIFTY-THIRD SUBSCRIBER GROUP			1	ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0			_
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Gro	ир	<u>\$</u>	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Gro	up	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIFT	Y-FIFTH	SUBSCRIBER GROU		1		I SUBSCRIBER GRO		
OMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Gross Receipts Third Gro	auc	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	1-	<u>·</u>			h	. <u>.</u>		
ase Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
			.,					
ase Rate Fee: Add the		e fees for each subsc pace L (page 7)	riber group	as shown in the boxe	s above.	\$		

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		ons of Florida Co					YSTEM ID# 63103
BL ONE HUNDRED FIFTY-						IBER GROUP	
COMMUNITY/ AREA 0			COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs			0.00	Total DSEs			0.00
oss Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
se Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
	TY-NINTH	SUBSCRIBER GROUF		1		I SUBSCRIBER GROUP	
MMUNITY/ AREA			0	COMMUNITY/ ARE	A		0
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
ntal DSEs			0.00	Total DSEs			0.00
	roup		0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00 0.00
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otal DSEs ross Receipts Third G ase Rate Fee Third G	·	\$ \$ \$				\$\$	
oss Receipts Third G se Rate Fee Third G	roup	\$	0.00	Gross Receipts Fou	rth Group		0.00

BLOCK A: CO	MPUTATION OF BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP	
	JBSCRIBER GROUP			SUBSCRIBER GROUP	C
MMUNITY/ AREA Port St Jo	NITY/ AREA Port St Joe		Chattah	oochee	
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al DSEs	0.00	Total DSEs			0.00
ss Receipts First Group \$	648,012.48	Gross Receipts Secon	d Group	\$	0.00
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e Rate Fee First Group \$	0.00	Base Rate Fee Secon	d Group	\$	0.00
THIRD SU	JBSCRIBER GROUP		FOURTH	SUBSCRIBER GROUP	D
IMUNITY/ AREA Perry		COMMUNITY/ AREA			0
ALL SIGN DSE	CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE
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al DSEs	0.00	Total DSEs			0.00
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al DSEs			Group	s	

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				ATE FEES FOR EA			
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otal DSEs	-		0.00	Total DSEs			0.00
oss Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00
·	·				•		
se Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00
	SEV/ENTU	SUBSCRIBER GRO	פוור		EICUTU	SUBSCRIBER GRC	
MMUNITY/ ARE		CODOCINDEN ON	0	COMMUNITY/ ARE			0
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		-					
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tal DSEs			0.00	Total DSEs			0.00
oss Receipts Thi	d Group	\$	0.00	Gross Receipts Fou	urth Group	\$	0.00
ase Rate Fee Thi	d Group	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00
	•	<u> </u>			1	<u>, </u>	
		te fees for each sub space L (page 7)	scriber group	as shown in the boxe	es above.	s	

		HSUBSCR		F BASE PA	COMPUTATION OF		RI
	SUBSCRIBER GROU				SUBSCRIBER GROU		BL
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GAL NAME OF OW onsolidated Cr		ons of Florida C	o (fka: G	TC, Inc)			63103	
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Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. \$	otal DSEs			0.00	Total DSEs			0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. \$	Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		n Sup	• 	0.00		Croup	<u>*</u>		
	Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Enter here and in block 3, line 1, space L (page 7) \$				riber group	as shown in the boxes a	above.	\$		

FORM	SA3E.	PAGE	19

LEGAL NAME OF OW Consolidated C		LE SYSTEM: ions of Florida Co	o (fka: G	TC, Inc)		5	63103 63103	Name
		COMPUTATION OF		TE FEES FOR EA	CH SUBSCF	RIBER GROUP		
ONE HUND	RED FIRST	SUBSCRIBER GRO	UP	ONE HUNDE	RED SECOND	SUBSCRIBER GRO	UP	•
COMMUNITY/ ARE	۹		0	COMMUNITY/ ARE	EA		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
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		-						Surcharge
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								Partially Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Se	cond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
ONE HUND	RED THIRD	SUBSCRIBER GRO	UP	ONE HUNDI	RED FOURTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ ARE/	۹		0	COMMUNITY/ ARE	EA		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		[П		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thire	d Group	\$	0.00	Gross Receipts For	urth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee For	urth Group	\$	0.00	
		te fees for each subs	criber group	as shown in the box	es above.	¢		
Enter here and in blo	ມປະເວ, III 10 1, 1	space ∟ (page /)				φ		

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LEGAL NAME OF OWN Consolidated Cm			o (fka: G	TC, Inc)		S	63103 63103	Name
E	BLOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EA	CH SUBSCF	IBER GROUP		
ONE HUNDI	RED FIFTH	SUBSCRIBER GRO	UP	ONE HUN	NDRED SIXTH	I SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	EA		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		-						and
								Syndicated
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								Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
	Cloup	<u> </u>				÷		
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GRO	UP	ONE HUND	RED EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	EA		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	urth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00	
Base Rate Fee: Add	the base rat	te fees for each subs	criber group	II as shown in the boxe	es above.			
Enter here and in bloo						\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Consolidated Cmmunications of Florida Co (fka: GTC, Inc) 63103								Name
	BLOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EA	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		11		SUBSCRIBER GRC	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
								Base Rate Fo
		_						and
								Syndicated
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Total DSEs			0.00	Total DSEs		•••	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
	Clock	÷				·		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
ONE HUNDRED	ELEVENTH	SUBSCRIBER GRO	UP	ONE HUNDRE	ED TWELVTH	SUBSCRIBER GRC	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	EA		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			0.00	T-1-1 DO5			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	urth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00	
				11				
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	es above.	\$		

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0 9 Computa	IP	BER GROUP									
•	IP		1000001	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL			
•		SUBSCRIBER GROU	ONE HUNDRED FO	JP	ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP						
oomputa	0	COMMUNITY/ AREA				OMMUNITY/ AREA					
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for						-					
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<u>)</u>	0.00			Total DSEs	0.00			otal DSEs			
b	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	oup	ross Receipts First Gr			
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<u> </u>	0.00	\$	nd Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gr			
	UP	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDRED S	JP	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF			
0	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA			
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)	0.00			Total DSEs	0.00			otal DSEs			
<u></u>	0.00	\$	h Group	Gross Receipts Fourt	0.00	\$	iroup	ross Receipts Third G			
	0.00	÷	il Oloup		0.00	<u> </u>	ioup				
	0.00	¢	h Croup	Base Rate Fee Fourt	0.00	¢	roup	ase Rate Fee Third G			

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Consolidated Cmmunications of Florida Co (fka: GTC, Inc) 63103								Nam
B	LOCK A: (BASE RA	TE FEES FOR EA	CH SUBSCR	IBER GROUP		
ONE HUNDRED SEV	ENTEENTH	SUBSCRIBER GROUP)	ONE HUNDRED	DEIGHTEENTH	I SUBSCRIBER GROUF	>	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	EA		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Comput of
0.112 0.011			502					Base Rat
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		-						Surcha
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	_ I	4				<u>ļ</u>		
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
ase Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GRO	JP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	ΞΑ		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third	Group	\$	0.00	Gross Receipts Fou	urth Group	\$	0.00	
ase Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00	
				11				
			criber group	as shown in the boxe	es above.			
nter here and in bloc	k 3, line 1,	space L (page 7)				\$		

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LEGAL NAME OF OWN			o (fka: G	TC, Inc)		S	63103	Name
				П				
COMMUNITY/ AREA	SUBSCRIBER GROUF	0	COMMUNITY/ ARE		O SUBSCRIBER GROUF	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE		Computation of
								Base Rate Fee
								and Syndicated
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Total DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts First	Group	<u>\$</u>	0.00	Gross Receipts Se	cond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee See	cond Group	\$	0.00	
ONE HUNDRED TWE COMMUNITY/ AREA		SUBSCRIBER GROUP	, 0	ONE HUNDRED TW		H SUBSCRIBER GROUP	<u>ہ</u>	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts For	urth Group	\$	0.00	
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Base Rate Fee Third	Group	\$	0.00	Base Rate Fee For	urth Group	\$	0.00	
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Base Rate Fee: Add Enter here and in blo			criber group	as shown in the box	es above.	\$		

LEGAL NAME OF OWN Consolidated Cm			o (fka: G	TC, Inc)		S	63103	Name
ONE HUNDRED TWE	IN I Y-FIFTH	SUBSCRIBER GROUP	0	ONE HUNDRED T	9			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatior of
		-						Base Rate Fe
								and
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								for
								Partially Distant
		-						Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWENT	-SEVENTH	SUBSCRIBER GROUP	1	ONE HUNDRED TW	ENTY-EIGHTH	I SUBSCRIBER GROUI	P	
OMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			riber group	II as shown in the boxe	es above.	\$		

EGAL NAME OF OWNEF			(fka: G	TC, Inc)			STEM ID# 63103	Ν
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	HSUBSCR	RIBER GROUP		
ONE HUNDRED TWENT	TY-NINTH	H SUBSCRIBER GROUP		ONE HUNDRE	ED THIRTIETH SUBSCRIBER GROUP)	
COMMUNITY/ AREA		0				0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Comp
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otal DSEs	·		0.00	Total DSEs		••	0.00	
ross Receipts First Gro	aun	¢	0.00	Gross Receipts Seco	and Group	¢		
ross Receipts First Gro	bup	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00	
ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED THIR	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THI	RTY-SECONE) SUBSCRIBER GROUF)	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	4		<u>.</u>	
		1				11	UP	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			0.00	Total DSEs			0.00	
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	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
otal DSEs Bross Receipts Third Gr	roup	\$	0.00	Gross Receipts Four	ui Gioup	>		
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ross Receipts Third Gr	·							
oss Receipts Third Gr se Rate Fee Third Gr	roup	\$	0.00		th Group			

LEGAL NAME OF OW Consolidated C		LE SYSTEM: ons of Florida C	o (fka: G	TC, Inc)		S	63103	Name
				ATE FEES FOR EA				
ONE HUNDRED T	HIRTY-THIRD	SUBSCRIBER GROUI	Þ	ONE HUNDRED TH	0			
COMMUNITY/ ARE	A		0	COMMUNITY/ ARE	ΞΑ		9 Computatio	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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otal DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Se	cond Group	\$	0.00	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Se	cond Group	\$	0.00	
ONE HUNDRED TH	IRTY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED T	HIRTY-SIXTH	I SUBSCRIBER GRC	UP	
COMMUNITY/ AREA		0		COMMUNITY/ AREA		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Fotal DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Thir	a Group	\$	0.00	Gross Receipts Fo	urth Group	\$	0.00	
Base Rate Fee Thin	d Group	\$	0.00	Base Rate Fee For	urth Group	\$	0.00	
Base Rate Fee: Add			criber group	as shown in the box	es above.	\$		
	,,							

Consolidated Cmmunic	ABLE SYSTEM: ations of Florida	Co (fka: G	TC, Inc)			SYSTEM ID# 63103
	A: COMPUTATION		ATE FEES FOR EAC	H SUBSCF	RIBER GROUP	ROUP
	ITH SUBSCRIBER GRO		ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP			
COMMUNITY/ AREA		0				0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00
					·	1
	TH SUBSCRIBER GR	OUP		D FORTIETH	USUBSCRIBER GRO	OUP 0
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OMMUNITY/ AREA		OUP		D FORTIETH	·	UP
DMMUNITY/ AREA		OUP 0	ONE HUNDREI	D FORTIETH	I SUBSCRIBER GRO	UP 0
DMMUNITY/ AREA		OUP 0	ONE HUNDREI	D FORTIETH	I SUBSCRIBER GRO	UP 0
		OUP 0	ONE HUNDREI	D FORTIETH	I SUBSCRIBER GRO	UP 0
OMMUNITY/ AREA		OUP 0	ONE HUNDREI	D FORTIETH	I SUBSCRIBER GRO	UP 0
OMMUNITY/ AREA		OUP 0	ONE HUNDREI	D FORTIETH	I SUBSCRIBER GRO	UP 0
OMMUNITY/ AREA		OUP 0	ONE HUNDREI	D FORTIETH	I SUBSCRIBER GRO	UP 0
OMMUNITY/ AREA		OUP 0	ONE HUNDREI	D FORTIETH	I SUBSCRIBER GRO	UP 0
OMMUNITY/ AREA		OUP 0	ONE HUNDREI	D FORTIETH	I SUBSCRIBER GRO	UP 0
OMMUNITY/ AREA		OUP 0	ONE HUNDREI	D FORTIETH	I SUBSCRIBER GRO	UP 0
OMMUNITY/ AREA		OUP 0	ONE HUNDREI	D FORTIETH	I SUBSCRIBER GRO	UP 0
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Name	YSTEM ID# 63103			0, 110)	o (tka: Gi	ons of Fiorida Co		LEGAL NAME OF OWNE Consolidated Cmr	
		IBER GROUP	SUBSCR	TE FEES FOR EAC	BASE RA	COMPUTATION OF	OCK A: C	BL	
9		SUBSCRIBER GROUP	11	•	SUBSCRIBER GROUP	RTY-FIRST			
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate						_			
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		SUBSCRIBER GROUF				\$ SUBSCRIBER GROUP	-		
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		Ŀ		ONE HUNDRED FOR			-	ONE HUNDRED FOR	
) 0	SUBSCRIBER GROUF	TY-FOURTH	ONE HUNDRED FOR	0	SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED FOR	
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	0 DSE	SUBSCRIBER GROUF	TY-FOURTH	ONE HUNDRED FOF COMMUNITY/ AREA	0 DSE	SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED FOF COMMUNITY/ AREA	
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Consolidated Cn		LE SYSTEM: ons of Florida C	o (fka: G	TC, Inc)			63103	Na
E	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
ONE HUNDRED F	ORTY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED	FORTY-SIXTH	H SUBSCRIBER GROUP	5	
COMMUNITY/ AREA			0 COMMUNITY/ AREA			0		
	Dec		Dec		Dec			Comp
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base I
								a
		-						Sync
								Excl
		-						Surc
								f
								Par
		-						Dis
								Stat
		LI.	0.00	T-4-1 DOC		11	0.00	
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
NE HUNDRED FORT	Y-SEVENTH	SUBSCRIBER GROU	P	ONE HUNDRED F	ORTY-EIGHTH	H SUBSCRIBER GROUP	5	
OMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
			-					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						l
								l
otal DSEs			0.00	Total DSEs			0.00	
	Crown	¢			uth Crown	¢		
Fross Receipts Third	Group	\$	0.00	Gross Receipts Fou	irin Group	\$	0.00	
ase Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
		_						
			scriber group	as shown in the boxe	es above.	¢		
nter here and in blo	JK J, III e I,	space L (page /				\$		

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EGAL NAME OF OWN			o (fka: G	TC, Inc)			63103	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EA	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FOI	RTY-NINTH	SUBSCRIBER GRO	DUP	ONE HUNDR	RED FIFTIETH	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat
								Exclusiv
								Surcharg
								for
								Partially
								Distant
		_						Stations
		-						
otal DSEs			0.00	Total DSEs			0.00	
oss Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
ONE HUNDRED FI	IFTY-FIRST	SUBSCRIBER GRO	DUP	ONE HUNDRED FI	TY-SECONE	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
		-						
		-						
tal DSEs			0.00	Total DSEs			0.00	
	-							
ross Receipts Third	Group	\$	0.00	Gross Receipts Fou	urth Group	\$	0.00	
	0				with C			
ase Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
			scriber group	as shown in the boxe	es above.	¢		
ter here and in blo	uk o, IIIne 1,	space L (page /)				\$		

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		BER GROUP	I SUBSCRI	TE FEES FOR EAC	BASE RA	COMPUTATION OF	OCK A: C	BL
	UP			ONE HUNDRED FIFT		SUBSCRIBER GROL		
0				0 COMMUNITY/ AREA				DMMUNITY/ AREA
_								
=	DSI	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	ALL SIGN
							-	
							-	
		_						
							_	
		-						
							=	
							-	
0	0.0	-		Total DSEs	0.00			I DSEs
0	0.0	\$	nd Group	Gross Receipts Seco	0.00	\$	nun	s Receipts First Gr
•	0.0	<u> </u>			0.00	<u>+</u>	oup	
	0.0	•	d Croup	Bass Bats Ess Saga	0.00	a	20110	Bata Eas First Cr
0	0.0	\$	nd Group	Base Rate Fee Seco	0.00	\$	oup	Rate Fee First Gr
0		\$ SUBSCRIBER GROU				\$ SUBSCRIBER GROL		
0		L						NE HUNDRED FIF
		L		ONE HUNDRED F	JP			IE HUNDRED FIF
0		L		ONE HUNDRED F	JP			E HUNDRED FIF ⁻ MUNITY/ AREA
0	UP	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH S	IE HUNDRED FIF ⁻ MUNITY/ AREA
0	UP	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH S	NE HUNDRED FIF ⁻ IMUNITY/ AREA
0	UP	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH S	IE HUNDRED FIF
0	UP	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH S	NE HUNDRED FIF ⁻ IMUNITY/ AREA
0	UP	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH S	NE HUNDRED FIF
0	UP	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH S	IE HUNDRED FIF
0	UP	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH S	IE HUNDRED FIF
0	UP	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH S	NE HUNDRED FIF
0	UP	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH S	NE HUNDRED FIF ⁻ IMUNITY/ AREA
0	UP	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH S	NE HUNDRED FIF
0	UP	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH S	NE HUNDRED FIF ⁻ /MUNITY/ AREA
0	UP	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH S	NE HUNDRED FIF ⁻ /MUNITY/ AREA
0	UP	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH S	NE HUNDRED FIF ⁻ MMUNITY/ AREA
0 0 E	UP	SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH S	NE HUNDRED FIF
		SUBSCRIBER GROU	FTY-SIXTH DSE	ONE HUNDRED F COMMUNITY/ AREA CALL SIGN	JP 0 DSE 0.00	SUBSCRIBER GROU		ALL SIGN
	UP DSI	SUBSCRIBER GROU	FTY-SIXTH DSE	ONE HUNDRED F COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU		ALL SIGN
0 E 0 0 0 0		SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED F COMMUNITY/ AREA CALL SIGN	JP 0 DSE 0.00	SUBSCRIBER GROU	TY-FIFTH S	se Rate Fee First Gr

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TORWOAJE. TAOL 13	FORM	SA3E.	PAGE	19.
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onsolidated Cm		LE SYSTEM: ons of Florida Co	o (fka: G	ГС, Inc)			YSTEM ID# 63103	Nam
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAG		IBER GROUP		
ONE HUNDRED FIFTY	-SEVENTH	SUBSCRIBER GROUP)	ONE HUNDRED	FIFTY-EIGHTH	I SUBSCRIBER GROUP		•
OMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Comput of
	DOL		DOL	OALL OIGH	DOL		DOL	Base Rat
		-						and
								Syndica
		-				+		Exclusi
		-						
								Surcha
								for
								Partial
		-						Distar
		-						Statio
		-						
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
ase Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
ONE HUNDRED FIF	TY-NINTH	SUBSCRIBER GRO	JP	ONE HUNDR	ED SIXTIETH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		_						
		_						
otal DSEs	_		0.00	Total DSEs			0.00	
ross Receipts Third (Group	¢	0.00	Gross Receipts Fou	urth Group	\$	0.00	
	Croah	\$	5.00			¥	0.00	
non Data Fac Third	Croup	¢	0.00	Bass Bats Fas Fas	urth Crour		0.00	
ase Rate Fee Third (этопр	\$	0.00	Base Rate Fee Fou	and Group	\$	0.00	
		te fees for each subso	riber group	as shown in the boxe	es above.			
nter here and in bloc	k 3, line 1, s	space L (page 7)				\$		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Cmmunications of Florida Co (fka: GTC, Inc)	FORM SA3E. PAGE 20. SYSTEM ID# 63103
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY S	
9	If your cable system is located within a top 100 television market and the station Syndicated Exclusivity Surcharge. Indicate which major television market any po by section 76.5 of FCC rules in effect on June 24, 1981:	i is not exempt in Part 7, you mustalso compute a
Computation of		ond 50 major television market
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF	Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge for Partially Distant	 this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VH Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs us Step 4: Compute the surcharge for each subscriber group using the formula ou schedule. In making this computation, use gross receipts figures appli using the lower part of the subscriber group. 	sed to compute the surcharge. utlined in block D, section 3 or 4 of part 7 of this
Stations	your actual calculations on this form.	
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs Line	1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs Line	2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
		DICATED EXCLUSIVITY CHARGE Second Group
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
		1: Enter the VHF DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
		DICATED EXCLUSIVITY CHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subsinin the boxes above. Enter here and in block 4, line 2 of space L (page 7)	criber group as shown s