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

SA1-2E Short Form

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@copyright.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located 1-27-20 Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Communication Construction Services, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		4400 PGA Blvd., Suite 200 (Number, street, rural route, apartment, or suite number)	
		Palm Beach Gardens, FL 33410-6557	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Hammock Bay Community MAILING ADDRESS OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		Freeport, FL (City, town, state, zip code)	
	•		
			-

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

Accounting Period:	2019/2	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Communication Construction Services, Inc.	63781
D Area Served	Instructions: List each separate community served by the cable system. A "communi" a separate and distinct community or municipal entity (including unincorporated coudiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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 hidentified city.	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
First	CITY OR TOWN	STATE Florida
First Community	Freeport	FIOITUA
-		
Add Rows as Necessary		
1		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	
Name	Communication Constru		ices Inc					0.0	6378
Е	SECONDARY TRANSMISSION		-	-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	(June 30 or D	ecember 31	, as the case	may be)).		-	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the n								
Nates	separately for the particular serv							Gharged	
	Rate: Give the standard rate c	harged for eac	h category c	of service. Incl	ude bot	h the amount o	f the charg		
	unit in which it is generally billed				standar	d rate variations	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				of seco	ndary transmis	sion servio	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					In the count un	der "Servi	ce to the	
	Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a	ind rates, in the	e right-hand	block. A two-	or three	-word descripti	on of the s	ervice is	
	sufficient.	DCK 1		<u> </u>			BLOC	()	
		NO. OF					BLUCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS I	RATE	CATE	GORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		1,141	14.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIO	NS: RATES					
E	In General: Space F calls for rat				ect to all	your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0	
ransmissions:	Block 1: Give the standard rat							wara nat	
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	∩K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		Y OF SERVIC	ЭE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			: Non-reside					
	• Pay cable	14.99	• Motel, h	otel					
	• Pay cable—add'l channel		Comme	rcial					
	Fire protection		• Pay cat	le					
	 Burglar protection 		• Pay cab	le-add'l chan	nel				
	Installation: Residential		 Fire pro 	tection					
	• First set	-	• Burglar	protection					
	 Additional set(s) 		Other serv	ices:					
	 FM radio (if separate rate) 		 Reconn 	ect					
	• Converter		 Disconr 						
			• Disconr • Outlet r	nect					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM		SYSTEM ID
lame		struction Services, Inc.		6378
	PRIMARY TRANSMITTERS:	· · · · · · · · · · · · · · · · · · ·		
G rimary smitters: evision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-tir he carriage of certain network program a(e)(2) and (4))]; and (2) certain stati- arried by your cable system on a sub- he Special Statement and Program Le d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESPP e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a function (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
v				
	WFSG	3	Ν	Panama City, FL
	WFSG WTVY	3	N N	Panama City, FL Dothan, AL
Necessary				
2cessary	WTVY	4	N	Dothan, AL
ecessary	WTVY WJHG	4 7	N N	Dothan, AL Panama City, FL
√ecessary	WTVY	4	N	Dothan, AL
	WJHG	7	N	Panama City, FL
	WPGX	8	N	Panama City, FL
lecessary	WTVY	4	N	Dothan, AL
	WJHG	7	N	Panama City, FL
	WPGX	8	N	Panama City, FL
ecessary	WTVY	4	N	Dothan, AL
	WJHG	7	N	Panama City, FL
	WPGX	8	N	Panama City, FL
ecessary	WTVY	4	N	Dothan, AL
	WJHG	7	N	Panama City, FL
	WPGX	8	N	Panama City, FL
lecessary	WTVY	4	N	Dothan, AL
	WJHG	7	N	Panama City, FL
	WPGX	8	N	Panama City, FL
Necessary	WTVY	4	N	Dothan, AL
	WJHG	7	N	Panama City, FL
	WPGX	8	N	Panama City, FL
Necessary	WTVY	4	N	Dothan, AL
	WJHG	7	N	Panama City, FL
	WPGX	8	N	Panama City, FL
Necessary	WTVY	4	N	Dothan, AL
	WJHG	7	N	Panama City, FL
	WPGX	8	N	Panama City, FL
√ ecessary	WTVY	4	N	Dothan, AL
	WJHG	7	N	Panama City, FL
	WPGX	8	N	Panama City, FL
Necessary	WTVY	4	N	Dothan, AL
	WJHG	7	N	Panama City, FL
	WPGX	8	N	Panama City, FL
Necessary	WTVY	4	N	Dothan, AL
	WJHG	7	N	Panama City, FL
	WPGX	8	N	Panama City, FL
Necessary	WTVY	4	N	Dothan, AL
	WJHG	7	N	Panama City, FL
	WPGX	8	N	Panama City, FL
Necessary	WTVY	4	N	Dothan, AL
	WJHG	7	N	Panama City, FL
	WPGX	8	N	Panama City, FL
Necessary	WTVY	4	N	Dothan, AL
	WJHG	7	N	Panama City, FL
	WPGX	8	N	Panama City, FL
. Necessary	WTVY	4	N	Dothan, AL
	WJHG	7	N	Panama City, FL
	WPGX	8	N	Panama City, FL
s Necessary	WTVY	4	N	Dothan, AL
	WJHG	7	N	Panama City, FL
	WPGX	8	N	Panama City, FL
s Necessary	WTVY	4	N	Dothan, AL
	WJHG	7	N	Panama City, FL
	WPGX	8	N	Panama City, FL

Accounting P							FORM	/I SA1-2E. PAGE 4.
								SYSTEM ID#
Communica	tion Const	ruction	Services, Inc.					63781
all-band basis w Special Instruc receivable if (1) on the basis of t	t every radio s whose signals ctions Conce it is carried b monitoring, to	station ca were ge rning Al y the sys be recei	arried on a separate and discr nerally receivable by your cab I-Band FM Carriage: Under (item whenever it is received a ived at the headend, with the pyright Office regulations on	ble system during Copyright Office r t the system's he system's FM ante	the accountin egulations, ar adend, and (2 enna, during c	ng perioo n FM sig 2) it can ertain st	l. nal is generally be expected, ated intervals.	H Primary Transmitters: Radio
paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	rm. dentify the cal state whether the radio stat this by placing Give the station	l sign of the static ion's sig g a checl n's locati	each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	ed by the cable s	system as a se sed by the FC	eparate	and discrete	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	, AM or FM	S/D	LOCATION OF STATION	
UALL SIGN		3,0	LOCATION OF STATION	UALL SIGN		3/0	LOCATION OF STATION	

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Communication Const	ruction S	ervices, Inc.					63781
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	fv everv noi	nnetwork televis	ion program, broadcast by	a distant stat	ion. that vour	· cable svste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm				e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	od, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televis	ion program	1
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	"Yes," you mι	ust complete	the prograr	n
	log in block 2.			-	-			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa			sion program ("substitute	program") tha	it during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further	r informatior	۱.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Lov	/e Lucy" or	
			dcast live, ente	"Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv	re "5/7."			-			
				gram was carried by your				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	a program carne	ed by a system from 6.01.	15 p.m. to 0.2	o.su p.m. sn		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	ming mat y	our system wa	s permitted to delete unde	r FCC rules a	ind regulation	ns in	
					11			r
		רו ודר דו וד	E PROGRAM			EN SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
						-	_	
			1			_		
					·			
						-	_	
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							_	
							_	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	Communication Construction Services, Inc.		63781
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	3,114.96 iss receipts)
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	·	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K \$ 223,114.96		
	3. Subtract line 2 from line 1	-	
		-	
		223,114.96	
	5. Enter the amount from line 3	40,685.04	
	6. Subtract line 5 from line 4	182,429.92	
	7. Multiply line 6 by .005 (enter figure here)		912.15
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	\$	912.15
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	-	
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	912.15	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	932.15
	EFT Trace # or TRANSACTION ID #]	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n		

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: on Construction Services,	Inc.			SYSTEM ID# 63781
M Channels	 to its subscribe Enter the totasystem carrie Enter the totaon which the tota 	rs, and (2) the cable system's to al number of channels on which d television broadcast stations al number of activated channels cable system carried television	otal numb the cabl 		tations	5 87
N Individual to Be Contacted		about this statement of accour		RMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name	Timothy Natole		Tel	ephone 561-775-	1208
	Address	4400 PGA Blvd., Suit (Number, street, rural route, apartu Palm Beach Gardens (City, town, state, zip)	nent, or sui	•		
	Email	tnatole@ corp.v	varrior.tv	Fax (optional)		
O Certification	(Own (Age ir X (Offi · I have examine	nt of owner other than corpora I line 1 of space B and that the or cer or partner) I am an officer (if I line 1 of space B. ed the statement of account and h ete, and correct to the best of my	artnershi tion or pa wner is no a corpora	b) I am the owner of the cable system as identified in line 1 of rtnership) I am the duly authorized agent of the owner of the	cable system as ider	
		Typed or printed Title:	Enter sig name: Exec.			
		Date:		on held in corporation or partnership) January 27, 2020		

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Inting Period: 2019/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
munication Construction Services, Inc.	637
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemen Concerning Gros Receipts Exclusio
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper 3A1-2 10111.	<u>v</u>
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	Interest Assessme
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
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