

CONTROL #: 62253

REMITTANCE #: 113329

\$ 29,513,645.25
Total amount of remittance116
Number of SAs rec'dBSP
Initials2 128/2017
Date of remittance☐ Check☒ EFT☒ FILING FEE

Cable ID # 2814

Amount/Initials

Examined by

Reviewed by

Date examination
completed

Allocation number

TK

4/11/17

978217

\$126.30

HR

Space A
Accounting
Period☐ January 1 – June 30, 20____☐ July 1 – December 31, 20____☐ Letter sent☐ Information received☐ Accepted ☐ Phone call/Date/ContactSpace B
Owner☐ Letter sent☐ Information received☐ Accepted ☐ Phone call/Date/ContactSpace D
Area Served☐ Letter sent☐ Information received☐ Accepted ☐ Phone call/Date/ContactSpace E
Secondary
Transmission
Service
Subscribers:
and Rates☐ Letter sent☐ Information received☐ Accepted ☐ Phone call/Date/ContactSpace G
Primary
Transmitters:
Television☐ Letter sent☐ Information received☐ Accepted ☐ Phone call/Date/ContactSpace H
Primary
Transmitters:
Radio☐ Accepted ☐ Phone call/Date/Contact

		Space I Substitute Carriage
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space J Part-time Carriage Log (SA3 only)
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space K Gross Receipts
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
<input type="checkbox"/> Royalty Fee should be \$	<input type="checkbox"/> Refund request to fiscal	
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space M Channels
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space O Certification
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space P Statement of Gross Receipts
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space Q Interest Assessment
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Info/add'l fee received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	

THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2

Short Form

STATEMENT OF ACCOUNT

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

General instructions are at the
end of this form [pages (i)-(vii)].


FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
LICENSING DIVISION	\$ 126.38
FEB 27 2017	JC
RECEIVED	ALLOCATION NUMBER
	078217

Return to:

Library of Congress
Copyright Office

Licensing Division
101 Independence Ave. SE
Washington, DC 20557-6400
(202) 707-8150

For courier deliveries,
see page ii of the general
instructions

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1 - December 31, 2016																										
B Owner	<p>Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it.</p> <p>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.</p> <p><input type="checkbox"/> List any other name or names under which the owner conducts the business of the cable system.</p> <p><i>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.</i></p> <p><input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 002814</p> <p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM COMCAST OF THE SOUTH</p> <p>ONE COMCAST CENTER PHILADELPHIA, PA 19103</p> <p> 002814 2016/2</p>																										
C System	<p>INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table border="1"><tr><td>1</td><td colspan="3">IDENTIFICATION OF CABLE SYSTEM:</td></tr><tr><td>2</td><td colspan="3">MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)</td></tr></table>			1	IDENTIFICATION OF CABLE SYSTEM:			2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)																		
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2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)																										
D Area Served	<p>Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that 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.</p> <p>Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.</p> <table border="1"><thead><tr><th>CITY OR TOWN</th><th>STATE</th><th>CITY OR TOWN</th><th>STATE</th></tr></thead><tbody><tr><td>LIVINGSTON</td><td>TN</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>			CITY OR TOWN	STATE	CITY OR TOWN	STATE	LIVINGSTON	TN																		
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:				SYSTEM ID#	
	COMCAST OF THE SOUTH				002814	
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
	Residential:			HDTV Converters	156	\$ 0.50
	• Service to first set	473	\$ 58.95	Digital Converters	274	\$ 0.50
	• Service to additional set(s)					
	• FM radio (if separate rate)					
	Motel, hotel					
	Commercial	37	\$29.95-58.95			
	Converter					
• Residential						
• Non-residential						
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
	Continuing Services:		Installation: Non-residential			
	• Pay cable	\$ 15.00	• Motel, hotel	\$ 100.00		
	• Pay cable—add'l channel		• Commercial	\$ 100.00		
	• Fire protection		• Pay cable			
	• Burglar protection		• Pay cable-add'l channel			
	Installation: Residential		• Fire protection			
	• First set	\$ 75.00	• Burglar protection			
• Additional set(s)	\$ 100.00	Other services:				
• FM radio (if separate rate)		• Reconnect	\$ 75.00			
• Converter		• Disconnect				
		• Outlet relocation	\$ 100.00			
		• Move to new address				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF THE SOUTH			SYSTEM ID# 002814
G Primary Transmitters: Television	<p>PRIMARY TRANSMITTERS: TELEVISION</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc.</p> <p>Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cable system carried the station. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream "WETA-2" as the same on the form.</p> <p>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions.</p> <p>Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.</p>			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
WCTE-DT	22	E	COOKEVILLE, TN	
WCTE-DT2	22	E-M	COOKEVILLE, TN	
WCTE-DT-HD	22	E-M	COOKEVILLE, TN	
WKRN-DT	27	N	NASHVILLE, TN	
WKRN-DT2	27	I-M	NASHVILLE, TN	
WKRN-DT3	27	I-M	NASHVILLE, TN	
WKRN-DT-HD	27	N-M	NASHVILLE, TN	
WNPT-DT	8	E	NASHVILLE, TN	
WNPX-DT	36	I	COOKEVILLE, TN	
WNPX-DT-HD	36	I-M	COOKEVILLE, TN	
WSMV-DT	10	N	NASHVILLE, TN	
WSMV-DT2	10	I-M	NASHVILLE, TN	
WSMV-DT3	10	I-M	NASHVILLE, TN	
WSMV-DT-HD	10	N-M	NASHVILLE, TN	
WTVF-DT	5	N	NASHVILLE, TN	
WTVF-DT2	5	I-M	NASHVILLE, TN	
WTVF-DT3	5	I-M	NASHVILLE, TN	
WTVF-DT-HD	5	N-M	NASHVILLE, TN	
WUXP-DT	21	I	NASHVILLE, TN	
WUXP-DT2	21	I-M	NASHVILLE, TN	
WUXP-DT3	21	I-M	NASHVILLE, TN	
WUXP-DT-HD	21	I-M	NASHVILLE, TN	
WZTV-DT	15	I	NASHVILLE, TN	

[illegible]

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name _____

COMCAST OF THE SOUTH

PRIMARY TRANSMITTERS: RADIO

H

Primary
Transmitters:
Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

[illegible]

[illegible]

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF THE SOUTH	SYSTEM ID# 002814	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.		K Gross Receipts
IMPORTANT: You must complete a statement in space P concerning gross receipts.		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$ 142,530.41 <small>(Amount of gross receipts)</small> </div>
COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions for more information.		L Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00		
Line 1. Royalty fee for accounting period		_____
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)		
1. Base amount under statutory formula		\$ 263,800.00
2. Enter amount of gross receipts from space K		\$ 142,530.41
3. Subtract line 2 from line 1		\$ 121,269.59
4. Enter the amount of gross receipts from space K		\$ 142,530.41
5. Enter the amount from line 3		\$ 121,269.59
6. Subtract line 5 from line 4		\$ 21,260.82
7. Multiply line 6 by .005 (enter figure here)		\$ 106.30
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		<div style="border: 1px solid black; padding: 2px;"> \$ 106.30 </div>
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		\$ 263,800.00
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		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
IMPORTANT: Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page I of the general instructions for more information.		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF THE SOUTH		SYSTEM ID# 002814
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 26 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 142		
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.) Name MARY KANE, COMCAST CABLE COMMUNICATIONS, LLC Telephone (215) 286-3345 Address ONE COMCAST CENTER (Number, street, rural route, apartment, or suite number) PHILADELPHIA, PA 19103 (City, town, state, zip) Email (optional) licensing_office_inquiries@comcast.com Fax (optional) _____		
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or <input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or <input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] <div style="display: flex; align-items: center;">  <div> Handwritten signature: <u>Donald S. Tyrie</u> Typed or printed name: DONALD S. TYRIE Title: VICE PRESIDENT OF ACCOUNTING (Title of official position held in corporation or partnership) Date: <u>2/7/17</u> </div> </div>		

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FORM SA1-2. FILING FEE ADDENDUM

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF THE SOUTH	SYSTEM ID# 002814	Name
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CITY OR TOWN LIVINGSTON	STATE TN	First Community
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Line 1. ROYALTY FEE FROM SPACE L	\$ 106.30	Total Fee
Line 2. FILING FEE If Line 1 is from Space L, Block 1, enter \$15.00 If Line 1 is from Space L, Block 2 or Block 3, enter \$20.00	20.00	
Line 3. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 and enter here	\$ 126.30	

Effective January 1, 2014, pursuant to the Satellite Television Extension and Localism Act of 2010 (STELA), which granted authority to the Copyright Office to establish fees for the filing of statements of account (SOAs) under the section 111, 119, and 122 statutory licenses, the Office now assesses filing fees for ALL SOAs for current, past and future accounting periods. For details, see the Federal Register, November 29, 2013 (78 FR 71498). Please be advised that the filing fee is deducted before the royalty payment is credited; thus the omission of the appropriate filing fee will result in an underpayment of royalty fees. Please remit the royalty fee and filing fee in **one EFT payment**. (SOA1 filing fee: \$15; SOA2 filing fee: \$20).