

CONTROL #: 20679

REMITTANCE #: 120094

Cable Worksheet

\$ 29,912,406.01
Total amount of remittance

105
Number of SAs rec'd

CS
Initials

02 128120
Date of remittance

Check

EFT

FILING FEE

Cable ID # 8318

Amount/Initials

Examined by

Reviewed by

Date examination completed

Allocation number

CS

10-27-20

\$ 67-00 HR

Space A
Accounting Period

January 1 – June 30, 20____

July 1 – December 31, 20____

Letter sent

Information received

Accepted Phone call/Date/Contact

Space B
Owner

Letter sent

Information received

Accepted Phone call/Date/Contact

Space D
Area Served

Letter sent

Information received

Accepted Phone call/Date/Contact

Space E
Secondary Transmission Service
Subscribers and Rates

Letter sent

Information received

Accepted Phone call/Date/Contact

Space G
Primary Transmitters: Television

Letter sent

Information received

Accepted Phone call/Date/Contact

Space H
Primary Transmitters: Radio

Accepted

Phone call/Date/Contact

<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted	Space I Substitute Carriage
<input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact	Space J Part-time Carriage Log (SA3 only)
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted	Space K Gross Receipts
<input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact	Space L Copyright Filing and Royalty Fees
<input type="checkbox"/> Royalty Fee should be \$ <input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted	<input type="checkbox"/> Refund request to fiscal <input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted	Space M Channels
<input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact	Space O Certification
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted	Space P Statement of Gross Receipts
<input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact <input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted	Space Q Interest Assessment <input type="checkbox"/> Info/add'l fee received <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 FEB 28 2020 RECEIVED	\$
	ALLOCATION NUMBER

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, 2019																								
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. 008318</p> <p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM COMCAST OF TALLAHASSEE, INC.</p> <div style="text-align: right;">  008318 2019/2 </div> <p>ONE COMCAST CENTER PHILADELPHIA, PA 19103</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" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td> IDENTIFICATION OF CABLE SYSTEM: COMCAST OF TALLAHASSEE, INC. </td> </tr> <tr> <td style="text-align: center;">2</td> <td> MAILING ADDRESS OF CABLE SYSTEM: 3760 HARTSFIELD ROAD <small>(Number, street, rural route, apartment, or suite number)</small> TALLAHASSEE, FL 32303 <small>(City, town, state, zip code)</small> </td> </tr> </table>	1	IDENTIFICATION OF CABLE SYSTEM: COMCAST OF TALLAHASSEE, INC.	2	MAILING ADDRESS OF CABLE SYSTEM: 3760 HARTSFIELD ROAD <small>(Number, street, rural route, apartment, or suite number)</small> TALLAHASSEE, FL 32303 <small>(City, town, state, zip code)</small>																				
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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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">CITY OR TOWN</th> <th style="width: 17%;">STATE</th> <th style="width: 33%;">CITY OR TOWN</th> <th style="width: 17%;">STATE</th> </tr> </thead> <tbody> <tr> <td>CITY OF HOMERVILLE</td> <td>GA</td> <td></td> <td></td> </tr> <tr> <td>CITY OF ARGYLE</td> <td>GA</td> <td></td> <td></td> </tr> <tr> <td>CLINCH COUNTY</td> <td>GA</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	CITY OF HOMERVILLE	GA			CITY OF ARGYLE	GA			CLINCH COUNTY	GA										
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF TALLAHASSEE, INC.	SYSTEM ID# 008318
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E Secondary Transmission Service: Subscribers and Rates	<p>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 use 24908.5 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.</p>					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)	298	21.75	Digital Converters	144	\$ 0.50	
			DTA Converters	-	\$ 0.50	
			HD Converters	3	\$ 0.50	
Motel, hotel						
Commercial	14	21.75-39.95				
Converter • Residential • Non-residential						

F Services Other Than Secondary Transmissions: Rates	<p>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.</p>					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	4.99-15.00	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection	\$ 70.00 \$ 70.00			
Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) • Converter	\$ 70.00 \$ 70.00	Other services: • Reconnect • Disconnect • Outlet relocation • Move to new address	\$ 70.00			

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF TALLAHASSEE, INC.	SYSTEM ID# 008318	Name
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<p>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.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">\$</td> <td style="width:90%; text-align: right;">30,295.52</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$	30,295.52	(Amount of gross receipts)	
\$	30,295.52				
(Amount of gross receipts)					
<p>IMPORTANT: You must complete a statement in space P concerning gross receipts.</p>					

K
Gross Receipts

<p>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.</p>	<p style="font-size: 2em;">L</p> <p>Copyright Royalty Fee</p>
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BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
<p>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</p>	
Line 1. Royalty fee for accounting period	\$ 52.00
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	\$ 52.00

BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
1. Base amount under statutory formula	\$ 263,800.00
2. Enter amount of gross receipts from space K	_____
3. Subtract line 2 from line 1	_____
4. Enter the amount of gross receipts from space K	_____
5. Enter the amount from line 3	_____
6. Subtract line 5 from line 4	_____
7. Multiply line 6 by .005 (enter figure here)	_____
8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	_____

BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
1. Enter the amount of gross receipts from space K	_____
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	_____

IMPORTANT: Your remittance must be in the form of an *electronic payment* payable to *Register of Copyrights*. See page I of the general instructions for more information.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF TALLAHASSEE, INC.	SYSTEM ID# 008318
M Channels	<p>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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 10</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 123</p>	
N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)</p> <p>Name MARY KANE, COMCAST CABLE COMMUNICATIONS, LLC Telephone (215) 286-3345</p> <p>Address ONE COMCAST CENTER <small>(Number, street, rural route, apartment, or suite number)</small></p> <p>PHILADELPHIA, PA 19103 <small>(City, town, state, zip)</small></p> <p>Email (optional) <u>licensing_office_inquiries@comcast.com</u> Fax (optional) _____</p>	
O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)</p> <ul style="list-style-type: none"> • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) <p><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</p> <p><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</p> <p><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.</p> <ul style="list-style-type: none"> • 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)] <p> Handwritten signature: _____</p> <p>Typed or printed name: Andrew Marte</p> <p>Title: Vice President - Finance <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: 02/06/2020</p>	

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LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF TALLAHASSEE, INC.	SYSTEM ID# 008318	Name
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<p>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</p> <p>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</p> <p style="padding-left: 40px;">"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</p> <p>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.</p> <p>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?</p> <p><input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$ _____</p>	<p style="font-size: 2em; font-weight: bold;">P</p> <p style="text-align: center; font-weight: bold;">Special Statement Concerning Gross Receipts Exclusion</p>								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Name</td> <td style="width:50%; padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Mailing Address</td> <td style="padding: 2px;">Mailing Address</td> </tr> <tr> <td style="padding: 2px;">.....</td> <td style="padding: 2px;">.....</td> </tr> <tr> <td style="padding: 2px;">.....</td> <td style="padding: 2px;">.....</td> </tr> </table>	Name	Name	Mailing Address	Mailing Address	
Name	Name								
Mailing Address	Mailing Address								
.....								
.....								

<p>INTEREST ASSESSMENTS</p> <p>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.</p> <p>Line 1 Enter the amount of late payment or underpayment _____</p> <p style="text-align: right; margin-left: 400px;">x _____</p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here _____ -</p> <p style="text-align: right; margin-left: 400px;">x _____ days</p> <p>Line 3 Multiply line 2 by the number of days late and enter the sum here _____ -</p> <p style="text-align: right; margin-left: 400px;">x 0.00274</p> <p>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) \$ _____ -</p> <p style="text-align: right; margin-left: 400px;">(interest charge)</p> <p style="margin-top: 20px;">* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.</p> <p>Owner</p> <p>Address</p> <p>.....</p> <p>ID number</p> <p>First community served</p> <p>Accounting period</p>	<p style="font-size: 2em; font-weight: bold;">Q</p> <p style="text-align: center; font-weight: bold;">Interest Assessment</p>
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FORM SA1-2. FILING FEE ADDENDUM

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF TALLAHASSEE, INC.	SYSTEM ID# 008318	Name
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<table border="1" style="width:100%"> <tr> <td style="width:50%">CITY OR TOWN CITY OF HOMERVILLE</td> <td style="width:50%">STATE GA</td> </tr> </table>	CITY OR TOWN CITY OF HOMERVILLE	STATE GA	First Community Community
CITY OR TOWN CITY OF HOMERVILLE	STATE GA		

Line 1. ROYALTY FEE FROM SPACE L	\$	52.00	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		15.00	
Line 3. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 and enter here	\$	67.00	

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).