

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.

SA3E
Long Form

STATEMENT OF ACCOUNT
for Secondary Transmissions by
Cable Systems (Long Form)

General instructions are located in
the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
2/27/24	\$
	ALLOCATION NUMBER

Return completed workbook by
email to:

coplicsoa@loc.gov

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

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2023/2																															
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 corporate 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 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. 062717 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Verizon Virginia LLC 06271720232 062717 2023/2 22001 Loudoun County Parkway Ashburn, VA 20147																															
C System	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. <table><tr><td>1</td><td colspan="3">IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Norfolk, VA) VHO 9a</td></tr><tr><td>2</td><td colspan="3">MAILING ADDRESS OF CABLE SYSTEM: 3131 B Sewells Point Rd (Number, street, rural route, apartment, or suite number) Norfolk, VA 23513 (City, town, state, zip code)</td></tr></table>				1	IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Norfolk, VA) VHO 9a			2	MAILING ADDRESS OF CABLE SYSTEM: 3131 B Sewells Point Rd (Number, street, rural route, apartment, or suite number) Norfolk, VA 23513 (City, town, state, zip code)																						
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D Area Served First Community Sample	Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities. <table><tr><td colspan="2">CITY OR TOWN</td><td colspan="2">STATE</td></tr><tr><td colspan="2">VIRGINIA BEACH</td><td colspan="2">VA</td></tr><tr><td colspan="4">Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</td></tr><tr><td>CITY OR TOWN (SAMPLE)</td><td>STATE</td><td>CH LINE UP</td><td>SUB GRP#</td></tr><tr><td>Alda</td><td>MD</td><td>A</td><td>1</td></tr><tr><td>Alliance</td><td>MD</td><td>B</td><td>2</td></tr><tr><td>Gering</td><td>MD</td><td>B</td><td>3</td></tr></table>				CITY OR TOWN		STATE		VIRGINIA BEACH		VA		Below is a sample for reporting communities if you report multiple channel line-ups in Space G.				CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Alda	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
CITY OR TOWN		STATE																														
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U.S. Copyright Office

Form SA3E Long Form (Rev. 05-17)

Category of Service	Residential Rate	Commercial Rate
Block 1		
Pay Cable	15.00	15.00
Pay Cable - add'l Channel		
Installation - First Set	99.00	99.99
Installation - Additional Set(s)	60.00	34.99
Outlet Relocation	60.00	69.99
Block 2		
Fios Current TV	N/A	45.00
Fios Current TV for Bar/Restaurant	N/A	45.00
Fios TV Local	25.00	35.00
FIOS TV Local for Bar/Restaurant	N/A	35.00
Custom TV Kids & Pop	64.99	N/A
Custom TV Sports & News	64.99	N/A
Custom TV Action & Entertainment	64.99	N/A
Custom TV News & Variety	64.99	N/A
Custom TV Lifestyle & Reality	64.99	N/A
Custom TV Infotainment & Drama	64.99	N/A
Custom TV Home & Family	64.99	N/A
Fios TV Preferred HD	74.99	95.00
Fios TV Extreme HD	79.99	115.00
Fios TV Ultimate HD	89.99	125.00
Fios Local TV	70.00	N/A
Fios TV Test Drive	85.00	N/A
Your Fios TV	85.00	N/A
More Fios TV	109.00	N/A
The MostFios TV	129.00	N/A
Fios TV Mundo Total	129.00	N/A
Fios TV Mundo	109.00	N/A
Your Fios TV Spotlight Package	85.00	N/A
Sports Pass	14.00	15.00
Sports Pass (Ultimate HD Customers)	N/A	Included
Fox Soccer Plus	14.99	14.99
Fox Soccer Plus (Bar/Rest.)	N/A	Varies
Sports Pass (Bar/Rest.)	N/A	Varies
Cinemax	15.00	15.00
MGM+	15.00	15.00
HBO / HBO Max	15.00	15.00
Showtime	15.00	15.00
Starz	N/A	15.00
Starz/Encore	15.00	N/A
Spanish Language Package	N/A	Varies
Music Choice Package	N/A	34.99
International Language Packages	Varies	Varies
International Premium Channels	Varies	N/A
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies
Pay Per View	Varies	Varies
MLB Extra Innings	149.99	Varies
NBA League Pass	149.99	Varies
NHL Center Ice	99.99	Varies
CableCARD	10.00	10.00
Digital Adapter	10.00	10.00
Set-Top Box First two boxes (each)	12.00	11.99
Set-Top Box: Boxes 3-5 (each)	6.00	11.99
Set-Top Box: 6+ boxes	No additional charge	11.99
Streaming device connection bundle	20.00	N/A
Fios Quantum Gateway Router	N/A	N/A

Category of Service	Residential Rate	Commercial Rate
Fios Wireless Router	\$18 rental, \$299.99 purchase	\$15 rental, \$299.99 purchase
Verizon Router	\$18 rental, \$399.99 purchase	\$18 rental, \$399.99 purchase
Fios TV Activation Fee	99.00	99.99
DVR Service	12.00	12.00
Multi-room DVR Enhanced Service	20.00	20.00
Multi-room DVR Premium Service	30.00	30.00
Agent Assistance Fee	10.00	N/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	60.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	up to \$100	99.99
New Outlet Installation Subsequent	60.00	69.99
Existing Outlet Connection Subsequent	N/A	34.99
Existing Outlet Connection (up to 3)	N/A	89.99
Service Charge	up to \$100.00	120.00/55.00
Set-Top Box Return - UPS/Retail	Free	No Charge
Standard Shipping Charge	N/A	25.00
Expedited Shipping Charge (additional)	N/A	15.00
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	25.00	N/A
TV Equipment Upgrade	50.00	50.00
TV Equipment Tech Install	up to \$100	N/A
Seasonal Service Suspension	50.00	N/A
Fios TV Suspend for non payment	50.00	29.99
Fios TV Voice Remote	24.99	24.99
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged FIOS Quantum Router	100.00	N/A
Unreturned/Damaged Fios Router	175.00	up to 175.00
Unreturned/Damaged Verizon Router	200.00	200.00
Unreturned/Damaged CableCARD	70.00	70.00
Unreturned/Damaged Digital Adapter	90.00	90.00
Unreturned/Damaged STB SD	160.00	160.00
Unreturned/Damaged STB Media Client	115.00	N/A
Unreturned/Damaged STB Fios TV One Mini	115.00	115.00
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged STB HD	190.00	190.00
Unreturned/Damaged Fios TV+	90.00	N/A
Unreturned/Damaged STB HD DVR	260.00	260.00
Unreturned/Damaged STB Media Server	375.00	N/A
Unreturned/Damaged STB Fios TV One	375.00	375.00

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC				SYSTEM ID# 062717		Name	
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: - Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. - List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. 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 (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it 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, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.						G Primary Transmitters: Television	
CHANNEL LINE-UP A							
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		
WTKR	3	N	No		Norfolk		
WSKY	4	I	No		Manteo		
WVBT	43	I	No		Virginia Beach		
WGNT	27	I	No		Portsmouth		
WAVY	10	N	No		Portsmouth		
WTVZ	33	I	No		Norfolk		
WVEC	13	N	No		Hampton		
WPXV	49	I	No		Norfolk		
WHRO	15	E	No		Hampton-Norfolk		
WTPC	21	I	No		Virginia Beach		
WTKR-simulcast	40	N	No		Norfolk		
WSKY-simulcast	4	I	No		Manteo		
WVBT-simulcast	29	I	No		Virginia Beach		
WGNT-simulcast	50	I	No		Portsmouth		
WAVY-simulcast	31	N	No		Portsmouth		
WTVZ-simulcast	38	I	No		Norfolk		
WVEC-simulcast	41	N	No		Hampton		
WPXV-simulcast	49	I	No		Norfolk		

See instructions for additional information on alphabetization.

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LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC				SYSTEM ID# 062717		Name	
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CHANNEL LINE-UP A							
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		
WHRO-simulcast	16	E	No		Hampton-Norfolk		
WTPC-simulcast	21	I	No		Virginia Beach		
WHRO World	16	E-M	No		Hampton-Norfolk		
WHRO Kids	16	E-M	No		Hampton-Norfolk		
WHRO Create	16	E-M	No		Hampton-Norfolk		
WGNT Antenna T	50	I-M	No		Portsmouth		
WTVZ CometTV	33	I-M	No		Norfolk		
WTVZ Charge	33	I-M	No		Norfolk		
WAVY getTV	31	N-M	No		Portsmouth		
WAVY Shop LC	31	N-M	No		Portsmouth		
WVEC True Crime	13	N-M	No		Hampton		
WVEC Me TV	13	N-M	No		Hampton		
WVEC Quest	13	N-M	No		Hampton		
WGNT Grit TV	50	I-M	No		Portsmouth		
WVBT COZI	29	I	No		Virginia Beach		
WAVY Stadium	31	N-M	No		Portsmouth		
WVBT Rewind	29	I	No		Virginia Beach		

See instructions for additional information on alphabetization.

[illegible]

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC		SYSTEM ID# 062717	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.		\$ 30,807,665.97 (Amount of gross receipts)	
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. ▶ If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. ▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.			L Copyright Royalty Fee
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K \$ 30,807,665.97 Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. \$ 327,793.57 This is your minimum fee.		
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? ☐ Yes—Complete the DSE schedule. ☒ No—Leave block 3 below blank and complete line 1, block 4.		
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 \$ - 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 \$ -		
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 \$ 327,793.57 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 Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) 0.00 Line 4. FILING FEE. \$ 725.00 TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here \$ 328,518.57 Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)		

Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.

[illegible]

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC	SYSTEM ID# 062717
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 35 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 409	
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) Name Patrick Merrick Telephone 703-447-0209 Address 22001 Loudoun County Parkway (Number, street, rural route, apartment, or suite number) Ashburn, VA 20147 (City, town, state, zip) Email patrick.merrick@verizon.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.) • 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 identified in line 1 of space B; or ☐ (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 ☒ (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)]  X /s/ Brandon N. Egren 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 the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings. Typed or printed name: Brandon N. Egren Title: Assistant Secretary, Verizon Virginia LLC (Title of official position held in corporation or partnership) Date: February 28, 2024	

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