

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 (Short Form)

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

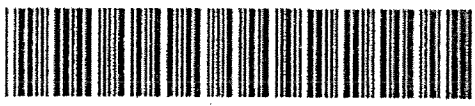
FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
LICENSING DIVISION FEB 28 2005 RECEIVED	\$
	ALLOCATION NUMBER
	731289

**SA1-2
Short Form**

Return to:
LIBRARY OF CONGRESS
COPYRIGHT OFFICE
LICENSING DIVISION
101 INDEPENDENCE AVE., S.E.
WASHINGTON, DC 20557-6400
(202) 707-8150

[Deliveries to LM-458]
8:30 to 5:00

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1 - December 31, 2004
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B Owner	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. 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.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM: COMCAST OF VIRGINIA, INC.  1500 MARKET STREET PHILADELPHIA, PA 19102-2148

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 border="1"> <tr> <td style="width: 5%; text-align: center;">1</td> <td>IDENTIFICATION OF CABLE SYSTEM: COMCAST OF VIRGINIA, INC.</td> </tr> <tr> <td style="text-align: center;">2</td> <td>MAILING ADDRESS OF CABLE SYSTEM: 18067 JEFFERSON DAVIS HWY. <small>(Number, Street, Rural Route, Apartment or Suite Number)</small> LADYSMITH, VA 22501 <small>(City, Town, State, ZIP Code)</small></td> </tr> </table>	1	IDENTIFICATION OF CABLE SYSTEM: COMCAST OF VIRGINIA, INC.	2
1	IDENTIFICATION OF CABLE SYSTEM: COMCAST OF VIRGINIA, INC.			
2	MAILING ADDRESS OF CABLE SYSTEM: 18067 JEFFERSON DAVIS HWY. <small>(Number, Street, Rural Route, Apartment or Suite Number)</small> LADYSMITH, VA 22501 <small>(City, Town, State, ZIP Code)</small>			

D Area Served	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(mm). The first 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 home parks should be reported in parentheses below the identified city.			
	First Community	CITY OR TOWN	STATE	CITY OR TOWN
	King William County	VA		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

COMCAST OF VIRGINIA, INC.

039632

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: "\$8/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 which 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.

E

Secondary transmission Service: Subscribers and Rates

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
• Service to First Set	283	17.96			
• Service to Additional Set(s)					
• FM Radio (if separate rate)					
Motel, Hotel					
Commercial					
Converter					
• Residential					
• Non-Residential					

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; and (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.

F

Services Other Than Secondary Transmissions: Rates

BLOCK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-Residential	
• Pay Cable	38.99	• Motel, Hotel	
• Pay Cable—Add'l Channel	4.95-14.	• Commercial	
• Fire Protection		• Pay Cable	
• Burglar Protection		• Pay Cable—Add'l Channel	
Installation: Residential		• Fire Protection	
• First Set	60-94.50	• Burglar Protection	
• Additional Set(s)	12.65-14	Other Services:	
• FM Radio (if separate rate)		• Reconnect	
• Converter	2.74-3.7	• Disconnect	
		• Outlet Relocation	
		• Move to New Address	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

COMCAST OF VIRGINIA, INC.

039632

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 (v) of the General Instructions.

K

Gross Receipts

- Gross receipts from subscribers for secondary transmission service(s) during the accounting period.

\$ 62,626.00
(Amount of "gross receipts")

IMPORTANT: You must complete a statement in space P concerning gross receipts.

INSTRUCTIONS FOR COMPUTING THE COPYRIGHT ROYALTY FEE

To compute the royalty fee you owe:

L

Copyright Royalty Fee

- Complete either block 1, block 2 or block 3
- Use block 1 if the amount of "gross receipts" in space K is \$98,600 or less
- Use block 2 if the amount of "gross receipts" in space K is more than \$98,600 but less than or equal to \$189,800
- Use block 3 if the amount of "gross receipts" in space K is more than \$189,800 but less than \$379,600

See page (vi) of the General Instructions for more information.

BLOCK 1: "GROSS RECEIPTS" OF \$98,600 OR LESS

INSTRUCTIONS: As a cable system with "gross receipts" of \$98,600 or less, the royalty fee that you must pay for this six-month accounting period is \$37.00

Line 1. Royalty Fee for Accounting Period \$ 37.00

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 \$ 37.00

BLOCK 2: "GROSS RECEIPTS" OF \$189,800 OR LESS (but more than \$98,600)

1. Base amount under statutory formula \$189,800

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 \$

9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$

BLOCK 3: "GROSS RECEIPTS" OF MORE THAN \$189,800 (but less than \$379,600)

1. Enter the amount of "gross receipts" from space K \$

2. Base amount under statutory formula \$189,800

3. Subtract line 2 from line 1

4. Multiply line 3 by .01

5. Royalty due on the first \$189,800 of gross receipts (under statutory formula) \$949

6. Interest Charge. Enter the amount from line 4, space Q, page 8 \$


7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$

IMPORTANT: When you file your Statement of Account on this form, SA1-2, you must also enclose with it the royalty fee you have computed in block 1, block 2, or block 3, above. Your remittance must be in the form of an electronic payment, certified check, cashier's check, or money order, payable to: Register of Copyrights. Other forms of remittance, including personal or company checks will be returned. Do not send cash. We recommend electronic payments.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMCAST OF VIRGINIA, INC.	SYSTEM ID# 039632
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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.	7
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.....	40

N Contact	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 Comcast Cable Communications, ATTN: Jamila Baldwin Telephone 215-981-8527 <small>(Area Code)</small> Address 1500 Market Street <small>(Number, Street, Rural Route, Apartment or Suite Number)</small> Philadelphia, PA 19102 <small>(City, Town, State, ZIP Code)</small>
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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)]
	 Handwritten signature: (X) <i>Donald S. Tyrie</i> Typed or printed name: DONALD S. TYRIE Title: VICE PRESIDENT & CONTROLLER <small>(Title of official position held in corporation or partnership)</small> Date: <i>2/11/05</i>

PRIVACY ACT ADVISORY STATEMENT—Required by Privacy Act of 1974 (Public Law 93-579)

Authority for Requesting This Information: • Title 17, U.S.C. §1111	• You may be liable for civil or criminal penalties for copyright infringement with respect to retransmission of television and radio stations (17 U.S.C. §§502-506, 508-510)	• Examination of the Statement of Account for compliance with legal requirement
Furnishing This Information is: • Voluntary	Principal Uses of Requested Information: • Establishment and maintenance of a public record.	Other Routine Uses: • Public inspection and copying • Preparation of public indexes • Preparation of search reports upon request

Note:
 • No other advisory statement will be given you in connection with this Statement of Account
 • Please retain a copy of this statement and refer to it if we communicate with you regarding this Statement of Account

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

COMCAST OF VIRGINIA, INC.

039632

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION

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

Statement of Gross Receipts

"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 for private home viewing pursuant to section 119."

For more information on when to exclude these amounts, see the note on page (v) of the General Instructions.

During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite home "dish" owners?

NO
 YES. Enter the total here \$
 and list the satellite carrier(s) below.

Name
 Mailing Address

Name
 Mailing Address

Name
 Mailing Address

Name
 Mailing Address

WORKSHEET FOR COMPUTING INTEREST

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 (vi) General Instructions.

Q

Interest Assessment

Line 1. Enter the amount of late payment or underpayment \$
 x %

Line 2. Multiply line 1 by the interest rate* and enter the sum here
 x days

Line 3. Multiply line 2 by the number of days late and enter the sum here
 x .00274

Line 4. Multiply line 3 by .00274** and enter here and in space L (page 6) Block 1, line 2, or Block 2, line 8, or Block 3, line 6 \$
 (interest charge)

*Contact the Licensing Division at 202-707-8150 for the interest rate for the accounting period in which the late payment or underpayment occurred.

**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 Account already submitted to the Copyright Office, please list below the Owner, Address, First Community Served, and Accounting Period as given in the original filing.

Owner
 Address

First Community Served
 Accounting Period