SX Exhibit 262 DP -

IF YOU ARE FILING FOR A PRIOR ACCOUNTING PERIOD, CONTACT THE LICENSING DIVISION FOR THE CORRECT FORM.

ALEME	NI OF ACCOUN	FOR COPYRIGH	IT OFFICE USE ONLY	SA 1-2
Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	Short Form
•	tions are at the	MAN 1 2005	\$	Return to: LIBRARY OF CONGRESS COPYRIGHT OFFICE LICENSING DIVISION 101 INDEPENDENCE AVE.,
d of this form	n [pages (i)-(vi)].	2003	ALLOCATION NUMBER	WASHINGTON, DC 20557-6 (202) 707-8150
			729587	[Deliveries to LM-458] 8:30 to 5:00
A Accounting Period		COVERED BY THIS STATEMEN	VT:	
B	information and print or typ Give the full legal nam title of the subsidiary, not the	tablished under the information given e the correct information beside it, se of the owner of the cable system. If the nat of the parent corporation, ir names under which the owner condu	e owner is a subsidiary of another con	poration, give the full corpora
	LEGAL NAME OF OWNER Galaxy Cable	RMAILING ADDRESS OF CABLE SY	STEM:	025107
	•			
C	Sikeston, MO INSTRUCTIONS: In line 1.	Bank Plaza, 4th Floo 63801 give any business or trade names use	ed to identify the business and operati	
System		pace B. In line 2, give the mailing address F CABLE SYSTEM:	ass of the system, it different from the	address given in space b.
	MAILING ADDRESS	**************	iouse, Apartment or Sulte Number) in, State, ZIP Code)	
D Area Served	in FCC rules: " a separat areas and including single, form of system identificat fillings.	separate community served by the cable and distinct community or municipal discrete unincorporated areas.") 47 C.F tion hereafter known as the "First C ch as hotels, apartments, condominiums or response	entity (including unincorporated commers. F.R. §76.5(mm). The first community ommunity." Please use it as the Fi	nunities within unincorporate y that you list will serve as irst Community on all futu
	CITY OR TOW		CITY OR TOWN	STATE
First ▶ Community	Eagle	NE		
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NOTICE: This form has been electronically photo-reproduced by GRALIN associates, inc.

LEGAL NAME OF OWNER OF CABLE SYSTEM: 025107 Name GALAXY CABLE INC.

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.

BLOCK	. 1		BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential: • Service to First Set	191	40.45			
• FM Radio (if separate rate), Motel, Hotel					
	1	: (1	
• Residential	1	2.00			

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.

BLOCK 2 .
OF SERVICE RATE CATEGORY OF SERVICE RATE
Non-Residential el.
ial
ctionotection
es: 19.95
t. pocation 25.00 ew Address 29.95
n: lot relevie

E

Secondary transmission Service: Subscribers and Rates

F

Services Other Than Secondary Transmissions: Rates

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
Name	GALAXY CABLE INC.	025107

G

Primary Transmitters: Television

INSTRUCTIONS:

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 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 futher information concerning substitute basis stations, see page (v) of the General Instructions.

Column 1: List each station's call sign. Do not report program services such as HBO, ESPN, etc.

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.

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), "I" (for independent) or "E" (for noncommercial educational). For the meaning of these terms, see page (iv) of the General Instructions.

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KETV	7	N	Omaha
KLKN	8	N	Utica
KMTV	3	Ŋ	Omaha
KOLN	10	N	Lincoln
KPTM	42	I	Omaha
KSNB	4	I	Superior
KUON	12	E	Lincoln
KXVO	15	I	Omaha -
WGN	9	I	SUPERSTATION, Chicago
WOWT	6	N	Omaha
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	33
GALAXY CABLE INC. 02510)7 Name

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.

H

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office Regulations, an FM signal is "generally receivable" if: (1) "it is carried by the system whenever it is received at the system's headend"; and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office Regulations on this point, see page (iv) of the General Instructions.

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).

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ALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

GALAXY CABLE INC.

025107

Substitute
Carriage:

Special

Statement and

Program Log

GENERAL:

In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the General Instructions.

1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE:

• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?

Note: If your answer is "No", leave the rest of this page blank, If your answer is "Yes", you must complete the program log in block 2.

2. LOG OF SUBSTITUTE PROGRAMS:

In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.

Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the General Instructions for further information. Do not use general categories like "movies" or "basketball," List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls",

Column 2: If the program was broadcast live, enter "Yes". Otherwise enter "No".

Column 3: Give the call sign of the station broadcasting the substitute program,

Column 4: Give the broadcast 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).

Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7".

Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes, Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00—6:30 p.m."

Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; or enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.

su	BSTITUTE	PROGRAM		WHEN CARRIA	SUBSTITUTE GE OCCURRED	7. REASON FOR
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
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LEGAL NAME OF OWNER OF CABLE SYSTEM GALAXY CABLE INC. 025107	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 (v) of the General Instructions. • 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.	K Gross Receipts
INSTRUCTIONS FOR COMPUTING THE COPYRIGHT ROYALTY FEE To compute the royalty fee you owe: 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	Copyright Royalty Fee
	-
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	
	week and the second sec
Line 2. Interest Charge. Enter the amount from line 4, space Q, page 8	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
BLOCK 2: "GROSS RECEIPTS" OF \$189,800 OR LESS (but more than \$98,600)	1
1. Base amount under statutory formula	
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)	
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	And the second s
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.	no control of the second of th

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: GALAXY CABLE INC.	025107
M Channels	CHANNELS INSTRUCTIONS: You must give: (1) the number of channels on which the cable system carried stations to its subscribers; and, (2) the cable system's total number of activated channels, during the	
	Enter the total number of channels on which the cable system carried television broadcast stations.	10
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	95
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify we can write or call about this Statement of Account.)	an individual to whom
Contact	Name Joan Long Telephone (Arms C	-472-8200
	Address	1
	(Number, Street, Mura: Moura Apertment or Suite Number) Sikeston, MO 63601 (City, Town, State, ZIP Code)	
0	CERTIFICATION: (This Statement of Account must be certified and signed in accordance of Regulations, as explained in the General Instructions.)	with Copyright Office
Certification	I, the undersigned, hereby certify that: (Check one, but only one, of the boxes.)	
or of the state of	□ (Owner other than corporation or partnership) I am the owner of the cable system as iden B; or	tified in line 1 of space
	☐ (Agent of owner other than corporation or partnership) I am the duly authorized agentiable system as identified in line 1 of space B, and that the owner is not a corporation of	nt of the owner of the r partnership; or
	☑ (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the leg owner of the cable system in line 1 of space B.	gal entity identified as
	 I have examined the Statement of Account and hereby declare under penalty of law that a contained herein are true, complete, and correct to the best of my knowledge, information, and be good faith. [18 U.S.C., Section 1001(1986)] 	all statements of fact lief, and are made in
	Handwritten signature: (X)	.,,
	Typed or printed name: Larry Eby	,
	Title:	(p)
	2/4/2005 Date:	

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

Furnishing This Information is:

• Voluntary

But if the information is Not Furnished:

R may be necessary to delay placement of this Statement of Account in the completed record of Statements of Account.

Authority for Requesting This information:

Title 17, U.S.C. §111

You may be liable for civil or criminal penalties for copyright intringement with penaltes for copyright infringement with respect to retransmission of television and radio stations (17 U.S.C. §§502-506, 509-510)

Principal Uses of Requested Information:

Establishment and maintenance of a public record.

Examination of the Statement of Account for compliance with legal requirement

Other Routine Uses:

- Public Inspection and copying
 Preparation of public indexes
 Preparation of search reports upon request

- 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

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GALAXY CABLE INC.	025107	Nan
SPECIAL STATEMENT CONCERNING GROSS RE The Satellite Home Viewer Act of 1988 amended Title 17, sec	CEIPTS EXCLUSION tion 111(d)(1)(A), of the Copyright Act by adding the following	P
sentence: "In determining the total number of subscribers and the groof providing secondary transmissions of primary broadce and amounts collected from subscribers receiving secon section 119."	est transmitters, the system shall not include subscribers	Stateme Gross Re
For more information on when to exclude these amounts, s	ee the note on page (v) of the General Instructions.	
During the accounting period did the cable system exclude made by satellite carriers to satellite home "dish" owners? ☑ NO □ YES. Enter the total here		
and list the satellite carrier(s) below.	;	
Name	Name	
Mailing Address	41	
	·	
	,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
Name	Name	
Meiling Address	Mailing Address	
You must complete this worksheet for those royalty paymen	is submitted as a result of a late payment or underpayment.	
You must complete this worksheet for those royalty paymen For an explanation of interest assessment, see page (vi) Go	eneral Instructions.	
You must complete this worksheet for those royalty payment For an explanation of interest assessment, see page (vi) Go Line 1. Enter the amount of late payment or underpayment	eneral Instructions.	
For an explanation of interest assessment, see page (vi) Go Line 1. Enter the amount of late payment or underpayment	eneral Instructions \$	
For an explanation of interest assessment, see page (vi) Go	eneral Instructions \$	
For an explanation of interest assessment, see page (vi) Go Line 1. Enter the amount of late payment or underpayment	eneral Instructions \$	
For an explanation of interest assessment, see page (vi) Go Line 1. Enter the amount of late payment or underpayment	x% here x% a here xdays	
For an explanation of interest assessment, see page (vi) Government. Line 1. Enter the amount of late payment or underpayment. Line 2. Multiply line 1 by the interest rate* and enter the sur. Line 3. Multiply line 2 by the number of days late and enter. Line 4. Multiply line 3 by .00274** and enter here and in spa	x	
For an explanation of interest assessment, see page (vi) Government. Line 1. Enter the amount of late payment or underpayment. Line 2. Multiply line 1 by the interest rate* and enter the sur. Line 3. Multiply line 2 by the number of days late and enter.	x	
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For an explanation of interest assessment, see page (vi) Government Line 1. Enter the amount of late payment or underpayment Line 2. Multiply line 1 by the interest rate* and enter the sur Line 3. Multiply line 2 by the number of days late and enter Line 4. Multiply line 3 by .00274** and enter here and in spatine 2, or Block 2, line 8, or Block 3, line 6	x	
For an explanation of interest assessment, see page (vi) Government Line 1. Enter the amount of late payment or underpayment Line 2. Multiply line 1 by the interest rate* and enter the sur Line 3. Multiply line 2 by the number of days late and enter Line 4. Multiply line 3 by .00274** and enter here and in spatine 2, or Block 2, line 8, or Block 3, line 6	x	
For an explanation of interest assessment, see page (vi) Government Line 1. Enter the amount of late payment or underpayment Line 2. Multiply line 1 by the interest rate* and enter the sur Line 3. Multiply line 2 by the number of days late and enter Line 4. Multiply line 3 by .00274** and enter here and in spatine 2, or Block 2, line 8, or Block 3, line 6 *Contact the Licensing Division at 202-707-8150 for the interest or underpayment occurred.	x	