SX Exhibit 263 DP

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

STATEMENT OF AC	CO	UNT
-----------------	----	-----

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	TNUOMA
LICENSING OTHER	\$
FEB 2 8 2005	ALLOCATION NUMBER
RECEIVED	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 July 1 - December 31, 2004	BY THIS STATEME	NT:				
B	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 perent corporation. List any other name or names under which the owner conducts the business of the cable system.						
	LEGAL NAME OF OWNER/MAILING	DDRESS OF CABLE S'	STEM:	039632			
	COMCAST OF VIRGINIA, INC.			000002			
	1500 MARKET STREET			039632 2004/2			
	PHILADELPHIA, PA 19102-2148						
С	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, it different from the address given in space B.						
System	1 IDENTIFICATION OF CABLE SY COMCAST OF VIRGINIA, IN			,			
	MAILING ADDRESS OF CABLE SYSTEM: 18067 JEFFERSON DAVIS HWY. (Number, Street, Bural Route, Apartment or Suite Number) LADYSMITH, VA 22501. (City, Town, State, ZIP Code)						
D Area	in FCC rules: " a separate and distinct areas and including single, discrete unin- form of system identification hereafte	community or municipal corporated areas.") 47 C.	e system. A community is the same as a centity (including unincorporated community F.R. §76.5(mm). The first community the ommunity." Please use it as the First C	es within unincorporated to vou list will serve as a			
Served	filings. Note: Entities and properties such as hotels, as oity.	partments, condominiums or	mobile home parks should be reported in parent				
	Note: Entities and properties such as hotels, as city. CITY OR TOWN	STATE	CITY OR TOWN	neses below the identified			
Served First ▶ Community	Note: Entities and properties such as hotels, as div. CITY OR TOWN King William County.	STATE VA	CITY OR TOWN	neses below the identified STATE			
First ▶	Note: Entities and properties such as hotels, as div. CITY OR TOWN King William County.	STATE VA	CITY OR TOWN	neses below the identified STATE			
First ▶	Note: Entities and properties such as hotels, as div. CITY OR TOWN King William County.	STATE VA	CITY OR TOWN	neses below the identified STATE			
First ▶	Note: Entities and properties such as hotels, as div. CITY OR TOWN King William County.	STATE VA	CITY OR TOWN	neses below the identified STATE			

FORM SAT-2. PAGE 2.				····			·	ACCOUNT	ING PERIOD: 2004/2
LEGAL NAME OF OWNER OF CABLE SYSTEM	Æ;						SYST	EM ID#	Name
COMCAST OF VIRGINIA, IN	c.	-			···		· · · · · · · · · · · · · · · · · · ·	039632	
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 Su						Secondary transmission Service: Subscribers and Rates			
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	BLOCK 2			
BLOCK	r			<u> </u>		BLOCK 2			
CATEGORY OF SERVICE		. OF RIBERS	RATE	CATEGOR	Y OF SE	RVICE	NO. OF SUBSCRIBERS	RATE	
Residential: Service to First Set	SECONI or rate (rat is, thosare two cases or fanitin time column to the column tale character)	DARY TF not subscr se service exceptions cilities fun cilities fun cilities fun mn.	RANSMISiber) infors that are so you do nished to ually billed to come cable so the sound to the cable so the sound to the cable so the sound to the	SSIONS: R. mation with r not offered in not need to nonsubscribt. If any rates	ATES espect to combine give rate ers. Rate are chal	o all your ca ation with ar information e information ged on a va applicable	ble system's servi ny secondary trans n concerning: (1) n should include i niable per-prograi services listed.	ces that mission services both the m basis,	Services Other Than Secondary Transmissions: Rates
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.							•		
	BLOC						BLOCK 2	T	•
CATEGORY OF SERVICE	PATE	CATEGO			RATE	CATEGO	RY OF SERVICE	RATE	
Additional Set(s)12	-94.50 65-14	 Motel, Comm Pay Company Pay Company Fire Properties Burgla Other Service 	Hotel ercial able able —Add otection r Protection	d'i Channei					
FM Radio (If separate rate) Converter	74-3.7	DisconOutlet	nect Relocation	າ					

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM COMCAST OF VIRGINIA, INC. SYSTEM ID# 039632



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 IBO. ESPIR tub. 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
WCVE	23	Ε	Richmond, VA
wcvw	57	E	Richmond, VA
WRIC	8	, N	Richmond, VA
WRLH	35	ı	Richmond, VA
WTVR	6	N	Richmond, VA
WUPV	65	ı	Richmond, VA
WWBT	12	N	Richmond, VA
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

***********	, , - ,		

		* * * *** * * * * * * * * * *	

LEGAL NAME OF C							SYSTEM ID#	Name
COMCAST	OF VINGIN	IIA, II	l.				039632	
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.								
"generally rec be expected, stated interva General Instru Column Column signal, indicat	ervable" if: (on the basis ls. For detai uctions. 1: Identify th 2: State who 3: If the radio te this by pla 4: Give the	1) "it is s of m led inf ne call ether to station station	scerning All-Band FM Carrist carried by the system when confloring, to be received at the formation about the the Copy sign of each station carried, the station is AM or FM. on's signal was electronically a check mark in the "S/D" cold is location (the community to fany, the community with where the community with where the station is a signal was electronically a check mark in the community to fany, the community with where the system of the system of the community with where the system of the system	never it is receive the headend, viright Office Riprocessed by umn.	ived at the sylith the syste egulations of the cable sy	ystem em's I n this stem	a's headend"; and (2) it can antenna, during certain point, see page (iv) of the as a separate and discrete	Prim ary Transmittera: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		1	1					
								\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
				,				

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name COMCAST OF VIRGINIA, INC. 039632 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 Substitute Carriage: Special 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE: Statement and Program Log 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 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. WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REASON FOR DELETION 5, MONTH AND DAY 2. LIVE? 3. STATION'S 6. TIMES 1. TITLE OF PROGRAM 4. STATION'S LOCATION FROM - TO CALL SIGN Yes or No

COMCAST OF VIRGINIA, INC.	SYSTEM ID# 039632	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you of all amounts ("gross receipts") paid to your cable system by subscribers for the system's "secons service" (as identified in space E) during the accounting period. For a further explanation of how to consee 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.	ondary transmission ompute this amount,	K Gross Receipts
INSTRUCTIONS FOR COMPUTING THE COPYRIGHT ROYALTY FEE To compute the royalty fee you owe:		L
 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 \$0.00 but less than \$379,600 but less than \$379,600 See page (vi) of the General Instructions for more Information. 	\$189,800	Copyright Royalty Fee
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 accounting period is \$37.00 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	37.00	The state of the s
BLOCK 2: "GROSS RECEIPTS" OF \$189,800 OR LESS (but more than \$98,600)		
Base amount under statutory formula		e de la companya de l
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	i	
6. Subtract line 5 from line 4		İ
7. Multiply line 6 by .005 (enter figure here)	1	
8. Interest Charge. Enter the amount from line 4, space Q, page 8		1
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		, and
5. Royalty due on the first \$189,800 of gross receipts (under statutory formula)	\$949	Vyvu dankat miliona ja
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		The state of the s
		Personal
IMPORTANT: When you file your Statement of Account on this form, SA1-2, you must also enclose with it the computed in block 1, block 2, or block 3, above. Your remittance must be in the form of an electronic payment, certificheck, or money order, payable to: Register of Copyrights. Other forms of remittance, including personal or correturned. Do not send cash. We recommend electronic payments.	fied check, cashler's	

COMCAST OF VIRGINIA, INC. CHANNELS INSTRUCTIONS: You must give: (1) the number of channels on which the cable system carried televis	039632					
stations to its subscribers; and, (2) the cable system's total number of activated channels, during the acco						
Enter the total number of channels on which the cable system carried television broadcast stations.	7					
Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	40					
N INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can write or call about this Statement of Account.)	vidual to whom					
Contact Name Comcast Cable Communications, ATTN: Jamila Baldwin Telephone 215-981-85	527					
Address 1500 Market Street	******					
Philadelphia, PA 19102	(Number, Street, Rural Route, Apartment or Suite Number) Philadelphia, PA 19102					
(City, Town, State, ZIP Code)						
CERTIFICATION: (This Statement of Account must be certified and signed in accordance with C Regulations, as explained in the General Instructions.)	opyright Office					
Certification • I, the undersigned, hereby certify that: (Check one, but only one, of the boxes.)	• I, the undersigned, hereby certify that: (Check one, but only one, of the boxes.)					
☐ (Owner other than corporation or partnership) I am the owner of the cable system as identified in B; or	☐ (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 cable system as identified in line 1 of space B, and that the owner is not a corporation or partnership.	☐ (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 ento owner of the cable system in line 1 of space B.	ity identified as					
• I have examined the Statement of Account and hereby declare under penalty of law that all stat contained herein are true, complete, and correct to the best of my knowledge, information, and belief, as good faith. [18 U.S.C., Section 1001(1986)]						
Handwritten signature: (X) Donald S. Ty						
Typed or printed name: DONALD S. TYRIE						
VICE PRESIDENT & CO	NTROLLER					
Title:						
Date: 2/11/05	•••••					

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

Furnishing This Information is: • Voluntary

But it the information is Not Furnished:

It 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 infringement with respect to retransmission of television and radio stations (17 U.S.C. §§502-506,

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 public Indexes
 Preparation of search reports upon request

- No other advisory statement will be given you in connection with this Statement of Account.
- Piece retain a copy of this statement and refer to it if we communicate with you regarding this Statement of Account

A CHARLES OF ALM C CAPTEL	A > A = 4 = 1	
COMCAST OF VIRGINIA, INC.	SYSTEM ID# 039632	Name
SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, secti	CEIPTS EXCLUSION	P
sentence: "In determining the total number of subscribers and the gro of providing secondary transmissions of primary broadca and amounts collected from subscribers receiving second section 119."	st transmitters, the system shall not include subscribers	Statement of Gross Receipts
For more information on when to exclude these amounts, se	ee the note on page (v) of the General Instructions.	domology eye et
During the accounting period did the cable system exclude a made by satellite carriers to satellite home "dish" owners?		-to
NO YES. Enter the total here	,	
Name		
Name) }	
Mailing Address		
WORKSHEET FOR COMPUTING INTEREST		റ
You must complete this worksheet for those royalty payment	ts submitted as a result of a late payment or underpayment.	•
For an explanation of interest assessment, see page (vi) Ge	eneral Instructions.	interest Assessment
Line 1. Enter the amount of late payment or underpayment	•	Maacasillalii
Line 1. Enter the amount of late payment of unocipayment		
	×%	
Line 2. Multiply line 1 by the interest rate* and enter the sum	n herra	
Line 2. Montply line 1 by the interest rate circ evict the con-		
	x days	
Line 3, Multiply line 2 by the number of days late and enter t	the sum here	
Late of managing late 2 by the harmon of days and only	x .00274	
Line 4, Multiply line 3 by .00274** and enter here and in spa		:
line 2, or Block 2, line 8, or Block 3, line 6	(interest charge)	
*Contact the Licensing Division at 202-707-8150 for the inte or underpayment occurred.	erest rate for the accounting period in which the late payment	
"This is the decimal equivalent of 1/365, which is the inter-	est assessment for one day late.	
NOTE: If you are filing this worksheet covering a Statement or list below the Owner, Address, First Community Served, and	Account already submitted to the Copyright Office, please d Accounting Period as given in the original filing.	ST THE THE THE THE THE THE THE THE THE TH
Owner		es and constructive designation of the constructive designatin of the constructive designation of the constructive designation
	,,	
First Community Served		