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.

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	FOFFICE USE ONLY	Return completed workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		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.	
Owner		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.	24136
		1	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM SOUTHEAST LLC (TRENTON, KY)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MEDIACOM WAY	
		(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MEDIACOM SOUTHEAST LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	90 NORTH MAIN	
	2	(Number, street, rural route, apartment, or suite number)	
		BENTON, KY 42025 (City, town, state, zip code)	
	1		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name			FORM SA1-2E. PAG
MEDIACOM SOUTHEAST LLC (TRENTON, KY)       24         MEDIACOM SOUTHEAST LLC (TRENTON, KY)       24         Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru       "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter ki as the "first community." Please use it as the first community on all future filings.         Area       Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.         First       CITY OR TOWN       STATE         Gormunity       CHT OR TOWN       KY         GUTY OR TOWN       KY       CHRISTIAN COUNTY         Area Served       CITY OR TOWN       KY         Grave as Necessary       GUTHRIE       KY         GUTHRIE       KY       CHRISTIAN COUNTY	Name		SYSTEM
D       "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kees as the "first community." Please use it as the first community on all future filings.         Area Served       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         Community       CHRISTIAN COUNTY       KY         I Rows as Necessary       GUTHRIE       KY         OAK GROVE       KY       KY         OAK GROVE       KY       PEMBROKE         TODD COUNTY       KY       KY         DOVER       TN       STEWART COUNTY			241
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kinds as the "first community." Please use it as the first community on all future filings.         Area Served       Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.         First       CITY OR TOWN       STATE         Community       CITY OR TOWN       KY         Community       CHRISTIAN COUNTY       KY         ELKTON       KY       CHRISTIAN COUNTY         GUTHRIE       KY       CHRISTIAN COUNTY         OAK GROVE       KY       CHRISTIAN COUNTY         STEWART COUNTY       TN       CHRISTIAN COUNTY			
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter ka 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 I Rows as Necessary J R	П	"a separate and distinct community or municipal entity (including unincorporated co	ommunities within unincorporated areas and including single
Area Served       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         ElkTON       KY         GUTHRIE       KY         OAK GROVE       KY         OAK GROVE       KY         PEMBROKE       KY         ODVER       TN		discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I	ist will serve as a form of system identification hereafter know
Area Served       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         ElkTON       KY         GUTHRIE       KY         OAK GROVE       KY         OAK GROVE       KY         PEMBROKE       KY         ODVER       TN		as the "first community." Please use it as the first community on all future filings.	
Served       identified city.         First       CITY OR TOWN       STATE         First       TRENTON       KY         Community       CHRISTIAN COUNTY       KY         d Rows as Necessary       GUTHRIE       KY         OAK GROVE       KY         PEMBROKE       KY         ODVER       TN         STEWART COUNTY       TN			home parks should be reported in parentheses below the
Citry or Town       STATE         First       TRENTON       KY         Community       CHRISTIAN COUNTY       KY         d Rows as Necessary       GUTHRIE       KY         OAK GROVE       KY         PEMBROKE       KY         ODVER       KY         DOVER       TN         STEWART COUNTY       TN			
First Community     TRENTON     KY       Community     CHRISTIAN COUNTY     KY       ELKTON     KY       GUTHRIE     KY       OAK GROVE     KY       PEMBROKE     KY       TODD COUNTY     KY       DOVER     TN       STEWART COUNTY     TN	Served	identified city.	
First Community     TRENTON     KY       Community     CHRISTIAN COUNTY     KY       ELKTON     KY       GUTHRIE     KY       OAK GROVE     KY       PEMBROKE     KY       TODD COUNTY     KY       DOVER     TN       STEWART COUNTY     TN			
First Community     TRENTON     KY       Community     CHRISTIAN COUNTY     KY       ELKTON     KY       GUTHRIE     KY       OAK GROVE     KY       PEMBROKE     KY       TODD COUNTY     KY       DOVER     TN       STEWART COUNTY     TN			
Community     CHRISTIAN COUNTY     KY       d Rows as Necessary     ELKTON     KY       OAK GROVE     KY       PEMBROKE     KY       TODD COUNTY     KY       DOVER     TN       STEWART COUNTY     TN			
d Rows as Necessary           ELKTON         KY           GUTHRIE         KY           OAK GROVE         KY           PEMBROKE         KY           TODD COUNTY         KY           DOVER         TN           STEWART COUNTY         TN			
d Rows as Necessary GUTHRIE OAK GROVE KY COAK GROVE FEMBROKE KY COUNTY KY COUNTY KY COUNTY CN COUNTY CN	Community	CHRISTIAN COUNTY	KY
d Rows as Necessary GUTHRIE OAK GROVE KY COAK GROVE FEMBROKE KY COUNTY KY COUNTY KY COUNTY CN COUNTY CN		ELKTON	KY
OAK GROVEKYPEMBROKEKYTODD COUNTYKYDOVERTNSTEWART COUNTYTN	d Rows as Necessary	GUTHRIE	
PEMBROKE     KY       TODD COUNTY     KY       DOVER     TN       STEWART COUNTY     TN	a nows as necessary		
TODD COUNTY     KY       DOVER     TN       STEWART COUNTY     TN			
DOVER TN STEWART COUNTY TN			
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STEWART COUNTY TN		DOVER	TN
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Index <tr< td=""><td></td><td></td><td></td></tr<>			

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	MEDIACOM SOUTHEAS	T LLC (TRE	NTO	N, KY)					2413
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCR	IBERS AND RA	TES				
E	In General: The information in s			-	-	y transmission s	ervice of th	e cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	`		,	,	,	ole system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n	umber of billing	s in tha	at category (the	number o	f persons or org	anizations		
	separately for the particular serv							a and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				.,				
	Block 1: In the left-hand block								
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		, ngint i						
	BLO	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	<ul> <li>Service to first set</li> </ul>	•	1,689	27.95-48.49					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial		1	27.95-48.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6				
Б	In General: Space F calls for rat	e (not subscrib	er) info	rmation with res	spect to al	ll your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	•	-		-		0	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER	/ICE	RATE	CATEG	DRY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	dential				
	• Pay cable	PP	• Mc	otel, hotel			Family	Cable	75.4
	<ul> <li>Pay cable—add'l channel</li> </ul>	PP	• Co	mmercial					
	<ul> <li>Fire protection</li> </ul>		•Pa	y cable					
	<ul> <li>Burglar protection</li> </ul>		•Pa	y cable-add'l ch	annel				
	Installation: Residential		• Fin	e protection					
	• First set	99.99	• Bu	rglar protection					
	<ul> <li>Additional set(s)</li> </ul>	15.00-29.00	Other	services:					
	• FM radio (if separate rate)		•Re	connect		29.00			
	Converter	10.50	• Dis	sconnect					
							F		I
			• Ou	tlet relocation		15.00-29.00			

Nomo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM SOUTHE	AST LLC (TRENTON, KY)		241
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary insmitters: elevision	FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channer of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain sta carried by your cable system on a sul- the Special Statement and Program ed both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over estation, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	ams [sections titons carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WKMU/WKMU(HD) PBS	36	E	MURRAY, KY
	WKMU-DT2 KET2	36.2	Е	MURRAY, KY
ows as Necessary	WKMU-DT3 KET KY	36.3	E	MURRAY, KY
		22.4	F	
	WKMU-DT4 PBS Kids	36.4	E	MURRAY, KY
	WKMU-DT4 PBS Kids WKRN/WKRN(HD) ABC	36.4 27	N	MURRAY, KY NASHVILLE, TN
	WKRN/WKRN(HD) ABC	27		NASHVILLE, TN
	WKRN/WKRN(HD) ABC WNAB CW	27 23	N 1	NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD) ABC WNAB CW WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC	27 23 8	N 1 E	NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD) ABC WNAB CW WNPT/WNPT(HD) PBS	27 23 8	N 1 E	NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD) ABC WNAB CW WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS	27 23 8 10 5	N 1 E	NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD) ABC WNAB CW WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS WUXP MY NET	27 23 8 10 5 21	N 1 E	NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD) ABC WNAB CW WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS WUXP MY NET	27 23 8 10 5 21	N 1 E	NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD) ABC WNAB CW WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS WUXP MY NET	27 23 8 10 5 21	N 1 E	NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD) ABC WNAB CW WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS WUXP MY NET	27 23 8 10 5 21	N 1 E	NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD) ABC WNAB CW WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS WUXP MY NET	27 23 8 10 5 21	N 1 E	NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD) ABC WNAB CW WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS WUXP MY NET	27 23 8 10 5 21	N 1 E	NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD) ABC WNAB CW WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS WUXP MY NET	27 23 8 10 5 21	N 1 E	NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD) ABC WNAB CW WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS WUXP MY NET	27 23 8 10 5 21	N 1 E	NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD) ABC WNAB CW WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS WUXP MY NET	27 23 8 10 5 21	N 1 E	NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD) ABC WNAB CW WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS WUXP MY NET	27 23 8 10 5 21	N 1 E	NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
	WKRN/WKRN(HD) ABC WNAB CW WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS WUXP MY NET	27 23 8 10 5 21	N 1 E	NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN

Accounting F	Period: 2018	/1					FORM	/I SA1-2E. PAGE 4.
LEGAL NAME O								SYSTEM ID#
MEDIACOM	SOUTHEA	ST LLC	C (TRENTON, KY)					24136
	t every radio	station ca	arried on a separate and discre nerally receivable by your cab					Н
receivable if (1) on the basis of For detailed info paper SA1-2 fo <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate	) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing	y the sys be recein at the Co l sign of the station ion's sig g a check	I-Band FM Carriage: Under C stem whenever it is received at ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st leneral i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
			the community with which the			C 01, 11		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
·								
L	I	I		1		l		

Accounting Perio	od: 2018/1					FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC (	TRENTON, P	(Y)			24136
	SUBSTITUTE CARRIAG				G		
I I	In General: In space I, ident					ion that your cable syste	em carried on a
•	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE			
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute bas	is, any nonnei	twork television program	
Program Log	broadcast by a distant sta	tion?				YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete the progra	m
	log in block 2.					1 1 0	
	2. LOG OF SUBSTITUT		MS				
	In General: List each subs				wherever pos	sible, if their meaning is	6
	clear. If you need more spa			rows to the tables. ision program ("substitute	nroaram") tha	t during the accounting	r
	period, was broadcast by a						
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gen	eral instruction	ns for further informatio	n.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific prograr	n titles, for exa	ample, "I Love Lucy" or	
			lcast live, ente	r "Yes." Otherwise enter "N	lo."		
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.		
	Column 4: Give the broat the case of Mexican or Car	adcast static	on's location (th	e community to which the	station is lice	nsed by the FCC or, in	
	Column 5: Give the mor	iadian static	when vour svs	tem carried the substitute	program. Use	numerals, with the mo	nth
	first. Example: for May 7 giv	ve "5/7."			-		
				gram was carried by your			ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should be	
		er "R" if the	listed program	was substituted for progra	amming that y	our system was require	ed
	to delete under FCC rules a						ram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
					11		1
						N SUBSTITUTE	
		2. LIVE?	E PROGRAM		5. MONTH	AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
		1					
						_	
						_	
						_	
						_	

Accounting Period:	2018/1			FORM S	A1-2E. PAGE 6.
Name				ę	SYSTEM ID#
	MEDIACOM SOUTHEAST LLC (TRENTON, KY)				24136
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. 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	stem's se	econdary trans to compute this	mission servi s amount, see \$ 35	се
L Copyright Royalty Fee	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 bu • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more inf	ut less that	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	00 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00				
	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	s 1 and 2 .		·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	`	re 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	· · · · · · · · · <u>-</u>			
	5. Enter the amount from line 3	· · · · · · · - <u>-</u>			
	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 an	nd 8			_
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but le	ess than \$527	,600)	
	1. Enter the amount of gross receipts from space K		355,578.10		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		91,778.10		
	4. Multiply line 3 by .01	· · · · · · · - <u>-</u>	\$	917.78	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	· · · · · · - <u>-</u>	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	····· <u>-</u>		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5,	, and 6	•••••••	\$	2,236.78
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	· · · · · · · <u>-</u>	\$	2,236.78	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	· · · · · · · -	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,256.78
	Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-21		-		ghts!

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM				SYSTEM ID# 24136
M Channels	<ul> <li>to its subscribe</li> <li>1. Enter the tota system carried</li> <li>2. Enter the tota on which the other</li> </ul>	rs, and (2) the cable system al number of channels on wi d television broadcast statio al number of activated chan cable system carried televisi	's total numbe hich the cable ns nels ion broadcast	on which the cable system carried television broadcast s r of activated channels during the accounting period.	stations	17 62
N Individual to Be Contacted		O BE CONTACTED IF FUR about this statement of acc		MATION IS NEEDED (Identify an individual to whom		
for Further Information	Name	Kenneth J. Kohrs		Te	elephone 845-	-443-2762
	Address 	One Mediacom Wa (Number, street, rural route, ap Mediacom Park, N (City, town, state, zip)	partment, or suite			
	Email	<u>Copyrights@</u>	)mediacomcc	E.com Fax (optional)		
O Certification	I, the undersign     (Own     X     (Age     ir     (Offi     ir     · I have examine	ned, hereby certify that (Check ner other than corporation of int of owner other than corporation in line 1 of space B and that the cer or partner) I am an office in line 1 of space B. ad the statement of account an ate, and correct to the best of tion 1001(1986)] Typed or print Title:	k one, <i>but only</i> or partnership) oration or part ne owner is not er (if a corporati nd hereby deck my knowledge, Enter an el Enter signa ted name: Vice Pr	fied and signed in accordance with Copyright Office regu one, of the boxes.) I am the owner of the cable system as identified in line 1 of thership) I am the duly authorized agent of the owner of the a corporation or partnership; or on) or a partner (if a partnership) of the legal entity identifie are under penalty of law that all statements of fact container information, and belief, and are made in good faith. /s/ Kenneth J. Kohrs lectronic signature on the line above to certify this statement ature using an "/s/ signature" (e.g., /s/ John Smith) Kenneth J. Kohrs esident, Financial Reporting theid in corporation or partnership)	f space B; or e cable system d as owner of th d herein	
		Date:	8/22/20	18		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephol numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lav

unting Period: 2018/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DIACOM SOUTHEAST LLC (TRENTON, KY)	241
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the lowing sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not incluse scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>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?</li> <li>NO</li> </ul>	Asic de sub- 19." Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpa For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	orm.
	orm.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	orm.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for an explanation of late payment or underpayment	orm.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for an explanation of late payment or underpayment	interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 fr Line 1 Enter the amount of late payment or underpayment	form. Interest Assessme - days - 4 - arge)
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