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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
AMOUNT							
\$ ALLOCATION NUMBER							
ALLOCATION NOWBER							

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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		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.					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		MEDIACOM SOUTHEAST LLC (ZEIGLER, IL)					
		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 unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.					
System	1	IDENTIFICATION OF CABLE SYSTEM:					
	-	MEDIACOM SOUTHEAST LLC					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	90 NORTH MAIN (Number, street, rural route, apartment, or suite number)					
		BENTON, KY 42025					
		(City, town, state, zip code)					

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 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 Office'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.

Accounting Period:	2019/1								
		FORM SA1-2E. PAGE 1b.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	MEDIACOM SOUTHEAST LLC (ZEIGLER, IL)	24289							
D	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(dd). 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.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
	2000 20 7000								
First	CITY OR TOWN ZEIGLER	STATE IL							
Community	BUSH	IL							
•	CAMBRIA	IL							
Add Rows as Necessary	DOWELL	IL							
,	ELKVILLE	IL							
	FRANKLIN CO.	IL							
	HURST	IL							
	JACKSON CO.	IL							
	PERRY CO.	IL							
	ROYALTON WILLIAMSON CO.	IL IL							
	MOUNDS	IL							
	MOUND CITY	IL							
	ALTO PASS	IL							
	COBDEN	IL							
	Union County	IL							

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

24289

Е

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

MEDIACOM SOUTHEAST LLC (ZEIGLER, IL)

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: "\$20/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 that 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.

BL	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	1,085	40.49-51.54			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	2	40.49-51.54			
Converter					
 Residential 					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

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 or (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 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
Pay cable	PP	Motel, hotel		Family Cable	79.49	
 Pay cable—add'l channel 	PP	Commercial				
Fire protection		• Pay cable				
 Burglar protection 		 Pay cable-add'l channel 				
Installation: Residential		Fire protection				
First set	99.99	Burglar protection				
 Additional set(s) 	15.00-29.00	Other services:				
• FM radio (if separate rate)		Reconnect	29.00			
Converter	10.50	Disconnect				
		Outlet relocation	15.00-29.00			
		Move to new address				

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24289

MEDIACOM SOUTHEAST LLC (ZEIGLER, IL)

G

Primary Transmitters: Television

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.

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 multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC 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.

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 (iv) of the general instructions in the paper SA1-2 form.

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KBSI/KBSI(HD) FOX	22	1	CAPE GIRARDEAU, MO
KBSI-DT3 Comet	22.3	I-M	CAPE GIRARDEAU, MO
KETC PBS	39	E	ST LOUIS, MO
KFVS/KFVS(HD) CBS	12	N	CAPE GIRARDEAU, MO
KFVS-DT2/KFVS-DT2 (HD) CV	12.2	I-M	CAPE GIRARDEAU, MO
KFVS-DT3 GRIT	12.3	I-M	CAPE GIRARDEAU, MO
WDKA/WDKA (HD) MyNET	49	I	PADUCAH, KY
WDKA-DT2 Charge	49.2	I-M	PADUCAH, KY
WDKA-DT3 TBD	49.3	I-M	PADUCAH, KY
WDKA-DT4 Stadium HD	49.4	I-M	PADUCAH, KY
WPSD/WPSD(HD) NBC	32	N	PADUCAH, KY
WPSD-DT2 This TV	32.2	I-M	PADUCAH, KY
WPSD-DT3 Antenna TV	32.3	I-M	PADUCAH, KY
WSIL/WSIL (HD) ABC	34	N	HARRISBURG, IL
WSIL-DT2 H&I	34.2	I-M	HARRISBURG, IL
WSIL-DT3 Justice Network	34.3	I-M	HARRISBURG, IL
WSIL-DT4 Court TV	34.4	I-M	HARRISBURG, IL
WSIU/WSIU (HD) PBS	8	E	CARBONDALE, IL
WSIU-DT2 PBS WORLD	8.2	E-M	CARBONDALE, IL
WSIU-DT3 PBS CREATE	8.3	E-M	CARBONDALE, IL
WTCT TCT	17	<u> </u>	CARBONDALE, IL
			MARIAN, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM SOUTHEAST LLC (ZEIGLER, IL)

24289

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.

Н

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 Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 						
		 					
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Accounting Perio	a: 2019/1 LEGAL NAME OF OWNER OF	CARLE SYS	ΓΕM·				FOF	SYSTEM ID#
Name	MEDIACOM SOUTHEA)				24289
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identiful substitute basis during the acceplanation of the programmi 1. SPECIAL STATEMENT During the accounting periphroadcast by a distant state of the s	Frogra E: SPECIA fy every nor coounting pe ing that mus FCONCER iod, did you tion? I', leave the E PROGRA itute progra ce, please a of every nor distant stati gulations, or es like "mor Bulls." n was broad sign of the s idcast static adian statio th and day re "5/7."	AL STATEMEIN INNER	NT AND PROGRAM LOSSION PROGRAM ("Substitute based by the line. Use abbreviations rows to the tables. It is abbreviation program ("substitute ur cable system substitutes. See page (v) of the get thall." List specific program "Yes." Otherwise enter "sting the substitute program is the substitute program that the community with which the tem carried the substitute that the community with which the tem carried the substitute	y a distant star CC rules, regundered regeneral instructions wherever pose exprogram") the ed for the program titles, for expressions in the expressions of the program. The estation is liced to program. Use the program.	lations, or au ructions in the etwork televisust complete assible, if their at, during the gramming of ons for further example, "I Lo	with the mo	em carried on a . For a further 1-2 form. M X NO m S G Stition n.
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the nd regulation iming that y	listed program	was substituted for prog ring the accounting perio s permitted to delete und	ramming that y	your system tter "P" if the and regulation EN SUBSTI	was require e listed prog ons in TUTE URRED	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		TIMES — TO	DELETION
							= =	

MEDIACOM SOUTHEAST LLC (ZEIG GROSS RECEIPTS Instructions: The figure you give in this sp all amounts (gross receipts) paid to your ca (as identified in space E) during the accoun page (vii) of the general instructions located	ace determines the form you file				SYSTEM II 2428
Instructions: The figure you give in this sp all amounts (gross receipts) paid to your ca (as identified in space E) during the accoun page (vii) of the general instructions located					
·	ting period. For a further explar in the paper SA1-2 form. condary transmission service(s)	ne system nation of h	's secondary tran ow to compute th	smission servi is amount, see	ice e
during the accounting period IMPORTANT: You must complete a statem				-	32,715.70 ross receipts)
Use block 2 if the amount of gross receipts Use block 3 if the amount of gross receipts	in space K is \$137,100 or less in space K is more than \$137,1 in space K is more than \$263,8	00 but les	s than \$527,600	\$263,800	
BLOCK	1: GROSS RECEIPTS OF \$1	37,100 O	R LESS		
	eipts of \$137,100 or less, the roy	alty fee tha	at you must pay fo	r this six-month	1
Line 1. Royalty fee for accounting period					
Line 2. Interest charge. Enter the amount from	m line 4, space Q, page 8				0.00
Line 3. TOTAL ROYALTY FEE PAYABLE FO	DR ACCOUNTING PERIOD Add	lines 1 an	d 2	· • • <u> </u>	
BLOCK 2: GROSS R	ECEIPTS OF \$263,800 OR L	ESS (but	more than \$137	,100)	
Base amount under statutory formula		\$	263,800.00	_	
2. Enter amount of gross receipts from space	κ	\$	232,715.70	_	
3. Subtract line 2 from line 1		\$	31,084.30	_	
4. Enter the amount of gross receipts from spa	ace K		<u>\$</u>	232,715.70	
5. Enter the amount from line 3			\$	31,084.30	
					•
7. Multiply line 6 by .005 (enter figure here)				\$	1,008.16
8. Interest charge. Enter the amount from line	e 4, space Q, page 8			·	0.00
9. TOTAL ROYALTY FEE PAYABLE FOR A	CCOUNTING PERIOD. Add lines	3 7 and 8 .		\$	1,008.16
BLOCK 3: GROSS RE	CEIPTS OF MORE THAN \$2	63,800 (b	out less than \$52	7,600)	
Enter the amount of gross receipts from spa	ace K			_	
2. Base amount under statutory formula		\$	263,800.00	_	
3. Subtract line 2 from line 1				_	
4. Multiply line 3 by .01			· · · ·		
5. Royalty due on the first \$263,800 of gross r	receipts (under statutory formula)		\$	1,319.00	:
6. Interest charge. Enter the amount from line	e 4, space Q, page 8			0.00	•
7. TOTAL ROYALTY FEE PAYABLE FOR A	CCOUNTING PERIOD. Add lines	s 4, 5, and	6	·	
FILING FEE	AND TOTAL REMITTANCE D	DUE			
1 Royalty Fee Payable for Accounting Period	(from Block 1.2 or 3. shove)		\$	1 በበደ 16	
				20.00	
5 (,	<u> </u>		•
3. TOTAL AMOUNT DUE FOR ACCOUNTIN	G PERIOD. Add lines 2 and 3.			\$	1,028.16
	-		-		ghts!
	Use block 1 if the amount of gross receipts Use block 2 if the amount of gross receipts Use block 3 if the amount of gross receipts be page (vi) of the general instructions located BLOCK Instructions: As a cable system with gross recaccounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from Line 3. TOTAL ROYALTY FEE PAYABLE FO BLOCK 2: GROSS R 1. Base amount under statutory formula 2. Enter amount of gross receipts from space 3. Subtract line 2 from line 1	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 \$137,1 use block 3 if the amount of gross receipts in space K is more than \$263,8 to page (vi) of the general instructions located in the paper \$A1-2 form for more place of the paper \$A1-2 form for more place (vi) of the general instructions located in the paper \$A1-2 form for more place of \$A17,100 or less, the roy accounting period is \$52.00 Line 1. Royalty fee for accounting period	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 but les Use block 3 if the amount of gross receipts in space K is more than \$263,800 but les Use block 3 if the amount of gross receipts in space K is more than \$263,800 but les use page (vi) of the general instructions located in the paper SA1-2 form for more informs BLOCK 1: GROSS RECEIPTS OF \$137,100 C BLOCK 1: GROSS RECEIPTS OF \$137,100 C Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the 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 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 am BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but 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 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 \$263,800 (b) 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula 3. Subtract line 2 from line 1 4. Multiply line 3 by .01 5. Royalty due on the first \$263,800 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 FILING FEE AND TOTAL REMITTANCE DUE 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) 2. Filing Fee (See the instructions for more information on filing fee calculations) Important: Your remittance must be in the form of an electronic payment pa	Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$283,800 but less than \$527,600 to page (vi) of the general instructions located in the paper \$A1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay fo 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. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137 1. Base amount under statutory formula \$263,800.00 2. Enter amount of gross receipts from space K \$232,715,70 3. Subtract line 2 from line 1 \$31,084,30 4. Enter the amount of gross receipts from space K \$5 5. Enter the amount from line 3 \$5 6. Subtract line 5 from line 4 \$5 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 \$263,800 (but less than \$52 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula \$263,800.00 3. Subtract line 2 from line 1 \$2 4. Multiply line 3 by .01 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$2 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 FILING FEE AND TOTAL REMITTANCE DUE 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$\$ \$\$ \$ 1. Enter the amount DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 Important: Your remittance must be in the form of an electronic payment payable to the Reginner.	Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 e page (vi) of the general instructions located in the paper \$A12,5 from for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$\$2.00 Line 1. Royalty fee for accounting period 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 \$263,800 OR LESS (but more than \$137,100) 1. Base amount under statutory formula S 263,800.00 2. Enter amount of gross receipts from space K S 232,715.70 3. Subtract line 2 from line 1 \$ 31,084.30 4. Enter the amount from line 3 \$ 31,084.30 6. Subtract line 6 from line 4 S 201,631.40 7. Multiply line 6 by .005 (enter figure here) S 1. 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 \$263,800 (but less than \$527,600) 1. Enter the amount of gross receipts from space K BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) 1. Enter the amount of gross receipts from space C, page 8 0. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7, and 8 BLOCK 3: GROSS receipts from space C, page 8 0. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 FILING FEE AND TOTAL REMITTANCE DUE 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) 5 1,008.16 FILING FEE AND TOTAL REMITTANCE DUE

Name	ccounting Period:	2019/1		FORM SA1-2E. PAGE 7
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. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system and carried television broadcast stations on which the cable system and carried television broadcast stations. 73 **Notice of the cable system and the c	Name			SYSTEM ID# 24289
we can contact about this statement of account.) Name Name		Instructions: You must give (1) the number of channels on to its subscribers, and (2) the cable system's total number of 1. Enter the total number of channels on which the cable system carried television broadcast stations	of activated channels during the accounting period. 29 stations	
Address One Mediacom Way (Number, steet, rural rode, spartment, or suite number) Mediacom Park, NY 10918 (City, town, suite, zip) Email Copyrights@mediacomcc.com Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) - 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 line 1 of space B, or X (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/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Kenneth J. Kohrs	Individual to		MATION IS NEEDED (Identify an individual to whom	
Mediacom Park, NY 10918 (City, town, state, zip) Email Copyrights@mediacomcc.com Fax (optional) Fax (optional) Fax (optional) Fax (optional) Fax (optional) Certification 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 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 partnership; or (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/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Kenneth J. Kohrs		Name Kenneth J. Kohrs	Telephone 845-443-2762	
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Typed or printed name: Kenneth J. Kohrs		X /s	/s/ Kenneth J. Kohrs	
Title: Vice President Financial Reporting		Typed or printed name:	Kenneth J. Kohrs	
(Title of official position held in corporation or partnership)			esident, Financial Reporting held in corporation or partnership)	
Date: 08/13/2019		Date:	08/13/2019	

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 telephon 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 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

Accounting Period: 2019/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
MEDIACOM SOUTHEAST LLC (ZEIGLER, IL)	24289
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "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 pursuant to section 119." 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. 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?	P Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
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 (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** 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, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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