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

	r			Return completed workbook
STATEME	NT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instruc	ns (Short Form) ctions are located of this workbook	08/28/20	\$ ALLOCATION NUMBER	Copiesoa (2002, 2007) For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
-				
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY)	YY/(Period))	
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - s	ee instructions)	
Accounting Period				
_	Instructions: Give the full legal name of the owner of th	ne cable system. If the owner is a subsidi	ary of another corporation, give the full co	rporate
В	title of the subsidiary, not that of the pare	nt corporation.		
Owner	List any other name or names under which	h the owner conducts the business of the	e 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. 27191 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 (BUTLER, MO) 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) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B IDENTIFICATION OF CABLE SYSTEM: System 1 MEDIACOM SOUTHEAST LLC MAILING ADDRESS OF CABLE SYSTEM: P.O. BOX 249 2 (Number, street, rural route, apartment, or suite number) **EXCELSIOR SPRINGS, MO 64024**

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.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM SOUTHEAST LLC (BUTLER, MO)	27191
	Instructions: List each separate community served by the cable system. A "con	
-	"a separate and distinct community or municipal entity (including unincorpora	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future filir	
	Note: Entities and properties such as hotels, apartments, condominiums, or m	
Area	identified city.	oblie nome parks should be reported in parentileses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	BUTLER	MO
Community		
Rows as Necessary		
ows as necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	TEM ID
Name	MEDIACOM SOUTHEAS	ST LLC (BU	TLER	, MO)					2719
	SECONDARY TRANSMISSION		IBSCR		ATES				
E	In General: The information in s					ry transmission	service of	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p	, , ,	,		,		those exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	•				,	hla svetam	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n	•				•			
	separately for the particular serv								
	Rate: Give the standard rate of	-							
	unit in which it is generally billed category, but do not include disc	· ·		,	ny standa	ard rate variation	is within a	particular rate	
	Block 1: In the left-hand block				ries of sec	condary transmis	ssion servi	ce that cable	
	systems most commonly provide	e to their subso	ribers.	Give the number	er of subs	cribers and rate	for each lis	sted category	
	that applies to your system. Not			-		-			
	categories, that person or entity				• •		•		
	subscriber who pays extra for ca first set" and would be counted of					d in the count ui	nder "Servi	ce to the	
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t	tiers of services	s that ir	nclude one or m	ore secon	dary transmissi	ons), list th	em, together	
	with the number of subscribers a	and rates, in th	e right-	hand block. A tv	vo- or thre	ee-word descript	ion of the s	service is	
	sufficient.	OCK 1					BLOCK	(2	
		NO. OF		DATE	0.17			NO. OF	DAT
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		222	40 40 54 04					
	Service to first set		223	40.49-54.04					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		1	40.49-54.04					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATE	s				
F	In General: Space F calls for ra	te (not subscril	ber) inf	ormation with re	spect to a	all your cable sy	stem's serv	vices 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		,		0		0.		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		aoaan	,			anie pei p	ogiani zacio,	
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) descript				sned. List	these other ser	vices in the	e form of a	
				ale for cach.					
		BLO	1		105	DATE		BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	• Pay cable	PP		otel, hotel			Family	Cable	83.9
	Pay cable—add'l channel	PP		ommercial					
	Fire protection		_	y cable					
	r ile proteotion			y cable-add'l ch	annel				
	•Burglar protection								
	•Burglar protection			a protection					
	Installation: Residential	90.00		e protection					
	Installation: Residential • First set	99.99 15 00-49 00	• Bu	rglar protection					
	Installation: Residential • First set • Additional set(s)	99.99 15.00-49.00	• Bu Other	rglar protection services:		40.00			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	15.00-49.00	• Bu Other • Re	rglar protection services: connect		49.00			
	Installation: Residential • First set • Additional set(s)		• Bu Other • Re • Dis	rglar protection services: connect sconnect					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	15.00-49.00	• Bu Other • Re • Dis • Ou	rglar protection services: connect		49.00 15.00-49.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name		AST LLC (BUTLER, MO)		27
	PRIMARY TRANSMITTERS:	· · · ·		
G Primary Transmitters: Television	In General: In space G, ider carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations ca- les, regulations, or authorizations: in space G—but do list it in space I (th a substitute basis. Iso in space I, if the station was carrier in concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the he form. In umber the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), or rms, see page (iv) of the general instru- n of each station. For U.S. stations, list	t (1) stations carried only on a part- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep- evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each ort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the
	FCC. For Mexican or Canad	lian stations, if any, give the name of th	he community with which the statio 3. TYPE OF STATION	n is identified. 4. LOCATION OF STATION
	KCPT/KCPT(HD) PBS	18	E	KANSAS CITY, MO
	KCPT-DT2 PBS ENCORE	18.2	E-M	KANSAS CITY, MO
	KCPT-DT3 CREATE	18.3	E-M	KANSAS CITY, MO
	KCPT-DT4 PBS KIDS	18.4	E-M	KANSAS CITY, MO
	KCTV/KCTV(HD) CBS	24	N	KANSAS CITY, MO
	KCTV-DT2 COMET	24.2	I-M	KANSAS CITY, MO
	KCTV-DT3 This TV	24.3	I-M	KANSAS CITY, MO
	KCTV-DT4 Quest	24.4	I-M	KANSAS CITY, MO
d Rows as Necessary	KCWE (CW)/ KCWE CW HD	31	I	KANSAS CITY, MO
	KCWE -DT2 Justice Network	31.2	I-M	KANSAS CITY, MO
	KMBC/KMBC(HD) ABC	29	N	KANSAS CITY, MO
	KMBC-DT2 MeTV	29.2	I-M	KANSAS CITY, MO
	KMCI/KMCI (HD) (IND)	41	I	LAWRENCE, KS
	KMCI-DT2 Bounce	41.2	I-M	LAWRENCE, KS
	KMCI-DT3 Court TV Mystery	41.3	I-M	LAWRENCE, KS
	KMCI-DT4 Court TV	41.4	I-M	LAWRENCE, KS
	KOAM (CBS)	7	N	PITTSBURG, KS
	KPXE (ION)/ KPXE ION HD	51	I	KANSAS CITY, MO
	KPXE -DT2 qubo	51.2	I-M	KANSAS CITY, MO
	KPXE-DT3 ION Plus	51.3	I-M	KANSAS CITY, MO
	KSHB/KSHB(HD) NBC	42	N	KANSAS CITY, MO
	KSHB-DT2 Grit	42.2	I-M	KANSAS CITY, MO
	KSHB-DT3 Laff	42.3	I-M	KANSAS CITY, MO
				1

	LEGAL NAME OF OWNER OF	E CABLE SYSTEM			SYSTEM		
Name		AST LLC (BUTLER, MO)			271		
	PRIMARY TRANSMITTERS:	· · · ·					
-		entify every television station (including tr	anslator stations and low power	television stations)			
G	carried by your cable syste	em during the accounting period, except ((1) stations carried only on a pai	t-time basis under			
Duine e m/	carried by your cable system during the accounting period, <i>except</i> (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						
Primary ansmitters:		e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph.	(e)(2) and (4))]; and (2) certain s	stations carried on a			
Television	Substitute Basis Stations	s: With respect to any distant stations car	ried by your cable system on a s	substitute program			
		ules, regulations, or authorizations: re in space G—but do list it in space I (the	e Special Statement and Progra	n Log)—if the			
	station was carried only on	n a substitute basis.		6,			
	-	also in space I, if the station was carried on concerning substitute basis stations, s					
		n's call sign. <i>Do not</i> report origination pro					
		d with a station according to its over-the-a	air designation. For example, re	eport multistream			
	"WETA-2" as the same on Column 2: Give the channe	the form. lel number the FCC assigned to the televi	ision station for broadcasting ov	er the air in its community			
	of license. For example, W	VRC is channel 4 in Washington, D.C.					
		h case whether the station is a network st ering the letter "N" (for network), "N-M" (fo	•				
		o (), (. ,,			
	(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						
			•	,			
		on of each station. For U.S. stations, list the adian stations, if any, give the name of the	•	,			
			•	,			
			•	,	OF STATION		
	FCC. For Mexican or Cana	adian stations, if any, give the name of the	e community with which the stati	on is identified.	OF STATION		
	FCC. For Mexican or Cana	adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	e community with which the stati	on is identified. 4. LOCATION	OF STATION		
	FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV	adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2	a community with which the stati 3. TYPE OF STATION I-M	on is identified. 4. LOCATION KANSAS CITY, MO	OF STATION		
	FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL	adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2 47.3	a community with which the stati 3. TYPE OF STATION I-M I-M	on is identified. 4. LOCATION KANSAS CITY, MO KANSAS CITY, MO	OF STATION		
	FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL KSMO-DT4 Cozi TV	adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2 47.3 47.4	e community with which the stati 3. TYPE OF STATION I-M I-M I-M	on is identified. 4. LOCATION KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	OF STATION		
	FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle	adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2 47.3 47.4 47.5	e community with which the stati	on is identified. 4. LOCATION KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	OF STATION		
	FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle KSNF (NBC)	adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2 47.3 47.4 47.5 46	e community with which the stati 3. TYPE OF STATION I-M I-M I-M I-M N	on is identified. 4. LOCATION (KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO JOPLIN, MO	OF STATION		
	FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle KSNF (NBC) WDAF/WDAF(HD) FOX	adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2 47.3 47.4 47.5 46 34	e community with which the stati	on is identified. 4. LOCATION KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO JOPLIN, MO KANSAS CITY, MO	OF STATION		
	FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle KSNF (NBC) WDAF/WDAF(HD) FOX WDAF-DT2 Antenna	Adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2 47.3 47.4 47.5 46 34 34.2	a community with which the stati	on is identified. 4. LOCATION (KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	OF STATION		
	FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle KSNF (NBC) WDAF/WDAF(HD) FOX WDAF-DT2 Antenna WDAF-DT3 This TV	Adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2 47.3 47.4 47.5 46 34 34.3 4.3	e community with which the stati	on is identified. 4. LOCATION (KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	OF STATION		
	FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle KSNF (NBC) WDAF/WDAF(HD) FOX WDAF-DT2 Antenna WDAF-DT3 This TV	Adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2 47.3 47.4 47.5 46 34 34.3 4.3	e community with which the stati	on is identified. 4. LOCATION (KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	OF STATION		
	FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle KSNF (NBC) WDAF/WDAF(HD) FOX WDAF-DT2 Antenna WDAF-DT3 This TV	Adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2 47.3 47.4 47.5 46 34 34.3 4.3	e community with which the stati	on is identified. 4. LOCATION (KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	OF STATION		
	FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle KSNF (NBC) WDAF/WDAF(HD) FOX WDAF-DT2 Antenna WDAF-DT3 This TV	Adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2 47.3 47.4 47.5 46 34 34.3 4.3	e community with which the stati	on is identified. 4. LOCATION (KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	OF STATION		
	FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle KSNF (NBC) WDAF/WDAF(HD) FOX WDAF-DT2 Antenna WDAF-DT3 This TV	Adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2 47.3 47.4 47.5 46 34 34.3 4.3	e community with which the stati	on is identified. 4. LOCATION (KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	OF STATION		
	FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle KSNF (NBC) WDAF/WDAF(HD) FOX WDAF-DT2 Antenna WDAF-DT3 This TV	Adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2 47.3 47.4 47.5 46 34 34.3 4.3	e community with which the stati	on is identified. 4. LOCATION (KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	OF STATION		
	FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle KSNF (NBC) WDAF/WDAF(HD) FOX WDAF-DT2 Antenna WDAF-DT3 This TV	Adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2 47.3 47.4 47.5 46 34 34.3 4.3	e community with which the stati	on is identified. 4. LOCATION (KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO			

all-band basis whose signals were generally receivable by your cable system during the accounting period. Print the second system during the accounting period. 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, Print the system of the sy	YSTEM 27
ecceivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Transa on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. Ra For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. Ra State of the station at the station carried. Column 1: Identify the call sign of each station carried. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete ignal, 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 identified).	н
	rimary smitters Radio
Image: series of the series	
Normal Image: Section of the se	
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Image: Second	
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Accounting Perio	od: 2020/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	MEDIACOM SOUTHE	AST LLC (E	BUTLER, M	0)				27191
I	SUBSTITUTE CARRIAG							
I	In General: In space I, ident			10,		, ,	,	
Substitute	substitute basis during the a explanation of the programm							
Substitute Carriage:					ne general in			
Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	-	r cable syster	n carry, on a substitute ba	isis, any noni	network te	evision prog	
Program Log	broadcast by a distant sta	ition?				l	YES	NO
	Note: If your answer is "No	o", leave the	rest of this pa	ge blank. If your answer i	s "Yes," you i	nust comp	lete the prod	gram
	log in block 2.	,	·	0 ,		·		
	2. LOG OF SUBSTITUTI	E PROGRA	MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if t	heir meanin	g is
	clear. If you need more spa							0
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			etbull. List speeine progre		sxumpic,	LOVE LUDy	
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
	Column 4: Give the broat the case of Mexican or Car			the community to which th			the FCC or,	in
				stem carried the substitute			ls with the r	month
	first. Example: for May 7 gi		when your sy		s program. O			nonar
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accur	ately
	to the nearest five minutes.		program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.n	n. should be	
	stated as "6:00–6:30 p.m."		listed program	a waa aubatitutad far arag	remains a the	h vour ovet		vino d
				n was substituted for prog uring the accounting perio				
							the listed pr	Uyiaiii
								0
	was substituted for program effect on October 19, 1976	nming that y						0
	was substituted for program	nming that y			ler FCC rules	and regu	ations in	
	was substituted for prograr effect on October 19, 1976	mming that y	our system w	as permitted to delete und	der FCC rules	and regul	ations in	
	was substituted for prograr effect on October 19, 1976	uming that y	our system w	as permitted to delete und	ler FCC rules WHE CARRI	and regu	ations in ITUTE CURRED	7. REASON FOR DELETION
	was substituted for prograr effect on October 19, 1976	uming that y	our system w	as permitted to delete und	der FCC rules	and regu	ITUTE URRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE	our system w <u>E PROGRAIV</u> 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE	our system w <u>E PROGRAIV</u> 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	7. REASON FOR
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Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (BUTLER, MO)	S	YSTEM ID# 27191
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	7,453.34 ss receipts)
Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	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 t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	¢	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	¢	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		52.00
	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		
	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 \$263,800 (but less than \$527,	600)	
	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		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	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)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2020/1					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: DUTHEAST LLC (BUTLER,	MO)			SYSTEM ID# 27191
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	u must give (1) the number of , and (2) the cable system's to number of channels on which television broadcast stations . number of activated channels ible system carried television b	tal number of activ the cable 	ated channels during the a	ccounting period.	68
	and nonbroadc	ast services				
N Individual to Be Contacted		BE CONTACTED IF FURTHE bout this statement of account		IS NEEDED (Identify an ir		
for Further Information	Name	Kenneth J. Kohrs			Telephon	e 845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartm	ent, or suite number)			
		Mediacom Park, NY (City, town, state, zip)	10918			
	Email	Copyrights@me	diacomcc.com		Fax (optional)	
O Certification	• I, the undersigne	This statement of account mu ed, hereby certify that (Check or r other than corporation or pa	ne, <i>but only one</i> , of t	he boxes.)		
	 in l (Offic in l I have examined 	c of owner other than corporat ine 1 of space B and that the ov er or partner) I am an officer (if ine 1 of space B. I the statement of account and H e, and correct to the best of my on 1001(1986)]	vner is not a corpora a corporation) or a nereby declare unde	ation or partnership; or partner (if a partnership) of r penalty of law that all state	the legal entity identified as o	owner of the cable system
			Enter an electronic s	ineth J. Kohrs ignature on the line above to g an "/s/ signature" (e.g., /s/		-
		Typed or printed Title:		th J. Kohrs t, Financial Reporti	ng	
				poration or partnership)	8/11/2020	

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.

unting Period: 2020/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DIACOM SOUTHEAST LLC (BUTLER, MO)	271
 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:	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name 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 Assessme
^	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x days Line 3 Multiply line 2 by the number of days late 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 \$	_
x	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
x	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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