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						
DATE RECEIVED	AMOUNT					
08/28/20	\$ ALLOCATION NUMBER					

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							
A	ACCO	UNTING 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							
		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					
В	t	title of the subsidiary, not that of the parent corporation.					
Owner	ı	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					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
	<u> </u>	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)					
		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these					
С		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:					
	1	Mediacom Southeast LLC					
	1	MAILING ADDRESS OF CABLE SYSTEM:					
		ONE MEDIACOM WAY					
		Number, street, rural route, apartment, or suite number)					
		MEDIACOM PARK, NY 10918 (City, town, state, zip code)					
	1	(a-1/2))					

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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Mediacom Southeast LLC	27192
	Instructions: List each separate community served by the cable system. A	
D	"a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	that you list will serve as a form of system identification hereafter known filings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, o	or mobile nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Colerain	NC
Community	Powellsville	NC
	Windsor	NC
dd Rows as Necessary		

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Mediacom Southeast LLC

SYSTEM ID# 27192

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$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				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	421	40.49-53.04				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	0	40.49-53.04				
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			BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	PP	 Motel, hotel 		Family Cable	83.99
 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) 	15.00-49.00	Other services:			
 FM radio (if separate rate) 		 Reconnect 	49.00		
Converter	10.50	Disconnect			
		 Outlet relocation 	15.00-49.00		
		 Move to new address 			

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27192

4. LOCATION OF STATION

New Bern, NC

Mediacom Southeast LLC

1. CALL SIGN

WCTI/WCTI(HD) ABC

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.

2. B'CAST CHANNEL NUMBER

12

17 Jacksonville, MS WEPX/WEPX (HD) ION Ε WHRO (PBS) 16 Hampton, VA 32.2 I-M WITN (MyNET) Washington, NC N WITN/WITN(HD) NBC 32 Washington, NC 32.3 I-M Washington, NC WITN-DT3 MeTV WITN-DT6 Circle 32.6 I-M Washington, NC WNCT/WNCT(HD) CBS 10 Ν Greenville, NC 10.2 I-M Greenville, NC WNCT-DT2 (CW) WNCT-DT3 getTV 10.3 I-M Greenville, NC WSKY (IND) 9 Maneto, VA WUND/WUND(HD) PBS 20 Ε Edenton, NC WUND-DT2 PBS KIDS 20.2 E-M Edenton, NC 20.3 E-M Edenton, NC WUND-DT3 Explorer Char WUND-DT4 NCCHL E-M 20.4 Edenton, NC WYDO/WYDO(HD) FOX 47 Greenville, NC I

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period:	2020/1			FORM SA1-2E. PAGE 3.					
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
Name	Mediacom Southeast	LLC	27192						
	PRIMARY TRANSMITTERS:	TELEVISION							
G	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, <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								
Primary	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								
Transmitters:									
Television	Substitute Basis Stations:	With respect to any distant stations	carried by your cable system on a subs	stitute program					
		les, regulations, or authorizations:							
		•	the Special Statement and Program Lo	og)—if the					
	station was carried only on								
	1		ed both on a substitute basis and also s, see page (v) of the general instructio						
			s, see page (v) of the general instruction program services such as HBO, ESPN						
			ne-air designation. For example, report						
	"WETA-2" as the same on t	•	a.						
	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.								
	i Co. For interloan or Canadian stations, if any, give the frame of the community with which the station is identified.								
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION								

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Mediacom Southeast LLC

27192

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
		 					
	L			L	l		l

period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the program	E: SPECIA tify every non accounting p ning that mu T CONCEF riod, did you tition? ", leave the titute progra ace, please of every no distant star agulations, of ries like "mo Bulls." m was broa	AL STATEME nnetwork televieriod, under sp st be included RNING SUBS ur cable system e rest of this pa AMS am on a separ add additiona onnetwork tele tion and that y or authorizatio	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE on carry, on a substitute base age blank. If your answer is rate line. Use abbreviations I rows to the tables. vision program ("substitute our cable system substitutes. See page (v) of the ger	a distant state CC rules, regine general instant siss, any nonres "Yes," you res wherever possible to the program") the ed for the program instructions and instructions.	ulations, of structions network te must com ossible, if hat, during	your cable system authorization in the paper Selevision progression progressio	ns. For a further A1-2 form. ram X NO gram g is ting station tition.
Mediacom Southeast SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the program	E: SPECIA tify every non accounting p ning that mu T CONCEF riod, did you tition? ", leave the titute progra ace, please of every no distant star agulations, of ries like "mo Bulls." m was broa	AL STATEME nnetwork televieriod, under sp st be included RNING SUBS ur cable system e rest of this pa AMS am on a separ add additiona onnetwork tele tion and that y or authorizatio	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE on carry, on a substitute base age blank. If your answer is rate line. Use abbreviations I rows to the tables. vision program ("substitute our cable system substitutes. See page (v) of the ger	a distant state CC rules, regine general instant siss, any nonres "Yes," you res wherever possible to the program") the ed for the program instructions and instructions.	ulations, of structions network te must com ossible, if hat, during	relevision prog	atem carried on a ns. For a further sA1-2 form. Tram X NO gram g is ting station ition.
In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant state of the programm of the product of t	tify every noneccounting prints that mu T CONCEF riod, did you tition? ", leave the E PROGRA titute progra ace, please of every no didistant sta egulations, of ries like "mo Bulls." m was broa	eriod, under spist be included RNING SUBS ur cable system e rest of this parada additional connetwork teletion and that your authorizatio	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE on carry, on a substitute base age blank. If your answer is rate line. Use abbreviations I rows to the tables. vision program ("substitute our cable system substitutes. See page (v) of the ger	a distant state CC rules, regine general instant siss, any nonres "Yes," you res wherever possible to the program") the ed for the program instructions and instructions.	ulations, of structions network te must com ossible, if hat, during	relevision prog	ns. For a further A1-2 form. ram X NO gram g is ting station tition.
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Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUT! In General: List each subsclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the program	E PROGRA titute progra ace, please of every no distant star egulations, or ries like "mo Bulls." m was broa	AMS am on a separ add additiona onnetwork tele tion and that y or authorizatio	rate line. Use abbreviations I rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the ger	wherever po program") the ed for the pro	ossible, if hat, during ogrammin ions for fu	their meaning the account g of another urther informa	gram g is ting station tion.
log in block 2. 2. LOG OF SUBSTITUTI In General: List each subsclear. If you need more space of the column 1: Give the title period, was broadcast by a under certain FCC rules, redo not use general catego "NBA Basketball: 76ers vs. Column 2: If the program	E PROGRA titute progra ace, please of every no distant star egulations, or ries like "mo Bulls." m was broa	AMS am on a separ add additiona onnetwork tele tion and that y or authorizatio	rate line. Use abbreviations I rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the ger	wherever po program") the ed for the pro	ossible, if hat, during ogrammin ions for fu	their meaning the accounting of another urther informa	g is ting station tion.
In General: List each subsclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the program	titute progra ace, please of every no distant star egulations, ories like "mo Bulls." m was broa	am on a separ add additiona onnetwork tele tion and that y or authorizatio	l rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the ger	program") the ed for the pro neral instructi	hat, during ogrammin ions for fu	g the account ng of another urther informa	ting station ition.
Column 4: Give the brothe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program	adcast statinadian statinadian statinath and day ve "5/7." es when the Example: a ter "R" if the and regulatinath in that the ter that the terminate the terminate that the terminate the terminate that the terminate the terminate that the terminate that the terminate that the term	station broadd on's location (ons, if any, the when your sy e substitute pr a program car e listed prograr ions in effect of	e community with which the estem carried the substitute ogram was carried by your ried by a system from 6:01 m was substituted for programment during the accounting perio	e station is lide station is ide station is ide program. Us cable system:15 p.m. to 6 camming that d; enter the l	entified). se numerom. List the ci28:30 p.o. tyour sys etter "P" i	y the FCC or, als, with the r e times accur m. should be tem was <i>requ</i> if the listed pr	in month ately <i>uired</i>
., .		WHEN SUBSTITUTE					
S	UBSTITUT	E PROGRAM	1				7. REASON FOR
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION
	Column 4: Give the brothe case of Mexican or Car Column 5: Give the more first. Example: for May 7 gi Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules was substituted for prograr effect on October 19, 1976	Column 4: Give the broadcast stati the case of Mexican or Canadian stati Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when th to the nearest five minutes. Example: stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulat was substituted for programming that effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7." Column 6: State the times when the substitute pr to the nearest five minutes. Example: a program car stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed prograr to delete under FCC rules and regulations in effect of was substituted for programming that your system w effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	Column 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for program to delete under FCC rules and regulations in effect during the accounting perion was substituted for programming that your system was permitted to delete underfect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	Column 4: Give the broadcast station's location (the community to which the station is lit the case of Mexican or Canadian stations, if any, the community with which the station is id Column 5: Give the month and day when your system carried the substitute program. Usifirst. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the I was substituted for programming that your system was permitted to delete under FCC rules effect on October 19, 1976. SUBSTITUTE PROGRAM CARRI 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S SHATION'S SHATION'S 5. MONTH	Column 4: Give the broadcast station's location (the community to which the station is licensed by the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numer first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p. stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" is was substituted for programming that your system was permitted to delete under FCC rules and regulation of the color of the c	Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the r first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accur to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was requited to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S STATION'S SIBSTITUTE OF ROGRAM 6. TIMES

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom Southeast LLC	S'	YSTEM ID# 27192
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Et all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service amount, see	1,818.67 ss receipts)
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 but less than or equal to \$ • 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 fo accounting period is \$52.00	this 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,	_	<u> </u>
	1. Base amount under statutory formula	,	
	2. Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	_	
	4. Enter the amount of gross receipts from space K	_	
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		0.00
	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 and 8	· <u></u>	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52)	7,600)	
	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)	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		
	TENTO LE TITO TOTAL REMITTANOL DUL		
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 Regi See page i of the general instructions in the paper SA1-2 form for more informa		nts!

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom Southeast LLC	SYSTEM ID# 27192
M Channels	CHANNELS 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	22
	•	<u>.</u>
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	65
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
Be Contacted for Further Information	Name Kenneth J. Kohrs Telephone	845-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number)	
	Mediacom Park, NY 10918	
	(City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O 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 in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.	ner of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir 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)] 	n
	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	
	Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: 8/12/2020	

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.

counting Period: 2020/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ediacom Southeast LLC	27192
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? X NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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 (interest charge)	-
* 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	

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 th 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.