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	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
		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		IDENTIFICATION OF CABLE SYSTEM:
	1	MEDIACOM SOUTHEAST LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	501 WARD AVENUE
	~	(Number, street, rural route, apartment, or suite number)
1		CARUTHERSVILLE, MO 63830
1	1	(City, town, state, zip code)

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.

Accounting Period:	2020/1	FORM SA1-2E. PAGE 1b.
_	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM SOUTHEAST LLC	3306
	Instructions: List each separate community served by the cable system. A "	
D	"a separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that the "first community." Please use it as the first community on all future to Note: Entities and properties such as hotels, apartments, condominiums, or	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
Area Served	identified city.	Thoule nome parks should be reported in parentneses below the
First	CITY OR TOWN  CARUTHERSVILLE	STATE MO
Community	HAYTI	MO
<b>,</b>	HAYTI HEIGHTS	MO
Add Davis as Nassassas	IIATITILIGITO	IMC
Add Rows as Necessary		

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 3306

## **MEDIACOM SOUTHEAST LLC**

# 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	584	29.95-74.49						
Service to additional set(s)								
• FM radio (if separate rate)								
Motel, hotel								
Commercial	0	29.95-74.49						
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
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial			
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	99.99	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	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# 3306

### **MEDIACOM SOUTHEAST LLC**

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
KAIT ABC	8	N	JONESBORO, AR
KBSI/KBSI (HD) FOX	22	1	CAPE GIRARDEAU, MO
KBSI-DT3 COMET	22.3	I-M	CAPE GIRARDEAU, MO
KFVS/KFVS (HD) CBS	12	N	CAPE GIRARDEAU, MO
KFVS-DT2/KFVS DT2 (HD) CW	12.2	I-M	CAPE GIRARDEAU, MO
KFVS-DT3 Circle	12.3	I-M	CAPE GIRARDEAU, MO
KFVS-DT4 MeTV	12.4	I-M	CAPE GIRARDEAU, MO
KFVS-DT5 Grit	12.5	I-M	CAPE GIRARDEAU, MO
WDKA/WDKA (HD) MyNet	49	l	Paducah, KY
WDKA-DT2 Charge	49.2	I-M	Paducah, KY
WDKA-DT3 TBD	49.3	I-M	Paducah, KY
WDKA-DT4 Stadium	49.4	I-M	Paducah, KY
WKNO/WKNO(HD) PBS	29	E	MEMPHIS, TN
WKNO-DT2 PBS Encore	29.2	E-M	MEMPHIS, TN
WKNO-DT3 PBS KIDS	29.3	E-M	MEMPHIS, TN
WMC NBC	5	N	MEMPHIS, TN
WPSD/WPSD (HD) NBC	6	N	Paducah, KY
WPSD-DT2 This TV	6.2	I-M	Paducah, KY
WPSD-DT3 Antenna TV	6.3	I-M	Paducah, KY
WSIL/WSIL (HD) ABC	3	N	Harrisburg, IL
WSIL-DT2 H&I	3.2	I-M	Harrisburg, IL
WSIL-DT3 Justice Network	3.3	I-M	Harrisburg, IL
WSIL-DT4 Court TV	3.4	I-M	Harrisburg, IL
WTCT TBN	27	1	Marion, IL

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 3306 MEDIACOM SOUTHEAST LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 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 substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 4. LOCATION OF STATION 3. TYPE OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## MEDIACOM SOUTHEAST LLC

330

### 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
	<del> </del>						
	<del> </del>						
	<del> </del>						
	<del> </del>						
	<del> </del>						
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						<u> </u>	

period, was broadcast by under certain FCC rules, to not use general categor "NBA Basketball: 76ers voor Column 2: If the prograce Column 3: Give the case of Mexican or Category Column 5: Give the most of the case of Mexican or Category Column 6: State the tire to the nearest five minute stated as "6:00–6:30 p.m.	AST LLC  GE: SPECIA  Intify every no accounting pring that mu  NT CONCEPT  eriod, did you ation?  Io", leave the bace, please a distant star regulations, or a distant star regulations, or all sign of the backast stati anadian stati	AL STATEME connetwork televiceriod, under spust be included RNING SUBS ur cable system are add additional connetwork televicerion and that your authorization ovies" or "bask adcast live, entration broaddion's location (ions, if any, they when your sy the substitute propagations in effect of the station broaddion's location (ions, if any, they when your sy the substitute propagations in effect of the station broaddion's location (ions, if any, they when your sy the substitute propagations in effect of the station broaddion's location (ions, if any, they when your sy the substitute propagations in effect of the station broaddion's location (ions, if any, they when your sy the substitute propagations in effect of the station broaddion's location (ions, if any, they when your sy the substitute propagations in effect of the station and the station broaddion's location (ions, if any, they when your sy the substitute propagations in effect of the station broaddion's location (ions, if any, they when your sy the substitute propagations in effect of the station broaddion's location (ions, if any, they when your sy the substitute propagations in effect of the station broaddion's location (ions, if any, they when your sy the substitute propagations in effect of the station broaddion's location (ions, if any, they when your sy the substitute propagations in effect of the station broaddion's location (ions, if any, they when your sy the substitute propagations in effect of the station broaddion's location (ions, if any, they when your sy the substitute propagations in effect of the station broaddion's location (ions, if any, they when your sy the substitute propagations in effect of the station broaddion's location (ions, if any, they when your sy the substitute propagations in effect of the station broaddion's location (ions, if any they when your sy the substitute propagations in effect of the station broaddion's location (ions, if any they when your sy the substitute propagations in effect of the station broaddion's loca	ision program, broadcast pecific present and former in this log, see page (v) of the carry, on a substitute age blank. If your answers the telephone in the program ("substitute age blank. If your answers to the tables. It is to the tables are the casting the substitute program ("substitute program"). Use a substitute program ("substitute program") the community to which the community with which are carried the substitute program was carried by your capter "yes." Otherwise enter the community with which are community with which are community with substitute or carried the substitute or carried by a system from 6: If was substituted for program was substituted for program was substituted for program the accounting pe	by a distanter FCC rules of the general passis, any of the general instituted for the general institut	, regulations al instruction nonnetwork you must come prossible m") that, due programme tructions for example is licensed is identified in. Use num ystem. List to 6:28:30 that your sthe letter "F	omplet  omplet  in the ring the ring or further, "I Lo	ision programmer should be was requestive interesting in the programmer.	ns. For a further A1-2 form.  ram  X NO gram  g is ting station tion. or  in month ately
SUBSTITUTE CARRIAC In General: In space I, ides substitute basis during the explanation of the program  1. SPECIAL STATEMEN • During the accounting pour broadcast by a distant st  Note: If your answer is "Note: If your answer is "Note: If your answer is "Note: If you need more specified in the care of Mexican or Care of the care of the care of Mexican or Care of the care of t	ntify every no accounting pring that muning that muning that muning that muning the transport of the proof of	ennetwork televice period, under spust be included RNING SUBS ur cable system e rest of this part add additiona onnetwork televition and that y or authorizatio ovies" or "bask adcast live, ent station broaddion's location (ions, if any, they when your sy the substitute properations in effect of the program care to listed program care in the program of the program in effect of the program in the program	ision program, broadcast pecific present and former in this log, see page (v) of the carry, on a substitute age blank. If your answers the telephone in the program ("substitute age blank. If your answers to the tables. It is to the tables are the casting the substitute program ("substitute program"). Use a substitute program ("substitute program") the community to which the community with which are carried the substitute program was carried by your capter "yes." Otherwise enter the community with which are community with which are community with substitute or carried the substitute or carried by a system from 6: If was substituted for program was substituted for program was substituted for program the accounting pe	by a distanter FCC rules of the general passis, any of the general instituted for the general institut	, regulations al instruction nonnetwork you must come prossible m") that, due programme tructions for example is licensed is identified in. Use num ystem. List to 6:28:30 that your sthe letter "F	omplet  omplet  in the ring the ring or further, "I Lo	ision prog YES  e the prog ir meaning e account f another er information by Lucy  e FCC or, with the r mes accur should be was requ e listed pr	tem carried on a ns. For a further A1-2 form.  ram  X  NO  gram  g is  ting station tion. or  in  month ately
In General: In space I, idea substitute basis during the explanation of the program  1. SPECIAL STATEMEN  • During the accounting pure broadcast by a distant st Note: If your answer is "Note: If your answer is "Note: If your answer is "Note: If you new more space of the substitution of	ntify every no accounting printing that munified that munified that munified that munified the control of the c	ennetwork televice period, under spust be included RNING SUBS ur cable system e rest of this part add additiona onnetwork televition and that y or authorizatio ovies" or "bask adcast live, ent station broaddion's location (ions, if any, they when your sy the substitute properations in effect of the program care to listed program care in the program of the program in effect of the program in the program	ision program, broadcast pecific present and former in this log, see page (v) of the carry, on a substitute age blank. If your answers the telephone in the program ("substitute age blank. If your answers to the tables. It is to the tables are the casting the substitute program ("substitute program"). Use a substitute program ("substitute program") the community to which the community with which are carried the substitute program was carried by your capter "yes." Otherwise enter the community with which are community with which are community with substitute or carried the substitute or carried by a system from 6: If was substituted for program was substituted for program was substituted for program the accounting pe	by a distanter FCC rules of the general passis, any of the general instituted for the general institut	, regulations al instruction nonnetwork you must come prossible m") that, due programme tructions for example is licensed is identified in. Use num ystem. List to 6:28:30 that your sthe letter "F	omplet  omplet  in the ring the ring or further, "I Lo	ision prog YES  e the prog ir meaning e account f another er information by Lucy  e FCC or, with the r mes accur should be was requ e listed pr	ns. For a further A1-2 form.  ram  X NO gram  g is ting station tion. or  in month ately
clear. If you need more sp. Column 1: Give the titl period, was broadcast by under certain FCC rules, Do not use general catego "NBA Basketball: 76ers vo Column 2: If the progra Column 3: Give the ca Column 4: Give the broad the case of Mexican or Co Column 5: Give the mo first. Example: for May 7 of Column 6: State the tir to the nearest five minute stated as "6:00–6:30 p.m. Column 7: Enter the le to delete under FCC rules was substituted for progra	pace, please of every not a distant staregulations, or ories like "mos. Bulls." am was broall sign of the padcast stationth and day give "5/7." mes when the s. Example: "tter "R" if the stand regulation ming that	add additional connetwork telestion and that yor authorizatio ovies" or "bask adcast live, entestation broaddion's location (ions, if any, they when your syne substitute pra program care listed program tions in effect of	I rows to the tables. vision program ("substitute our cable system substitute." See page (v) of the greetball." List specific program "Yes." Otherwise enter casting the substitute program was carried by yearied by a system from 6: m was substituted for program was substituted for program to the substitute for the substituted for program was substituted for program was substituted for program was substituted for program was substituted for program to the substituted for program was substituted for prog	ute program tuted for the general insi- gram titles, or "No." ogram. the station ute program our cable sy 01:15 p.m. ogramming riod; enter	is licensed is identified in Use num ystem. List to 6:28:30	ring the ming or further e, "I Lo	e account f another er information function for the following for	ing station tion. or in nonth ately
				nder FCC ı	ules and re	- g		
					VHEN SUE			
	SUBSTITUT 2. LIVE?	TE PROGRAM  3. STATION'S	T T			7. REASON FOR DELETION		
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND D	AY FROM	М <u>—</u>	ТО	

Accounting Period:	2020/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC			S	YSTEM ID# 3306
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross re	ystem's se on of how t	condary transm o compute this a	ission service amount, see	0,283.14 pss 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 the use block 3 if the amount of gross receipts in space K is more than \$263,800 the page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	•
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K	\$	190,283.14		
	3. Subtract line 2 from line 1	\$	73,516.86		
	4. Enter the amount of gross receipts from space K		. \$ 1	190,283.14	
	5. Enter the amount from line 3		. \$	73,516.86	
	6. Subtract line 5 from line 4		\$ 1	116,766.28	
	7. Multiply line 6 by .005 (enter figure here)			\$	583.83
	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		\$	583.83
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527,	600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula	s	263,800.00		
	3. Subtract line 2 from line 1	•			
	4. Multiply line 3 by .01				
	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				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, o, and o .			
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	583.83	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	603.83
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		_		hts!

Accounting Period:	: 2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM SOUTHEAST LLC	SYSTEM ID# 3306
M	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.	
Ondiniois	Enter the total number of channels on which the cable     system carried television broadcast stations	31
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	65
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
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)	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
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 id in line 1 of space B and that the owner is not a corporation or partnership; or	lentified
	(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 call in line 1 of space B.	able system
	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	
	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	3306
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	P Special Statement Concerning Gross Receipts Exclusion
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	
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	
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	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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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