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						
7 011 001 1110111						
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

	1					
Α	ACCO	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						
	<u> </u>					
В		<b>Instructions:</b> 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				
		MCC Georgia, LLC (Hazlehurst, GA)				
		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		<b>UCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these 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					
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	(Number, street, rural route, apartment, or suite number)				
		(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.

		FORM SA1-2E. PAGE
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	MCC Georgia, LLC (Hazlehurst, GA)	507
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorporal 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 fill Note: Entities and properties such as hotels, apartments, condominiums, or many condominiums.	ated communities within unincorporated areas and including single t you list will serve as a form of system identification hereafter kno- ngs.
Area		tobile flottle parks stroutd be reported in parentileses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Hazlehurst	GA
ommunity	Jeff Davis County	GA
	Lumber City	GA
ows as Necessary		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Georgia, LLC (Hazlehurst, GA)

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

SYSTEM ID# 5078

E

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	BLOCK 1			BLOCK 2		
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	721	40.49-74.49				
<ul> <li>Service to additional set(s)</li> </ul>						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	1	40.49-74.49				
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 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	82.99
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial			
Fire protection		• Pay cable			
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	99.99	<ul> <li>Burglar protection</li> </ul>			
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		
		<ul> <li>Move to new address</li> </ul>			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 5078

### MCC Georgia, LLC (Hazlehurst, GA)

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
WALB NBC	10	N	Albany, GA
WALB-DT3 Bounce TV	10.3	I-M	Albany, GA
WGNM/WGNM(HD) CTN	45	I	MACON, GA
WJCL/WJCL(HD) ABC	22	N	Savannah, GA
WJCL-DT2 MeTV	22.2	I-M	Savannah, GA
WSAV/WSAV(HD) NBC	39	N	Savannah, GA
WSAV DT2 CW	39.2	I-M	Savannah, GA
WSAV DT3 Court TV	39.3	I-M	Savannah, GA
WSAV-DT4 Laff	39.4	I-M	Savannah, GA
WTGS/WTGS(HD) FOX	28	<u> </u>	hardeeville, SC
WTGS-DT2 COMET	28.2	I-M	hardeeville, SC
WTGS-DT3 Antenna TV	28.3	I-M	hardeeville, SC
WTGS-DT4 TBD	28.4	I-M	hardeeville, SC
WTOC/WTOC(HD) CBS	11	N	Savannah, GA
WTOC-DT3 Bounce TV	11.3	I-M	Savannah, GA
WXGA/WXGA (HD) PBS	8	E	Waycross, GA

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 5078 MCC Georgia, LLC (Hazlehurst, GA) 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 3. TYPE OF STATION 4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## MCC Georgia, LLC (Hazlehurst, GA)

5078

#### 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).

0411 010::	l	0/0		T 0411 01011	l	0.10	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	nd: 2020/1						F∩RI	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				1010	SYSTEM ID#
Name	MCC Georgia, LLC (Ha	azlehurst,	, GA)					5078
Substitute Carriage: Special Statement and Program Log	MCC Georgia, LLC (Hassubstitute basis during the aexplanation of the programm  1. SPECIAL STATEMEN  • During the accounting per broadcast by a distant state of the programm of the programm of the programm of the product of the prod	E: SPECIA ify every no ccounting p ning that mu T CONCEF riod, did you tion? ", leave the E PROGRA titute progra ace, please of every no distant sta gulations, of ies like "mo Bulls." m was broa sign of the adcast stati hadday ve "5/7." es when th	AL STATEME  Innetwork televior, under spist be included  RNING SUBS  ur cable system  e rest of this paradd additiona connetwork televior and that y or authorizatio covies" or "bask  ddcast live, ent station broadd on's location ( ons, if any, the or when your sy e substitute pr	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE of carry, on a substitute base age blank. If your answer is the line. Use abbreviations I rows to the tables. Vision program ("substitute our cable system substitute our cable system substitute in See page (v) of the generated by the community to which the community with which the stem carried the substitute or gram was carried by you	y a distant star CC rules, reg he general ins asis, any nonr s "Yes," you r s wherever pr e program") t ted for the pr neral instruct am titles, for e "No." ram. e station is life e program. Us r cable syste	ulations, of structions network te must com ossible, if hat, during ogrammin ions for fuexample, ' censed by entified). se numera	relevision progential yes  plete the progential their meaning of the account go fanother urther information of the progential their meaning of the progential through the progential th	stem carried on a ns. For a further SA1-2 form.  Tram  X  NO  gram  g is  ting station tition. or  in  month
	stated as "6:00–6:30 p.m."  Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulat nming that	ions in effect d		od; enter the l	etter "P" i	f the listed pr	
						N SUBST		7 DEACON FOR
		UBSTITUT 2. LIVE?	E PROGRAM  3. STATION'S	1	5. MONTH		CURRED TIMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>	
								"
							_	
							_	
			<b></b>					<del> </del>

2020/1				A1-2E. PAGE
LEGAL NAME OF OWNER OF CABLE SYSTEM:  MCC Georgia, LLC (Hazlehurst, GA)			S	SYSTEM II 507
all amounts (gross receipts) paid to your cable system by st (as identified in space E) during the accounting period. For page (vii) of the general instructions located in the paper SA Gross receipts from subscribers for secondary transmis during the accounting period.	ubscribers for the system's a further explanation of how A1-2 form. ssion service(s)	secondary transn v to compute this	nission service amount, see	8,738.78
IMPORTANT: You must complete a statement in space P c	oncerning gross receipts.		(Amount of gr	oss receipts)
<ul> <li>Use block 2 if the amount of gross receipts in space K is mo</li> <li>Use block 3 if the amount of gross receipts in space K is mo</li> </ul>	ore than \$137,100 but less tore than \$263,800 but less t	than \$527,600	263,800	
BLOCK 1: GROSS RE	ECEIPTS OF \$137,100 OF	RLESS		
	00 or less, the royalty fee tha	t you must pay for	this six-mon	
Line 1. Revelty fee for accounting period				
				0.00
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTIN	NG PERIOD Add lines 1 and	12		
BLOCK 2: GROSS RECEIPTS OF	\$263,800 OR LESS (but r	more than \$137,	100)	
Base amount under statutory formula	<b>\$</b>	263,800.00	=	
2. Enter amount of gross receipts from space K	<b>\$</b>	188,738.78	=	
3. Subtract line 2 from line 1	<b>\$</b>	75,061.22	_	
4. Enter the amount of gross receipts from space K		\$	188,738.78	
5. Enter the amount from line 3		\$	75,061.22	
6. Subtract line 5 from line 4		\$	113,677.56	
7. Multiply line 6 by .005 (enter figure here)			\$	568.39
8. Interest charge. Enter the amount from line 4, space Q, page	ge 8			0.00
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING P	ERIOD. Add lines 7 and 8		\$	568.39
BLOCK 3: GROSS RECEIPTS OF M	MORE THAN \$263,800 (bu	ut less than \$527	',600)	
Finter the amount of gross receipts from space K				
			=	
			-	
			-	
			1 319 00	
7. TOTAL ROTALITY FEE PATABLE FOR ACCOUNTING P	ERIOD. Add lines 4, 5, and 6	0	•	
FILING FEE AND TOTAL F	REMITTANCE DUE			
Royalty Fee Payable for Accounting Period (from Block 1, 2)	2, or 3, above)	\$	568.39	
	us foo coloulations)	\$	20.00	
2. Filing Fee (See the instructions for more information on filin	ig lee calculations)			
Filing Fee (See the instructions for more information on filin     TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Ad	•		\$	588.39
	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MCC Georgia, LLC (Hazlehurst, GA)  GROSS RECEIPTS Instructions: The figure you give in this space determines all amounts (gross receipts) paid to your cable system by si (as identified in space E) during the accounting period. For page (vii) of the general instructions located in the paper S/Gross receipts from subscribers for secondary transmit during the accounting period.  IMPORTANT: You must complete a statement in space P of COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 2 if the amount of gross receipts in space K is missee block 3 if the amount of gross receipts in space K is missee page (vii) of the general instructions located in the paper SA BLOCK 1: GROSS RIE  Instructions: As a cable system with gross receipts of \$137,10 accounting period is \$52.00  Line 1. Royalty fee for accounting period	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MCC Georgia, LLC (Hazlehurst, GA)  GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the an all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of hov page (iii) of the general instructions located in the paper SA1-Z 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.  COPYRIGHT ROYALTY FEE Instructions: To complete the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 2 if the amount of gross receipts in space K is smore than \$137,100 but less it use block 2 if the amount of gross receipts in space K is more than \$263,800 but less it use block 2 if the amount of gross receipts in space K is more than \$263,800 but less in space K is more than \$263,800 but less in the paper \$24.2 form for more informative in the paper \$24.2 form for more informative info	LIEGAL NAME OF OWNER OF CABLE SYSTEM:  MCC Georgia, LLC (Hazlehurst, GA)  GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transnic (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.  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Lomplete block 1 block 2, or block 3.  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 2 if the amount of gross receipts in space K is more than \$238,00 but less than or equal to \$  See page (vi) of the general instructions located in the paper SA1-2 form for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 or less.  Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00  Line 1. Royalty fee for accounting period.  Line 2: Interest charge. Enter the amount from line 4, space Q, page 8.  Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, 1. Base amount under statutory formula \$  2. Enter amount of gross receipts from space K \$  \$  S. BLOCK 3: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, 1. Base amount under statutory formula \$  \$  4. Enter the amount of gross receipts from space K \$  \$  S. Enter the amount of gross receipts from space K \$  \$  S. Enter the amount of gross receipts from space K \$  \$  S. Enter the amount of gross receipts from space K \$  \$  S. Enter the am	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service and the period in the page 5A1-2 form for more information.  See page (vi) of the general instructions to cable the period in the page 5A1-2 form for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 or less.  Instructions: As a cable system with gross receipts of \$157,100 or less, the royalty fee that you must pay for this six-mon accounting period is \$52.0.  Line 1: Royalty fee for accounting period.  Line 2: Interest charge. Enter the amount from line 4: space Q, page 8.  Line 3: TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2.  BLOCK 2: GROSS RECEIPTS OF \$268,3600 OR LESS (but more than \$137,100)  1. Base amount under statutory formula \$ 75,061.22  4. Enter the amount of gross receipts from space K \$ 188,738.78  5. Enter the amount of gross receipts from space K \$ 188,738.78  6. Subtract line 5 from line 4 \$ 75,061.22  4. Enter the amount from line 4 \$ 75,061.22  4. Enter the amount of gross receipts from space K \$ 188,738.78  5. Enter the amount of gross receipts from space K \$ 188,738.78  6. Subtract line 5 from line 4 \$ 113,677.56  7. Multiply line 6 by .005 (enter figure here) \$ \$ 113,677.56  8. Interest charge. Enter the amount from line 4, space Q, page 8 \$ 113,19.00  1. Enter the

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MCC Georgia, LLC (Hazlehurst, GA)	SYSTEM ID# 5078
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	22
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	67
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)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the continuing in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]	
	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#
CC Georgia, LLC (Hazlehurst, GA)	5078
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 flowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basiservice of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers 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 transmiss made by satellite carriers to satellite dish owners?  X NO	Special Statement Concerning Gross Receipts Exclusion
X NO  YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	m. Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
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	
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	<u>-</u> e)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance p contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	lease
** 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, pl 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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