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					
3/1/2021	\$					
	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	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	OCCUPATION OF THE STATEMENT. (TTTT/(Fellou))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	Barcode Data Filing Period (optional - see instructions)							
Accounting								
Accounting Period								
	Instructions:							
В	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 (PEARLINGTON, MS)							
	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	ISTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless ames already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space							
_		; c						
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MEDIACOM SOUTHEAST LLC MAILING ADDRESS OF CABLE SYSTEM:							
	5973 HWY 90 W							
	2 (Number, street, rural route, apartment, or suite number)							
	THEODORE, AL 36582							
	(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 ID					
Name	MEDIACOM SOUTHEAST LLC (PEARLINGTON, MS)	2203					
	Instructions: List each separate community served by the cable system. A "						
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the						
Served	identified city.						
	CITY OR TOWN	STATE					
First Community	PEARLINGTON	MS					
Community							
d Rows as Necessary							
	(0.00.00.00.00.00.00.00.00.00.00.00.00.0						

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 22034

MEDIACOM SOUTHEAST LLC (PEARLINGTON, MS)

Ε

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.

BLOCK 1			BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	68	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					
		T		· [l

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 TV	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: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 22034

MEDIACOM SOUTHEAST LLC (PEARLINGTON, MS)

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
WDSU/WDSU(HD) NBC	43	N	NEW ORLEANS, LA
WGNO/WGNO(HD) ABC	26	N	NEW ORLEANS, LA
WGNO-DT2/WGNO-DT2(HD)	26.2	I-M	NEW ORLEANS, LA
WHNO IND	21	I	NEW ORLEANS, LA
WLOX ABC	39	N	BILOXI, MS
WMAH PBS	16	E	BILOXI, MS
WNOL CW	15	<u>l</u>	NEW ORLEANS, LA
WPXL/WPXL(HD) ION	50	I	METAIRIE, LA
WUPL MYNET	24	I	METAIRIE, LA
WVUE/WVUE(HD) FOX	29	l	NEW ORLEANS, LA
WVUE-DT2 BOUNCE TV	29.2	I-M	NEW ORLEANS, LA
WVUE-DT3 Circle	29.3	I-M	NEW ORLEANS, LA
WVUE-DT4 Court TV Mystery	29.4	I-M	NEW ORLEANS, LA
WVUE-DT5 Grit	29.5	I-M	NEW ORLEANS, LA
WWL/WWL(HD) CBS	36	N	NEW ORLEANS, LA
WYES/WYES(HD) PBS	11	E	NEW ORLEANS, LA

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 22034 MEDIACOM SOUTHEAST LLC (PEARLINGTON, MS) 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 Transmitters: 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 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#

22034

MEDIACOM SOUTHEAST LLC (PEARLINGTON, MS)

Н

Primary Transmitters: Radio

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.

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.

- 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::		0/0	L COATION OF OTATION	0.411.01011		0.10	LOCATION OF OTHER
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 				 	
		 					
		 					
		 					
		 				 	
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A	J. 2020/2					=	M 044 05 B: 35 -	
Accounting Perio	LEGAL NAME OF OWNER OF MEDIACOM SOUTHER			TON, MS)		FOR	M SA1-2E. PAGE 5. SYSTEM ID# 22034	
 Substitute	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programr	tify every no	onnetwork telev period, under sp	ision program, broadcast b becific present and former F	y a <i>distant</i> sta FCC rules, reg	ulations, or authorization	ons. For a further	
Carriage: Special Statement and Program Log	period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	riod, did yoution? "", leave the EPROGR. "titute prograce, please of every not distant state gulations, ries like "m Bulls." "" was broad sign of the addast state and and and the and the swhen the Example: "" ter "R" if the and regulation?	are cable system e rest of this paramon a separate add additional connetwork televation and that yor authorizatio ovies" or "bask adcast live, ent station broaddion's location (ions, if any, they when your symptom a program care listed program tions in effect of	age blank. If your answer is age blank. If your answer is age blank. If your answer is ate line. Use abbreviation I rows to the tables. Vision program ("substitut your cable system substitut our cable system substitutes. See page (v) of the generating the substitute program asting the substitute program was carried by your is a system from 6:0 m was substituted for program was substituted for program is a substituted for program was substituted for program is a substituted fo	is "Yes," you is wherever pee program") to teed for the preparal instruction am titles, for a "No." gram. The station is like estation is identified by the program. Unit cable systems of the program in the gramming that od; enter the	YES must complete the pro ossible, if their meanir hat, during the accoun ogramming of another cions for further informations in the information in the info	gram g is ting station ation. or in month trately	
	effect on October 19, 1976				WHEN SUBSTITUTE			
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	AGE OCCURRED 6. TIMES FROM — TO	7. REASON FOR DELETION	

Accounting Period:	2020/2	FORM SA	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (PEARLINGTON, MS)	S	YSTEM ID# 22034
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (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.	mission service s amount, see	4,734.69 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 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 for accounting period is \$52.00	or 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	,100)	
	1. Base amount under statutory formula	<u>)</u>	
	2. Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	_	
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)	
	Enter the amount of gross receipts from space K	_	
	2. Base amount under statutory formula	<u>) </u>	
	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	· · <u> </u>	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and			
Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
540	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 Reg See page i of the general instructions in the paper SA1-2 form for more inform		hts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (PEARLINGTON, MS)	SYSTEM ID# 22034
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the to its subscribers, and (2) the cable system's total number of activate. 1. Enter the total number of channels on which the cable system carried television broadcast stations	d channels during the accounting period. 23 59
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS we can contact about this statement of account.)	NEEDED (Identify an individual to whom
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	in line 1 of space B and that the owner is not a corporati	boxes.) vner of the cable system as identified in line 1 of space B; or am the duly authorized agent of the owner of the cable system as identified on or partnership; or rtner (if a partnership) of the legal entity identified as owner of the cable system enalty of law that all statements of fact contained herein
	Enter an electronic sig	eth J. Kohrs Nature on the line above to certify this statement. n "/s/ signature" (e.g., /s/ John Smith)
	Typed or printed name: Kennet	ı J. Kohrs
	Title: Vice President, (Title of official position held in corpo	Financial Reporting ation or partnership)
	Date:	2/15/2021

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counting Period: 2020/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM SOUTHEAST LLC (PEARLINGTON, MS)	22034
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 YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest 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	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number First community served	
Accounting period	

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1	1.00
N	0.25
Е	0.25
I-M	1
N-M	0.25
E-M	0.25