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

Return completed workbook by email to:

## 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

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING 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.	24131
		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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System		IDENTIFICATION OF CABLE SYSTEM:	
-	1	Mediacom Southeast LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	ONE MEDIACOM WAY	
	2	(Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918	
		(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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID				
Name	Mediacom Southeast LLC 2					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "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 knowr					
	as the "first community." Please use it as the first community on all future filings.	have a dealer life and dealer and have been also				
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below th identified city.					
Served	identified city.					
	CITY OR TOWN	STATE				
First Community	Marion	KY				
Community	Caldwell County Crittenden					
	Fredonia	KY KY				
Add Rows as Necessary	Hopkins County (Madisonville)	KY				
	Princeton	KY				
	Salem	KY				
	Carcin					

	FOR LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	Mediacom Southeast LL							0.0	TEM ID 2413
Е	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								
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the								
Transmission	, , , , , , , , , , , , , , , , , , , ,	e accounting period (June 30 or December 31, as the case may be). Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken						hadron	
Service: Sub- scribers and	down by categories of secondar	•						·	
Rates	each category by counting the n								
	separately for the particular serv							a and the	
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-	-				-		
	category, but do not include disc	ounts allowed	for adv	ance payment.					
	Block 1: In the left-hand block			-					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count u	nder "Servio	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	e different fr	rom those	
	printed in block 1 (for example, t	-		-					
	with the number of subscribers a	and rates, in th	e right-l	hand block. A t	wo- or thre	e-word descrip	tion of the s	ervice is	
	sufficient.	DCK 1			T		BLOCK	0	
	BLC	NO. OF	:				BLUCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		896	29.95-61.54					
	• Service to additional set(s)								
	• FM radio (if separate rate) Motel, hotel								
	Commercial		0	29.95-61.54					
	Converter			_0.00 01.01					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				s				
-	In General: Space F calls for ra					all your cable sy	stem's serv	ices that were	
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the rate column.								
ransmissions: Rates	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								
nutoo	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.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEGO	RY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential		-	<b>.</b>	
	• Pay cable	PP		otel, hotel			Family		81.9
	Pay cable—add'l channel     Fire protection	PP		mmercial y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	99.99		rglar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)		•Re	connect		49.00			
		T	1						T
	Converter	10.50	• Dis	sconnect					
	• Converter	10.50	•	sconnect tlet relocation		15.00-49.00			

Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM 24					
Name	Mediacom Southeast LLC								
	PRIMARY TRANSMITTERS:	TELEVISION							
G 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, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis, under specific FCC rules, regulations, or authorizations: • Do <i>not</i> 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 <i>only</i> on a substitute basis stations, see page (v) of the general instructions. <b>Column 1:</b> List each station's call sign. <i>Do not</i> 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 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. <b>Column 3:</b> 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 independent multicast). "E" (for oncommercial educational), or "E-M" (for independent multicast). "E" (for oncommercial educational), or "E-M" (for independent multicast). "E" (for oncenter instructions in the paper SA1-2 form. <b>Column 4:</b> Give the location of each station. For U.S. stations, iis the community to which the station is licensed by the								
			t the community to which the station i the community with which the station 3. TYPE OF STATION	2					
	KBSI/KBSI (HD) FOX	22	1	CAPE GIRARDEAU, MO					
	KBSI-DT3 Comet	22.3	I-M	CAPE GIRARDEAU, MO					
d Rows as Necessary	KFVS/KFVS(HD) CBS	12	N	Cape Girardeau, MO					
	KFVS-DT2/KFVS-DT2 (HD) CV	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	I	Paducah, KY					
	WDKA/WDKA (HD) (MyNet) WDKA-DT2 Charge	49 49.2	I	Paducah, KY Paducah, KY					
	WDKA-DT2 Charge	49.2	I-M	Paducah, KY					
	WDKA-DT2 Charge WDKA-DT3 TBD	49.2 49.3	I-M I-M	Paducah, KY Paducah, KY					
	WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium (HD)	49.2 49.3 49.4	I-M I-M I-M	Paducah, KY Paducah, KY Paducah, KY					
	WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium (HD) WEHT (ABC)	49.2 49.3 49.4 7	I-M I-M N	Paducah, KY Paducah, KY Paducah, KY Evansville, KY					
	WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium (HD) WEHT (ABC) WEVV (CBS)	49.2 49.3 49.4 7 45	I-M I-M I-M N N	Paducah, KY Paducah, KY Paducah, KY Evansville, KY Evansville, KY					
	WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium (HD) WEHT (ABC) WEVV (CBS) WEVV-DT2 FOX	49.2 49.3 49.4 7 45 45.2	I-M I-M I-M N N N I-M	Paducah, KY Paducah, KY Paducah, KY Evansville, KY Evansville, KY					
	WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium (HD) WEHT (ABC) WEVV (CBS) WEVV-DT2 FOX WFIE NBC	49.2 49.3 49.4 7 45 45.2 46	I-M I-M N N I-M N I-M N	Paducah, KY         Paducah, KY         Paducah, KY         Evansville, KY         Evansville, KY         Evansville, KY         Evansville, IN					
	WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium (HD) WEHT (ABC) WEVV (CBS) WEVV-DT2 FOX WFIE NBC WKMU/WKMU(HD)PBS KET	49.2 49.3 49.4 7 45 45 45.2 46 36	I-M I-M I-M N N N I-M N E	Paducah, KY Paducah, KY Paducah, KY Evansville, KY Evansville, KY Evansville, KY Evansville, KY Evansville, KY					
	WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium (HD) WEHT (ABC) WEVV (CBS) WEVV-DT2 FOX WFIE NBC WKMU/WKMU(HD)PBS KET WKMU-DT2 KET2 (HD)	49.2         49.3         49.4         7         45         45.2         46         36         36.2	I-M I-M I-M N N N I-M E E E	Paducah, KY         Paducah, KY         Paducah, KY         Evansville, KY         Evansville, KY         Evansville, KY         Evansville, KY         Evansville, KY         Murray, KY					
	WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium (HD) WEHT (ABC) WEVV (CBS) WEVV-DT2 FOX WFIE NBC WKMU/WKMU(HD)PBS KET WKMU-DT2 KET2 (HD) WKMU-DT3 KET KY	49.2 49.3 49.4 7 45 45 45.2 46 36 36.2 36.3	I-M I-M I-M N N N I-M N E E E-M E-M	Paducah, KY         Paducah, KY         Paducah, KY         Evansville, KY         Evansville, KY         Evansville, KY         Evansville, KY         Murray, KY         Murray, KY         Murray, KY					
	WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium (HD) WEHT (ABC) WEVV (CBS) WEVV-DT2 FOX WFIE NBC WKMU/WKMU(HD)PBS KET WKMU-DT2 KET2 (HD) WKMU-DT3 KET KY WKMU-DT4 PBS Kids	49.2 49.3 49.4 7 45 45 45.2 46 36 36.2 36.3 36.3 36.4	I-M I-M I-M N N N I-M N E E E E E E E E E E E E E E E E E E	Paducah, KY         Paducah, KY         Paducah, KY         Paducah, KY         Evansville, KY         Evansville, KY         Evansville, KY         Evansville, KY         Evansville, KY         Murray, KY         Murray, KY         Murray, KY         Murray, KY					
	WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium (HD) WEHT (ABC) WEVV (CBS) WEVV-DT2 FOX WFIE NBC WKMU/WKMU(HD)PBS KET WKMU-DT2 KET2 (HD) WKMU-DT3 KET KY WKMU-DT4 PBS Kids WPSD/WPSD(HD) NBC	49.2         49.3         49.4         7         45         45.2         46         36         36.2         36.3         36.4         32	I-M I-M I-M N N N I-M E-M E-M E-M E-M N	Paducah, KY         Paducah, KY         Paducah, KY         Evansville, KY         Evansville, KY         Evansville, KY         Evansville, KY         Evansville, KY         Murray, KY         Murray, KY         Murray, KY         Paducah, KY					
	WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium (HD) WEHT (ABC) WEVV (CBS) WEVV-DT2 FOX WFIE NBC WKMU/WKMU(HD)PBS KET WKMU-DT2 KET2 (HD) WKMU-DT3 KET KY WKMU-DT3 KET KY WKMU-DT4 PBS Kids WPSD/WPSD(HD) NBC	49.2 49.3 49.4 7 45 45.2 46 36 36.2 36.3 36.4 32 32.2	I-M I-M I-M I-M N N N E E E-M E-M E-M I N I I I I I I I I I I I I I	Paducah, KY         Paducah, KY         Paducah, KY         Paducah, KY         Evansville, KY         Evansville, KY         Evansville, KY         Evansville, KY         Murray, KY         Murray, KY         Murray, KY         Murray, KY         Paducah, KY         Paducah, KY					

		CADIE SVOTEM		SYSTEM				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
	Mediacom Southeast	LLC		24				
	PRIMARY TRANSMITTERS:	TELEVISION						
<b>^</b>	• •	ntify every television station (including tr	•	,				
G		n during the accounting period, <i>except</i>						
During and		n effect on June 24, 1981, permitting the $\lambda(2)$ and $\lambda(4)$ are 70.02 (an family to 70.04)						
Primary ransmitters:		(2) and (4), or 76.63 (referring to 76.61) explained in the next paragraph.	(e)(2) and (4))]; and (2) certain si	lations carried on a				
Television		With respect to any distant stations car	ried by your cable system on a s	ubstitute program				
		les, regulations, or authorizations:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 5				
		e in space G—but do list it in space I (the	e Special Statement and Program	n Log)—if the				
	station was carried only on							
	,	lso in space I, if the station was carried						
	basis. For further information concerning substitute basis stations, see page (v) of the general instructions. <b>Column 1:</b> List each station's call sign. <i>Do not</i> 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							
		RC is channel 4 in Washington, D.C.						
	<b>Column 3:</b> 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				
		2. B OACT CHANNEL NONDER	J. THE OF OTATION					
	WSIL-DT3 Justice Network	34.3	I-M	Harrisburgh, KY				
	WSIL-DT4 Court TV HD	34.4	I-M	Harrisburgh, KY				
				Nashville, TN				
	WSMV (NBC)	10	N	Nashville, TN				
	WSMV (NBC) WTVF (CBS)	10 5	N	Nashville, TN Nashville, TN				

Mediacom Southeast LLC				SYSTEM 24 <sup>2</sup>				
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) n the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to rmation abou m. entify the call tate whether t the radio stati this by placing ive the station	/ the sys be recei t the Co sign of e he statio on's sign a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried. In is AM or FM. hal was electronically processed (mark in the "S/D" column. on (the community to which the the community with which the	the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	) it can ertain st eneral in eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		2,0				2,0		
					·			

Accounting Period: 2020/2 FORM SA1-2E. PAGE					I SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Mediacom Southeast	LLC						24131
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a							
	•	ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further						
Substitute	explanation of the programn	-			the general ins	structions in	n the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	<ul> <li>During the accounting pe</li> </ul>		ur cable syste	n carry, on a substitute ba	asis, any nonr	network tel	evision prog	
Program Log	broadcast by a distant sta	ation?				ļ	YES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	must comp	lete the prog	ram
	log in block 2. 2. LOG OF SUBSTITUT							
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if t	heir meaning	a is
	clear. If you need more spa					,		<b>,</b>
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.					•		
				er "Yes." Otherwise enter asting the substitute prog				
				the community to which th		censed by	the FCC or.	in
	the case of Mexican or Car	nadian stat	ions, if any, the	e community with which the	e station is id	entified).		
		-	y when your sy	stem carried the substitute	e program. U	se numera	ls, with the n	nonth
	first. Example: for May 7 gi		e substitute nr	ogram was carried by you	ır cahle syste	m listthe	times accur	ately
	to the nearest five minutes							
	stated as "6:00–6:30 p.m."							
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							Syram
	effect on October 19, 1976					•		
					WHE	N SUBST	ITUTE	
		1	E PROGRAM	1	5. MONTH	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
		1					_	
							_	
							_	
							_	
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1								
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					······	·		
					· · · · · · · · · · · · · · · · · · ·			

Accounting Period:	2020/2		FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		5	SYSTEM ID#
	Mediacom Southeast LLC			24131
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the and all amounts (gross receipts) paid to your cable system by subscribers for the system's so (as identified in space E) during the accounting period. For a further explanation of how 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.	econdary transm to compute this a	ission service amount, see \$ 24	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less th • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more informatio	an \$527,600	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 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			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and			<u> </u>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m	ore than \$137,1	00)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	242,812.05		
	3. Subtract line 2 from line 1	20,987.95		
	4. Enter the amount of gross receipts from space K	. \$2	42,812.05	
	5. Enter the amount from line 3	. \$	20,987.95	
	6. Subtract line 5 from line 4	\$ 2	21,824.10	
	7. Multiply line 6 by .005 (enter figure here)		\$	1,109.12
	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		\$	1,109.12
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	less than \$527,	600)	
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1			
	4. Multiply line 3 by .01			
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	. \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	1,109.12	
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		\$	1,129.12
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo			ghts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom Southeast LLC	SYSTEM ID# 24131
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations .         2. Enter the total number of activated channels	37
	on which the cable system carried television broadcast stations and nonbroadcast services	63
<b>N</b> 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	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>	system as identified mer of the cable system
	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: 2/15/2021	

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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

L NAME OF OWNER OF CABLE SYSTEM: iacom Southeast LLC	SYSTEM ID
iacom Southeast LLC	
	2413
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 fol- lowing 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 sub- 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	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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
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 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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I	1.00
Ν	0.25
E	0.25
I-M	1
N-M	0.25
E-M	0.25