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.

**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

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

## SA1-2E Short Form

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	ACCO	OUNTING PERIOD COVERED	BY THIS STATEMENT: (YYY	Y/(Period))	
		2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional - se	ee instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of th title of the subsidiary, not that of the pare		ary of another corporation, give the full co	prporate
Owner		List any other name or names under whic	h the owner conducts the business of the	cable system.	
		If there were different owners during the single statement of account and royalty for			submit a
		Check here if this is the system's first filing	g. If not, enter the system's ID number as	signed by the Licensing Division.	31217
		LEGAL NAME OF OWNER/MAILIN	G 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	un kana)		
		(Number, street, rural route, apartment, or suite number, street, rural route, apartment, or suite number of the strength of t	umber)		
		(City, town, state, zip)			
С		RUCTIONS: In line 1, give any busir s already appear in space B. In line			
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MEDIACOM SOUTHEAST LLC			
		MAILING ADDRESS OF CABLE SYSTEM			
	2	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite no	umber)		
		MEDIACOM PARK, NY 10918 (City, town, state, zip code)			
	1	Corry, rown, 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 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	MEDIACOM SOUTHEAST LLC	312
D	"a separate and distinct community or municipal entity (including uning discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first communas the "first community." Please use it as the first community on all fut	
Area Served	Note: Entities and properties such as hotels, apartments, condominium identified city.	ns, or mobile home parks should be reported in parentheses below the
001100		
<b>F</b> lore 4	CITY OR TOWN	STATE KY
First Community	HART COUNTY	
Community		KY
	MUNFORDVILLE	KY.
d Rows as Necessary	HARDIN COUNTY	KY
	UPTON	КҮ
	SONORA	KY
	Larue County	КҮ

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM IC
Name								010	3121
Е	SECONDARY TRANSMISSION In General: The information in s					ry transmission	service of t	he cable	
-	system, that is, the retransmission			-		•			
Secondary	about other services (including p					•			
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•							
Rates	each category by counting the n	•		•		•			
	separately for the particular serv							enalgea	
	Rate: Give the standard rate of								
	unit in which it is generally billed					ard rate variation	ns within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block					condary transmi	ssion servi	ce that cable	
	systems most commonly provide			-		•			
	that applies to your system. Not			•		-			
	categories, that person or entity					υ.			
	subscriber who pays extra for ca first set" and would be counted o					d in the count u	nder "Servi	ce to the	
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t	iers of services	s that in	clude one or m	ore secon	idary transmissi	ons), list th	em, together	
	with the number of subscribers a	and rates, in th	e right-h	and block. A t	wo- or thre	e-word descrip	tion of the s	service is	
	sufficient.						BLOCK	2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:		005						
	Service to first set		205	26.58-82.95					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	26.58-82.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA			s				
-	In General: Space F calls for ra					all your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t								
0	service for a single fee. There are								
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usuuny	billed. If dify it				ogram basis,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that	• •			-	-	-		
	listed in block 1 and for which a brief (two- or three-word) description				ished. List	these other se	vices in the	e form of a	
							1		
		BLO				DATE	0.175.00	BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:     Pay cable	PP		ation: Non-res tel, hotel	adential		Family	Cablo	87.9
	• Pay cable—add'l channel	РР		nmercial			i anny	Capie	07.3
	Fay cable—add i charmer     Fire protection	FF		/ cable					
	•Burglar protection		· ·	/ cable-add'l cł	annel				
	•Burgiar protection		-	protection					
	First set	109.99		glar protection					
	Additional set(s)	15.00-49.00		giar protection services:					
	• FM radio (if separate rate)	10.00-49.00		connect		49.00			
	• Converter	10.50		connect		+3.00			
		10.00							
	Converter		• ••••			15 00-49 00			
			_	let relocation		15.00-49.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	MEDIACOM SOUTHEA			31				
	PRIMARY TRANSMITTERS: TELEVISION							
G	carried by your cable system	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t	t (1) stations carried only on a part-	time basis under				
Primary	76.59(d)(2) and (4), 76.61(e	)(2) and (4), or 76.63 (referring to 76.6		•				
ansmitters: Television		explained in the next paragraph. With respect to any distant stations c	arried by your cable system on a su	bstitute program				
	• Do not list the station here station was carried only on a							
	basis. For further information <b>Column 1:</b> List each station	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination	, see page (v) of the general instruct program services such as HBO, ESI	tions. PN, etc. Identify each				
	"WETA-2" as the same on th <b>Column 2:</b> Give the channe	I number the FCC assigned to the tele	<b>c i</b> i i i					
	<b>Column 3:</b> Indicate in each educational station, by enter	RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M"	(for network multicast), "I" (for indep	endent), "I-M"				
	For the meaning of these ter <b>Column 4:</b> Give the location	"E" (for noncommercial educational), rms, see page (iv) of the general instr of each station. For U.S. stations, lis lian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station	is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WBKO/WBKO (HD) (ABC)	13	N	BOWLING GREEN, KY				
	WBKO-DT2/WBKO-DT2 FOX	13.2	I-M	BOWLING GREEN, KY				
Rows as Necessary	WBKO-DT3 (CW)	13.3	I-M	BOWLING GREEN, KY				
	WDRB (FOX)	49	I	LOUISVILLE, KY				
	WHAS (ABC)	11	N	LOUISVILLE, KY				
	WKYU/WKYU(HD) PBS	18	E	BOWLING GREEN, KY				
	WKYU/WKYU(HD) PBS WKYU-DT2 Create	18 18.2	E	BOWLING GREEN, KY BOWLING GREEN, KY				
	WKYU-DT2 Create	18.2	E-M	BOWLING GREEN, KY				
	WKYU-DT2 Create WKYU-DT3 Radar	18.2 18.3	E-M E-M	BOWLING GREEN, KY BOWLING GREEN, KY				
	WKYU-DT2 Create WKYU-DT3 Radar WKZT/WKZT (HD)PBS KET	18.2 18.3 43	E-M E-M E	BOWLING GREEN, KY BOWLING GREEN, KY ELIZABETHTOWN, KY				
	WKYU-DT2 Create WKYU-DT3 Radar WKZT/WKZT (HD)PBS KET WKZT-DT2 KET2	18.2 18.3 43 43.2	E-M E-M E E-M	BOWLING GREEN, KY BOWLING GREEN, KY ELIZABETHTOWN, KY BOWLING GREEN, KY				
	WKYU-DT2 Create WKYU-DT3 Radar WKZT/WKZT (HD)PBS KET WKZT-DT2 KET2 WKZT-DT3 KET KY	18.2 18.3 43 43.2 43.3	E-M E-M E E-M E-M	BOWLING GREEN, KY BOWLING GREEN, KY ELIZABETHTOWN, KY BOWLING GREEN, KY BOWLING GREEN, KY				
	WKYU-DT2 Create WKYU-DT3 Radar WKZT/WKZT (HD)PBS KET WKZT-DT2 KET2 WKZT-DT3 KET KY WKZT-DT4 KET PBS KIDS	18.2 18.3 43 43.2 43.3 43.4	E-M E-M E-M E-M E-M	BOWLING GREEN, KY         BOWLING GREEN, KY         ELIZABETHTOWN, KY         BOWLING GREEN, KY         BOWLING GREEN, KY         BOWLING GREEN, KY				
	WKYU-DT2 Create WKYU-DT3 Radar WKZT/WKZT (HD)PBS KET WKZT-DT2 KET2 WKZT-DT3 KET KY WKZT-DT4 KET PBS KIDS WLKY (CBS)	18.2         18.3         43         43.2         43.3         43.4         26	E-M E-M E-M E-M E-M E-M N	BOWLING GREEN, KY BOWLING GREEN, KY ELIZABETHTOWN, KY BOWLING GREEN, KY BOWLING GREEN, KY BOWLING GREEN, KY LOUISVILLE, KY				
	WKYU-DT2 Create WKYU-DT3 Radar WKZT/WKZT (HD)PBS KET WKZT-DT2 KET2 WKZT-DT3 KET KY WKZT-DT4 KET PBS KIDS WLKY (CBS) WNKY/WNKY (HD) (NBC) WNKY-DT2/WNKY-DT2 CBS (	18.2 18.3 43 43.2 43.3 43.4 26 16	E-M E-M E E-M E-M E-M N N	BOWLING GREEN, KY         BOWLING GREEN, KY         ELIZABETHTOWN, KY         BOWLING GREEN, KY				
	WKYU-DT2 Create WKYU-DT3 Radar WKZT/WKZT (HD)PBS KET WKZT-DT2 KET2 WKZT-DT3 KET KY WKZT-DT4 KET PBS KIDS WLKY (CBS) WNKY/WNKY (HD) (NBC)	18.2         18.3         43         43.2         43.3         43.4         26         16         16.2	E-M E-M E E-M E-M E-M N N N N	BOWLING GREEN, KY         BOWLING GREEN, KY         ELIZABETHTOWN, KY         BOWLING GREEN, KY				
	WKYU-DT2 Create WKYU-DT3 Radar WKZT/WKZT (HD)PBS KET WKZT-DT2 KET2 WKZT-DT3 KET KY WKZT-DT4 KET PBS KIDS WLKY (CBS) WNKY/WNKY (HD) (NBC) WNKY-DT2/WNKY-DT2 CBS (	18.2         18.3         43         43.2         43.3         43.4         26         16         16.2	E-M E-M E-M E-M E-M E-M N N N	BOWLING GREEN, KY         BOWLING GREEN, KY         ELIZABETHTOWN, KY         BOWLING GREEN, KY				
	WKYU-DT2 Create WKYU-DT3 Radar WKZT/WKZT (HD)PBS KET WKZT-DT2 KET2 WKZT-DT3 KET KY WKZT-DT4 KET PBS KIDS WLKY (CBS) WNKY/WNKY (HD) (NBC) WNKY-DT2/WNKY-DT2 CBS (	18.2         18.3         43         43.2         43.3         43.4         26         16         16.2	E-M E-M E-M E-M E-M E-M N N N	BOWLING GREEN, KY         BOWLING GREEN, KY         ELIZABETHTOWN, KY         BOWLING GREEN, KY				
	WKYU-DT2 Create WKYU-DT3 Radar WKZT/WKZT (HD)PBS KET WKZT-DT2 KET2 WKZT-DT3 KET KY WKZT-DT4 KET PBS KIDS WLKY (CBS) WNKY/WNKY (HD) (NBC) WNKY-DT2/WNKY-DT2 CBS (	18.2         18.3         43         43.2         43.3         43.4         26         16         16.2	E-M E-M E-M E-M E-M E-M N N N	BOWLING GREEN, KY         BOWLING GREEN, KY         ELIZABETHTOWN, KY         BOWLING GREEN, KY				
	WKYU-DT2 Create WKYU-DT3 Radar WKZT/WKZT (HD)PBS KET WKZT-DT2 KET2 WKZT-DT3 KET KY WKZT-DT4 KET PBS KIDS WLKY (CBS) WNKY/WNKY (HD) (NBC) WNKY-DT2/WNKY-DT2 CBS (	18.2         18.3         43         43.2         43.3         43.4         26         16         16.2	E-M E-M E-M E-M E-M E-M N N N	BOWLING GREEN, KY         BOWLING GREEN, KY         ELIZABETHTOWN, KY         BOWLING GREEN, KY				
	WKYU-DT2 Create WKYU-DT3 Radar WKZT/WKZT (HD)PBS KET WKZT-DT2 KET2 WKZT-DT3 KET KY WKZT-DT4 KET PBS KIDS WLKY (CBS) WNKY/WNKY (HD) (NBC) WNKY-DT2/WNKY-DT2 CBS (	18.2         18.3         43         43.2         43.3         43.4         26         16         16.2	E-M E-M E-M E-M E-M E-M N N N	BOWLING GREEN, KY         BOWLING GREEN, KY         ELIZABETHTOWN, KY         BOWLING GREEN, KY				
	WKYU-DT2 Create WKYU-DT3 Radar WKZT/WKZT (HD)PBS KET WKZT-DT2 KET2 WKZT-DT3 KET KY WKZT-DT4 KET PBS KIDS WLKY (CBS) WNKY/WNKY (HD) (NBC) WNKY-DT2/WNKY-DT2 CBS (	18.2         18.3         43         43.2         43.3         43.4         26         16         16.2	E-M E-M E-M E-M E-M E-M N N N	BOWLING GREEN, KY         BOWLING GREEN, KY         ELIZABETHTOWN, KY         BOWLING GREEN, KY				

unting Period:	2020/2			FORM SA1-2E. PAG			
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I			
Name	MEDIACOM SOUTHEA	ST LLC		312			
	PRIMARY TRANSMITTERS:	TELEVISION					
<b>G</b> Primary	carried by your cable system FCC rules and regulations in	during the accounting period, <i>excep</i> effect on June 24, 1981, permitting t	translator stations and low power tele t (1) stations carried only on a part-tim he carriage of certain network program 61(e)(2) and (4))]; and (2) certain static	ne basis under ns [sections			
ransmitters:		explained in the next paragraph.	arriad hu your apple system on a subs	titute program			
Television		es, regulations, or authorizations:	arried by your cable system on a subs				
		in space G-but do list it in space I (	the Special Statement and Program Lo	pg)—if the			
		· /	ed both on a substitute basis and also d				
	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.						
	<b>Column 2:</b> 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.						
			station, an independent station, or a n				
		<b>o</b>	(for network multicast), "I" (for indepen or "E-M" (for noncommercial education				
		ms, see page (iv) of the general instr		lai mulucast).			
	Column 4: Give the location	of each station. For U.S. stations, lis	t the community to which the station is				
	FCC. For Mexican or Canad	ian stations, if any, give the name of t	the community with which the station is	s identified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	I. CALL SIGN	2. D CAST CHANNEL NUMBER	J. TIFE OF STATION	4. LOCATION OF STATION			

EGAL NAME OF								SYSTEM I 312
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation 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 t each station carried. on is AM or FM. nal was electronically processes (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 par ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC	) it can ertain st eneral ir 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	
				[				

Accounting Perio	od: 2020/2						FORM	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM SOUTHEA	AST LLC						31217
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	)G			
	In General: In space I, ident				-	tion that v	our cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programn	ning that mu	ust be included	in this log, see page (v) of t	the general ins	structions i	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did yo	ur cable syste	m carry, on a substitute ba	asis, any nonr	network te	levision prog	<u>ram</u>
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	e rest of this pa	age blank. If your answer is	s "Yes " vou r	nust comr	-	
	log in block 2.	, ieuve in			5 105, you i	nuot oomp		Jan
	2. LOG OF SUBSTITUT	E PROGR	AMS					
	In General: List each subs				s wherever p	ossible, if t	their meaning	g is
	clear. If you need more spa				W) (1			•
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re							
	Do not use general catego		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love Lucy"	or
	"NBA Basketball: 76ers vs.		adcast live ent	er "Yes." Otherwise enter	"No "			
				casting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car			e community with which the stem carried the substitute			le with the r	aanth
	first. Example: for May 7 gi		y when your sy		e program. Os			Ionth
	Column 6: State the tim	es when th		ogram was carried by you				ately
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.n	n. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	ter "R" if the	e listed prograr	n was substituted for prog	ramming that	vour svst	em was <i>requ</i>	ired
	to delete under FCC rules	and regulat	tions in effect o	luring the accounting perio	od; enter the l	etter "P" if	the listed pr	
	was substituted for program	•	your system w	as permitted to delete und	der FCC rules	and regu	lations in	
	effect on October 19, 1976	•						
						N SUBST		7. REASON FOR
			E PROGRAM		5. MONTH	AGE OCC		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
			+					
							_	
							_	
							_	
							_	
							_	
							_	
			1					
					·			

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC	S	YSTEM ID# 31217
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	2,352.57
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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 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	this six-mon	
	Line 1. Royalty fee for accounting period	\$	<u>52.00</u> 0.00
	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 \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	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 \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC	SYSTEM ID# 31217
<b>M</b> Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	22
	on which the cable system carried television broadcast stations and nonbroadcast services	64
<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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC	3121
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     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 Assessmen
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
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       -         x 0.00274       -         Line 4 Multiply line 3 by 0.00274** and enter here	-
Line 3       Multiply line 2 by the number of days late and enter the sum here	-
x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here       -         x 0.00274       -         Line 4 Multiply line 3 by 0.00274** and enter here	-
x	
x	
x	
x	
x	

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