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

for Secondary Transmissions by Cable Systems (Short Form) DATE RECEIVED AMOUNT coplicsoa@loc.gov \$ For additional information, contact the U.S. Copyright	STATEM	ENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to:	
Cable Systems (Chort Point) General instructions are located in the first tab of this workbook			DATE RECEIVED	AMOUNT		
General instructions are located 08/29/2022 ALLOCATION NUMBER Office Levensing Division at Tel: (202) TOT-9150 A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Tel: (202) TOT-9150 Tel: (202) TOT-9150 A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Division at Tel: (202) TOT-9150 Tel: (202) TOT-9150 A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Division at Tel: (202) TOT-9150 Tel: (202) TOT-9150 Accounting Period Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Tel: (202) TOT-9150 B Owner Instructions: Tel: doi: 0.000 Tel: doi: 0.000 Tel: doi: 0.000 Core the full legit anne of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary. of the owner on the last day of the accounting period. Tel: doi: 0.000 Core the full legit annee or name suder which the owner on the last day of the accounting period should submit a single statement of account and rowing the extern to review of the cable system. Tel: doi: 0.000 Core the full coporate title of the subsidiary of another corporation. Malling Address of CABLE SYSTEM Malling Address of CABLE SYSTEM MalLing Address of OrWNER OF CABLE SYSTEM Malling Address of CABLE SYSTEM Malling Address of CABLE SYSTEM <t< td=""><th>Cable Syste</th><td>ems (Short Form)</td><td></td><td>\$</td><td colspan="2">For additional information,</td></t<>	Cable Syste	ems (Short Form)		\$	For additional information,	
A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) 2022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 B Barcode Data Filing Period (optional - see instructions) Accounting Barcode Data Filing Period (optional - see 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. 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 roughly fee payment corego the List day of the accounting period should submit a single statement of account and roughly fee payment corego the List day of the accounting period. Check here if this is the system's first filing. If not, enter the system's 1D number assigned by the Ucensing Division. Ito8 I LEGAL NAME OF OWNER MAILLING ADDRESS OF CABLE SYSTEM MailLing ADDRESS OF OWNER OF CABLE SYSTEM Monet Electrocom Way I MAILING ADDRESS OF CABLE SYSTEM Monet Electrocom Park, NY 10918 Monet Electrocom Yay Monet Electrocom Yay I DEPERTICIENTO OF CABLE SYSTEM Monet Electrocom System's first. The mailing address of the system, if different from the address given in space B Itemes afraedy appear in space B. In line 2, give the mailing address of the system, if	General instructions are located		08/29/2022		Office Licensing Division at:	
Accounting Period 2022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Accounting Period Image: Second Data Filing Period (optional - see instructione) Image: Second Data Filing Period (optional - see instructione) B Image: Second Data Filing Period (optional - see instructione) Image: Second Data Filing Period (optional - see instructione) B Image: Second Data Filing Period (optional - see instructione) Image: Second Data Filing Period (optional - see instructione) B Image: Second Data Filing Period (optional - see instructione) Image: Second Data Filing Period (optional - see instructione) B Image: Second Data Filing Period (optional - see instructione) Image: Second Data Filing Period (optional - see instructione) B Image: Second Data Filing Period (optional - see instructione) Image: Second Data Filing Period (optional - see instructione) Image: Second Data Filing Period (optional - see instructione) Image: Second Data Filing Period (optional - see instructione) Image: Second Data Filing Period (optional - see instructione) Image: Second Data Filing Period (optional - see instructione) Image: Second Data Filing Period (optional - see instructione) Image: Second Data Filing Period (optional - see instructione) Image: Second Data Filing Period (optional - see instruct Period	in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150	
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Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.		_			d submit a	
MEDIACOM SOUTHEAST LLC (MARCELINE, MO) 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, 2ip) System 1 IDENTIFICATION OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM: P.O. BOX 249 (Number, street, rural route, apartment, or suite number) Keilancom Southeast LLC Mailing Address of CABLE SYSTEM: P.O. BOX 249 (Number, street, rural route, apartment, or suite number)		Check here if this is the system's first fil	ing. If not, enter the system's ID numb	er assigned by the Licensing Division.	4108	
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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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I			
	MEDIACOM SOUTHEAST LLC (MARCELINE, MO)	410			
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 know as the "first community." Please use it as the first community on all future filings.				
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobilidentified city.	ile home parks should be reported in parentheses below the			
	CITY OR TOWN	STATE			
First	MARCELINE	MO			
Community					
dd Rows as Necessary					

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM ID
Name	MEDIACOM SOUTHEAS			INE, MO)					410
_	SECONDARY TRANSMISSION		IBSCR	BERS AND R	ATES				
E	In General: The information in s					ry transmission	service of	the cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period	·				,	blo evetor	broken	
scribers and		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							
Rates	each category by counting the n					•			
	separately for the particular serv					•	,		
	Rate: Give the standard rate of	-						-	
	unit in which it is generally billed category, but do not include disc					ird rate variation	is within a	particular rate	
	Block 1: In the left-hand block					ondary transmi	ssion servi	ce that cable	
	systems most commonly provide	•		-		•			
	that applies to your system. Not			-		-			
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted of					a in the count u	nder Serv	ice to the	
	Block 2: If your cable system					service that are	e different	from those	
	printed in block 1 (for example, t	•							
	with the number of subscribers a	and rates, in th	e right-	hand block. A t	wo- or thre	e-word descript	tion of the	service is	
	sufficient.	I	1		BLOC	<u> </u>			
	BLU	DCK 1 NO. OF	:	1		NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		32	40.49-56.04					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		0	40.49-56.04					
	Converter								
	Residential								
	 Non-residential 								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMI	SSIONS: RATE	S				
F	In General: Space F calls for ra		,		-	• •			
•	not covered in space E, that is, t service for a single fee. There are								
Services	furnished at cost or (2) services		,		0		0.	,	
Other Than	amount of the charge and the ur		usuall	y billed. If any ra	ates are cl	narged on a var	iable per-p	rogram basis,	
Secondary	enter only the letters "PP" in the			1			I'- t l		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							t were not	
Rutes	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.								
•		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	sidential				
	• Pay cable	PP	• Mo	otel, hotel			Family		99.00
	 Pay cable—add'l channel 	PP	• Co	ommercial					
	Fire protection		•Pa	y cable					
	•Burglar protection		•Pa	y cable-add'l ch	nannel				
	Installation: Residential		• Fir	e protection					
	• First set	109.99	• Bu	irglar protection					
	 Additional set(s) 	15.00-49.00	Other	services:					
	• FM radio (if separate rate)		• Re	econnect		49.00			
	Converter	10.50	• Dis	sconnect					
		1	-				ſ		
			• OL	utlet relocation		15.00-49.00			
				utlet relocation ove to new addr		15.00-49.00			

Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM			
Name	MEDIACOM SOUTHEAST LLC (MARCELINE, MO) PRIMARY TRANSMITTERS: TELEVISION						
	PRIMARY TRANSMITTERS:	TELEVISION					
G Primary Transmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, Wi Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the effect on June 24, 1981, permitting the effect on June 24, 1981, permitting the effect on June 24, 1981, permitting to figure 24, 1981, permitting to effect on June 24, 1981, permitting to a substitute basis of a substitute basis stations of a substitute basis. also in space I, if the station was carried in concerning substitute basis stations, is call sign. <i>Do not</i> report origination p is with a station according to its over-the he form. effect is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), or rms, see page (iv) of the general instru- n of each station. For U.S. stations, list	t (1) stations carried only on a part-tin the carriage of certain network program 51(e)(2) and (4))]; and (2) certain station arried by your cable system on a substitute the Special Statement and Program Lond ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a minimum (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the			
	FCC. For Mexican or Canac 1. CALL SIGN	dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	the community with which the station i 3. TYPE OF STATION	4. LOCATION OF STATION			
	KCPT/KCPT(HD)PBS	18	E	KANSAS CITY, MO			
	KCPT-DT2 PBS Encore	18.2	E-M	KANSAS CITY, MO			
Rows as Necessary	KCPT-DT3 PBS Create	18.3	E-M	KANSAS CITY, MO			
	KCPT-DT4 PBS Kids	18.4	E-M	KANSAS CITY, MO			
	KCTV/KCTV(HD)CBS	24	N	KANSAS CITY, MO			
	KCTV-DT2 Circle	24.2	I-M	KANSAS CITY, MO			
	KCTV-DT3 This TV	24.3	I-M	KANSAS CITY, MO			
	KCTV-DT4 Quest	24.4	I-M	KANSAS CITY, MO			
	KCWE CW/KCWE CW HD	31	I	KANSAS CITY, MO			
	KCWE-DT2 True Crime	31.2	I-M	KANSAS CITY, MO			
	KMBC/KMBC(HD) ABC	29	N	KANSAS CITY, MO			
	KMBC-DT2 MeTV	29.2	N-M	KANSAS CITY, MO			
	KMCI/KMCI (HD) IND	41	I	LAWRENCE, KS			
	KMCI-DT2 BOUNCE TV	41.2	I-M	LAWRENCE, KS			
	KMCI-DT3 ION Mystery	41.3	I-M	LAWRENCE, KS			
	KMCI-DT4 HSN	41.4	I-M	LAWRENCE, KS			
	KMOS PBS	15	E	SEDALIA, MO			
	KPXE ION/ KPXE ION HD	51	I	KANSAS CITY, MO			
	KPXE-DT2 Court TV	52.2	I-M	KANSAS CITY, MO			
	KPXE-DT3 Defy	51.3	I-M	KANSAS CITY, MO			
	KPXE-DT4 TrueReal	51.4	I-M	KANSAS CITY, MO			
	KPXE-DT5 Newsy	51.5	I-M	KANSAS CITY, MO			
	KQTV ABC	7	N	ST. JOSEPH, MO			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	MEDIACOM SOUTHE	AST LLC (MARCELINE, MO)		4				
	PRIMARY TRANSMITTERS:							
G		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	n effect on June 24, 1981, permitting t	the carriage of certain network program	ms [sections				
Primary ransmitters:		e)(2) and (4), or 76.63 (referring to 76.0 s explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain stati	ons carried on a				
Television	Substitute Basis Stations	: With respect to any distant stations of	carried by your cable system on a sub	stitute program				
		lles, regulations, or authorizations: e in space G—but do list it in space I (the Special Statement and Program L	oq)—if the				
	station was carried only on	a substitute basis.						
		also in space I, if the station was carrie in concerning substitute basis stations						
	Column 1: List each station	n's call sign. <i>Do not</i> report origination	program services such as HBO, ESP	N, etc. Identify each				
	"WETA-2" as the same on t	I with a station according to its over-th he form.	e-air designation. For example, repor	rt multistream				
	Column 2: Give the channe	el number the FCC assigned to the tel	evision station for broadcasting over t	he air in its community				
		RC is channel 4 in Washington, D.C. case whether the station is a network	station, an independent station, or a	noncommercial				
	educational station, by ente	ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepe	ndent), "I-M"				
		"E" (for noncommercial educational), rms, see page (iv) of the general instr		nal multicast).				
	Column 4: Give the location	n of each station. For U.S. stations, lis	t the community to which the station is					
	FCC. For Mexican or Canac	dian 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				
	KSHB-DT2 Grit	42.2	I-M	KANSAS CITY, MO				
	KSHB-DT3 Laff	42.3	I-M	KANSAS CITY, MO				
		42.4						
	KSHB-DT4 getTV		I-M	KANSAS CITY, MO				
	KSMO/KSMO (HD) MyNET	47	I	KANSAS CITY, MO KANSAS CITY, MO				
	KSMO/KSMO (HD) MyNET	47		KANSAS CITY, MO				
	KSMO/KSMO (HD) MyNET KSMO-DT2 thegrio	47 47.2	I I-M	KANSAS CITY, MO KANSAS CITY, MO				
	KSMO/KSMO (HD) MyNET KSMO-DT2 thegrio KSMO-DT3 DABL	47 47.2 47.3	I I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO				
	KSMO/KSMO (HD) MyNET KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV	47 47.2 47.3 47.4	I I-M I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO				
	KSMO/KSMO (HD) MyNET KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Comet	47 47.2 47.3 47.4 47.5	I I-M I-M I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO				
	KSMO/KSMO (HD) MyNET KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Comet WDAF/WDAF(HD)FOX	47 47.2 47.3 47.4 47.5 3	I I-M I-M I-M I-M I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO				
	KSMO/KSMO (HD) MyNET KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Comet WDAF/WDAF(HD)FOX WDAF-DT2 ANTENNATV	47 47.2 47.3 47.4 47.5 3 3.2	I I-M I-M I-M I-M I I I I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO				
	KSMO/KSMO (HD) MyNET KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Comet WDAF/WDAF(HD)FOX WDAF-DT2 ANTENNATV WDAF-DT3 Court TV	47 47.2 47.3 47.4 47.5 3 3.2 3.3	I I-M I-M I-M I I I I-M I I I I I I I I I I I I I	KANSAS CITY, MO KANSAS CITY, MO				
	KSMO/KSMO (HD) MyNET KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Comet WDAF/WDAF(HD)FOX WDAF-DT2 ANTENNATV WDAF-DT3 Court TV	47 47.2 47.3 47.4 47.5 3 3.2 3.3	I I-M I-M I-M I I I I-M I I I I I I I I I I I I I	KANSAS CITY, MO KANSAS CITY, MO				
	KSMO/KSMO (HD) MyNET KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Comet WDAF/WDAF(HD)FOX WDAF-DT2 ANTENNATV WDAF-DT3 Court TV	47 47.2 47.3 47.4 47.5 3 3.2 3.3	I I-M I-M I-M I I I I-M I I I I I I I I I I I I I	KANSAS CITY, MO KANSAS CITY, MO				
	KSMO/KSMO (HD) MyNET KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Comet WDAF/WDAF(HD)FOX WDAF-DT2 ANTENNATV WDAF-DT3 Court TV	47 47.2 47.3 47.4 47.5 3 3.2 3.3	I I-M I-M I-M I I I I-M I I I I I I I I I I I I I	KANSAS CITY, MO KANSAS CITY, MO				
	KSMO/KSMO (HD) MyNET KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Comet WDAF/WDAF(HD)FOX WDAF-DT2 ANTENNATV WDAF-DT3 Court TV	47 47.2 47.3 47.4 47.5 3 3.2 3.3	I I-M I-M I-M I I I I-M I I I I I I I I I I I I I	KANSAS CITY, MO KANSAS CITY, MO				
	KSMO/KSMO (HD) MyNET KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Comet WDAF/WDAF(HD)FOX WDAF-DT2 ANTENNATV WDAF-DT3 Court TV	47 47.2 47.3 47.4 47.5 3 3.2 3.3	I I-M I-M I-M I I I I-M I I I I I I I I I I I I I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO				
	KSMO/KSMO (HD) MyNET KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Comet WDAF/WDAF(HD)FOX WDAF-DT2 ANTENNATV WDAF-DT3 Court TV	47 47.2 47.3 47.4 47.5 3 3.2 3.3	I I-M I-M I-M I I I I-M I I I I I I I I I I I I I	KANSAS CITY, MO KANSAS CITY, MO				

MEDIACOM	SOUTHEA	ST LLC	C (MARCELINE, MO)					41
	every radio s	tation ca	rried on a separate and discrence of the second s					н
eceivable if (1) n the basis of a or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM ante this point, see pag ed by the cable s re station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FC0) it can l 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	
		2, 2				2,2		
			·					

Accounting Perio	od: 2022/1						FORM	M SA1-2E. PAGE 5.
_	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC		E, MO)				4108
Substitute	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	ify every no	nnetwork telev period, under sp	<i>ision program,</i> broadcast by becific present and former F	y a <i>distant</i> sta CC rules, reg	ulations, or	authorization	ns. For a further
Carriage:	1. SPECIAL STATEMEN				ine general in			
Special						atuark tal		
Statement and	During the accounting per		ur cable syster	in carry, on a substitute ba	isis, any noni			
Program Log	broadcast by a distant sta	tion?				l	YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you ı	nust comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	period, was broadcast by a	ace, please of every no distant sta	add additiona onnetwork tele tion and that y	l rows to the tables. vision program ("substitut our cable system substitu	e program") t ted for the pr	hat, during ogramming	the account g of another s	ing station
	under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program	ries like "mo Bulls."	ovies" or "bask		am titles, for e			
	Column 3: Give the call Column 4: Give the broat the case of Mexican or Car	sign of the adcast stati nadian stati	station broadd on's location (ons, if any, the	casting the substitute prog the community to which th community with which th	ram. le station is li e station is id	entified).	,	
	first. Example: for May 7 gi	ve "5/7." es when th	e substitute pr	stem carried the substitut ogram was carried by you ried by a system from 6:0 ⁻	r cable syste	m. List the	times accura	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulat nming that	ions in effect o		od; enter the	etter "P" if	the listed pro	
			E PROGRAM	1		N SUBST AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. ⁻ FROM	TIMES — TO	DELETION
							_	
							<u> </u>	
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1								

Accounting Period:	2022/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (MARCELINE, MO)	S	YSTEM ID# 4108
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End 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	1,243.42 Jss 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 \$2 • 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	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 \$137,1	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	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:	2022/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (MARCI		SYSTEM ID# 4108
M Channels	 to its subscribers, and (2) the cable system's 1. Enter the total number of channels on whisystem carried television broadcast station 2. Enter the total number of activated chann on which the cable system carried television 	s	44 72
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FUR we can contact about this statement of acco	THER INFORMATION IS NEEDED (Identify an individual to whom unt.)	
for Further Information	Name Kenneth J. Kohrs	Telephone	845-443-2762
	Address One Mediacom Wa (Number, street, rural route, apa Mediacom Park, N) (City, town, state, zip)	artment, or suite number)	
	Email Copyrights@	mediacomcc.com Fax (optional)	
O Certification	 I, the undersigned, hereby certify that (Check (Owner other than corporation of x (Agent of owner other than corpor in line 1 of space B and that the (Officer or partner) I am an office in line 1 of space B. I have examined the statement of account an 	r partnership) I am the owner of the cable system as identified in line 1 of space or partnership) I am the duly authorized agent of the owner of the cable is a owner is not a corporation or partnership; or r (if a corporation) or a partner (if a partnership) of the legal entity identified as owner hereby declare under penalty of law that all statements of fact contained herein my knowledge, information, and belief, and are made in good faith. 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)	system as identified /ner of the cable system
	Title:	Vice President, Financial Reporting	
	Date:	8/5/2022	

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 fing, a determination that would be made by a court of law.

ccounting Period: 2	022/1	FORM SA1-2E. PAGE 8
EGAL NAME OF OWN	IER OF CABLE SYSTEM:	SYSTEM ID#
IEDIACOM SOU	THEAST LLC (MARCELINE, MO)	4108
SPECIAL ST The Satellite Ho lowing sentence "In deter service of scribers For more inform located in the pa During the acco made by satellit	ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address	
For an explanat	lete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q 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 x 0.00274	
	line 3 by 0.00274** and enter here L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
	e interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please e Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the	e decimal equivalent of 1/365, which is the interest assessment for one day late.	
	e filing this worksheet covering a statement of account already submitted to the Copyright Office, please vner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address		
ID number First community Accounting peri		

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 th 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.

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