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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)		DATE RECEIVED	AMOUNT	 <u>coplicsoa@loc.gov</u>
	ctions are located of this workbook	3/1/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	YYYY/(Period)) Period 2 = July 1 - December 31	

Accounting Period R Accounting Period R A			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 royalty fee payment covering the entire accounting period. 32992 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 32992 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MCC Georgia, LLC (Cuthbert, GA) BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM MAILING ADDRESS OF OWNER OF CABLE SYSTEM ONE MEDIACOM WAY Witnews: steet, rural route, apartment, or suite number) MEDIACOM WAY MEDIACOM WAY Witnews: steet, steet, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918 [City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B 1 IDENTIFICATION OF CABLE SYSTEM: 1 IDENTIFICATION OF CABLE SYSTEM: 1	-								
In the second part of the second 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. The second perio	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						
single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MCC Georgia, LLC (Cuthbert, GA) BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM MAILING ADDRESS OF OWNER OF CABLE SYSTEM NEDIACOM WAY [Number, street, rural route, apartment, or suite number] MEDIACOM PARK, NY 10918 [City, town, state, zip) NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B 1 MAILING ADDRESS OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM: 1 MAILING ADDRESS OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM:	Owner		List any other name or names under which the owner conducts the business of the cable system.						
Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MCC Georgia, LLC (Cuthbert, GA) BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B System 1 IDENTIFICATION OF CABLE SYSTEM:									
MCC Georgia, LLC (Cuthbert, GA) BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B 1 IDENTIFICATION OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM:									
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ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B 1 IDENTIFICATION OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM:			BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B 1 IDENTIFICATION OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM:									
Image: Constraint of the system of the sy			MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
MEDIACOM PARK, NY 10918 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B System IDENTIFICATION OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM:									
C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B System 1 IDENTIFICATION OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM:									
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1 MAILING ADDRESS OF CABLE SYSTEM:	С								
MAILING ADDRESS OF CABLE SYSTEM:	System	1	IDENTIFICATION OF CABLE SYSTEM:						
			MAILING ADDRESS OF CABLE SYSTEM:						
Z [Number, street, rural route, apartment, or suite number)		2	(Number, street, rural route, apartment, or suite number)						
(City, town, state, zip code)			(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	MCC Georgia, LLC (Cuthbert, GA)	3299					
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 mobile identified city.	home parks should be reported in parentheses below the					
	CITY OR TOWN	STATE					
First	Cuthbert	GA					
Community	Randolph	GA					
	Shellman	GA					
dd Rows as Necessary	Richland	GA					

								FORM SA1-		
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM ID	
	MCC Georgia, LLC (Cut			3299						
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND R	ATES					
E	In General: The information in s									
Secondary	system, that is, the retransmission about other services (including p									
Transmission	last day of the accounting period	• • •			-			ing on the		
Service: Sub-	Number of Subscribers: Both						ble system	, broken		
scribers and	down by categories of secondary									
Rates	each category by counting the n separately for the particular serv							charged		
	Rate: Give the standard rate c							ge and the		
	unit in which it is generally billed			,	•	rd rate variatior	is within a p	particular rate		
	category, but do not include disc Block 1: In the left-hand block					ondon transmi		o that cable		
	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 "Servi	ce 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, t	0								
		and rates, in th	e right-	hand block. A t	k. A two- or three-word description of the service is					
	sufficient.	DCK 1			T		BLOCK	· 0		
		NO. OF					BLUCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	 Service to first set 		333	40.49-76.49						
	 Service to additional set(s) 									
	 FM radio (if separate rate) 								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Motel, hotel									
	Commercial		0	40.49-76.49						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s					
-	In General: Space F calls for rate					all your cable sy	stem's serv	rices 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		,		0		0()			
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the					_		-		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not		
Rates	listed in block 1 and for which a				0	•	•			
	brief (two- or three-word) descrip									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE	
	Continuing Services:		Install	ation: Non-res	idential					
	• Pay cable	PP	• Mo	tel, hotel			Family	Cable	####	
	 Pay cable—add'l channel 	PP	• Co	mmercial						
	Fire protection		•Pa	y cable						
	•Burglar protection			y cable-add'l cl	nannel					
	Installation: Residential			e protection						
	• First set	109.99		rglar protection					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	• Additional set(s)	49.00		services:						
	• FM radio (if separate rate)	40.50		connect		49.00				
	• Converter	10.50		sconnect		40.00				
	1		•Ou	tlet relocation		49.00				
				ve to new addr						

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MCC Georgia, LLC (Cu			329
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	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 rul • Do <i>not</i> list the station here station was carried <i>only</i> 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 channel of license. For example, WH Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting)(2) and (4), or 76.63 (referring to 76. explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (a substitute basis. Iso in space I, if the station was carrien on concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the form. I number the FCC assigned to the tel RC 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), rms, see page (iv) of the general instra of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain station carried by your cable system on a substitute the Special Statement and Program Low ed both on a substitute basis and also s, see page (v) of the general instruction program services such as HBO, ESPN ne-air designation. For example, report evision station for broadcasting over the station, an independent station, or a n (for network multicast), "I" (for independent or "E-M" (for noncommercial education ructions in the paper SA1-2 form. the community to which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WABW/WABW(HD) PBS	6	E	PELHAM, GA
	WABW-DT2 Create	6.2	E-M	PELHAM, GA
	WABW-DT3 PBS Knowledge	6.3	E-M	PELHAM, GA
	WABW-DT4 PBS KIDS	6.4	E-M	PELHAM, GA
	WALB/WALB(HD) NBC	10	N	Albany, GA
Pows as Necessary		10.3	I-M	
Rows as Necessary	WALB-DT3 Bounce TV	10.0	1-141	Albany, GA
ROWS as Necessary	WALB-D13 Bounce TV WLTZ/WLTZ(HD) NBC	35	N	Albany, GA Columbus, GA
nows as Necessary				
nows as Necessary	WLTZ/WLTZ(HD) NBC	35		Columbus, GA
I ROWS AS NECESSARY	WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV	35 35.2	N I-M	Columbus, GA Columbus, GA
nuws as Necessary	WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV	35 35.2 35.3	N I-M I-M	Columbus, GA Columbus, GA Columbus, GA
nuws as Necessary	WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS	35 35.2 35.3 15	N I-M I-M N	Columbus, GA Columbus, GA Columbus, GA Columbus, GA
rows as Necessary	WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV	35 35.2 35.3 15 15.2	N I-M I-M N I-M	Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA
κυws as Necessary	WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WRBL-DT4 Laff	35 35.2 35.3 15 15.2 15.4	N I-M I-M N I-M	Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA
rows as Necessary	WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WRBL-DT4 Laff WSST (MyNet)	35 35.2 35.3 15 15.2 15.4 51	N I-M I-M N I-M I-M	Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA
rows as Necessary	WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WRBL-DT4 Laff WSST (MyNet) WTVM/WTVM(HD) ABC	35 35.2 35.3 15 15.2 15.4 51 11	N I-M I-M I-M I-M I I N	Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Cordelle, GA Columbus, GA
rows as Necessary	WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WRBL-DT4 Laff WSST (MyNet) WTVM/WTVM(HD) ABC WTVM-DT2 Bounce TV	35 35.2 35.3 15 15.2 15.4 51 11 11 11.2	N I-M I-M I-M I-M I-M I N I-M	Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA Columbus, GA
nows as Necessary	WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WRBL-DT4 Laff WSST (MyNet) WTVM/WTVM(HD) ABC WTVM-DT2 Bounce TV WTVM-DT3 Circle	35 35.2 35.3 15 15.2 15.4 51 11 11 11.2 11.3	N I-M I-M I-M I-M I N I-M I-M	Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA Columbus, GA
a nows as Necessary	WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WRBL-DT4 Laff WSST (MyNet) WTVM/WTVM(HD) ABC WTVM-DT2 Bounce TV WTVM-DT3 Circle	35 35.2 35.3 15 15.2 15.4 51 11 11 11.2 11.3 11.4	N I-M I-M I-M I-M I-M I N I-M I-M	Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA Columbus, GA Columbus, GA
d Rows as Necessary	WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WRBL-DT4 Laff WSST (MyNet) WTVM/WTVM(HD) ABC WTVM-DT2 Bounce TV WTVM-DT3 Circle WTVM-DT4 Grit WTVM-DT4 Grit	35 35.2 35.3 15 15.2 15.4 51 11 11.2 11.3 11.4 49	N i-M i-M i-M i-M i-M i N i-M i-M i-M i-M i-M	Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA Columbus, GA Columbus, GA
a nows as necessary	WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WRBL-DT4 Laff WSST (MyNet) WTVM/WTVM(HD) ABC WTVM-DT2 Bounce TV WTVM-DT3 Circle WTVM-DT4 Grit WTVM-DT4 Grit	35 35.2 35.3 15 15.2 15.4 51 11 11.2 11.3 11.4 49	N i-M i-M i-M i-M i-M i N i-M i-M i-M i-M i-M	Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA Columbus, GA Columbus, GA
a nows as Necessary	WLTZ/WLTZ(HD) NBC WLTZ-DT2/WLTZ-DT2(HD) CV WLTZ-DT3 Antenna TV WRBL/WRBL(HD) CBS WRBL-DT2 MeTV WRBL-DT4 Laff WSST (MyNet) WTVM/WTVM(HD) ABC WTVM-DT2 Bounce TV WTVM-DT3 Circle WTVM-DT4 Grit WTVM-DT4 Grit	35 35.2 35.3 15 15.2 15.4 51 11 11.2 11.3 11.4 49	N i-M i-M i-M i-M i-M i N i-M i-M i-M i-M i-M	Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA CORDELE, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA

counting Period:	2022/2			FORM SA1-2E. PAGE 3			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#			
Name	MCC Georgia, LLC (C	uthbert, GA)		32992			
	PRIMARY TRANSMITTERS:	TELEVISION					
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 effect on June 24, 1981, permitting the carriage of certain network programs [sections]						
Primary Transmitters: Television	 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, 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 						
	basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channer of license. For example, WE Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carried in concerning substitute basis stations of s call sign. <i>Do not</i> report origination if with a station according to its over-the he form. I number the FCC assigned to the tele RC 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), rrms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	ed both on a substitute basis and also of , 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 n (for network multicast), "I" (for indepen or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

MCC Georgi	a, LLC (Cu	thbert,	GA)					SYSTEM 329
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of r for detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be received to the Co sign of e he station on's sign g a check n's location	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on 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 he system's FM ante this point, see pa ed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) 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	

ccounting Perio								DRM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF MCC Georgia, LLC (Cu							SYSTEM ID 32992
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM L	OG			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	accounting pe	eriod, under sp	ecific present and former	FCC rules, reg	julations, or	authoriza	tions. For a further
Carriage:	1. SPECIAL STATEMEN				and general in			
Special	During the accounting per	-			asis, any non	network tel	evision pr	ogram
Statement and Program Log	broadcast by a distant sta	ation?		·			YES	×NO
	Note: If your answer is "No	o". leave the	rest of this pa	ge blank. If vour answei	is "Yes." vou	must comp		
	log in block 2.	,		g	, , , , , , , , , , , , , , , , , , ,			- 9
	clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes.	e of every nor a distant stati egulations, or ries like "mov . Bulls." m was broad sign of the s adcast statio nadian statio nth and day v ive "5/7." nes when the	nnetwork tele ion and that y r authorization vies" or "bask dcast live, ente station broadc on's location (t on's location (t ons, if any, the when your sy e substitute pro-	vision program ("substitu our cable system substitu ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise enter asting the substitute pro the community to which community with which to stem carried the substitute ogram was carried by yo	uted for the pr eneral instruc ram titles, for r "No." gram. the station is li he station is li the program. U ur cable syste	ogramming tions for fur example, "I censed by lentified). se numera m. List the	ther inform Love Luck the FCC of Is, with th times acc	er station mation. cy" or or, in e month curately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the l and regulatic mming that ye	ons in effect d	uring the accounting pe	iod; enter the	letter "P" if	the listed	
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the l and regulatic mming that yo b.	ons in effect d our system w	uring the accounting pe as permitted to delete u	iod; enter the nder FCC rules	letter "P" if s and regul	the listed ations in ITUTE	program
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the l and regulatic mming that y b. UBSTITUTE	E PROGRAM 3. STATION'S	uring the accounting pe as permitted to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regul N SUBST AGE OCC	the listed ations in ITUTE URRED TIMES	7. REASON FC DELETION
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	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the l and regulatic mming that y b. UBSTITUTE	E PROGRAM 3. STATION'S	uring the accounting pe as permitted to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regul N SUBST AGE OCC	the listed ations in ITUTE URRED TIMES	7. REASON FO DELETION
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	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the l and regulatic mming that y b. UBSTITUTE	E PROGRAM 3. STATION'S	uring the accounting pe as permitted to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regul N SUBST AGE OCC	the listed ations in ITUTE URRED TIMES	7. REASON FC DELETION
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the l and regulatic mming that y b. UBSTITUTE	E PROGRAM 3. STATION'S	uring the accounting pe as permitted to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regul N SUBST AGE OCC	the listed ations in ITUTE URRED TIMES	7. REASON FO DELETION

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Georgia, LLC (Cuthbert, GA)	SI	/STEM ID# 32992
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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	3,902.68 ss receipts)
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 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		nts!

Accounting Period:	2022/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Georgia, LLC (Cuthbert, GA)	SYSTEM ID# 32992
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 on which the cable system carried television broadcast stations and nonbroadcast services	26 69
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone 845	5-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner or in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Image: 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)] Image: 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)] Image: Complete, and correct to the best of my knowledge, information is gnature 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 posellion held in corporation or partnership) <th>em as identified</th>	em as identified
	Date: 2/7/2023	

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.

	FORM SA1-2E. PAGE
IL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
C Georgia, LLC (Cuthbert, GA)	3299
 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 	P Special Statement Concerning Gross Receipts Exclusior
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	
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 Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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I	1.00
Ν	0.25
E	0.25
I-M	1
N-M	0.25
E-M	0.25