This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

Return completed workbook by email to:

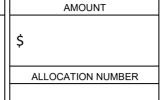
STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

DATE RECEIVED 8/28/2024



coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MEDIACOM SOUTHEAST LLC (BEAUMONT, MS)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:
		MEDIACOM SOUTHEAST LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	5973 HWY. 90 W.
	~	(Number, street, rural route, apartment, or suite number) THEODORE, AL 36582
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal 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. PAGE 1 SYSTEM ID:
Name	MEDIACOM SOUTHEAST LLC (BEAUMONT, MS)	2204
D	Instructions: List each separate community served by the cable system. A "com separate and distinct community or municipal entity (including unincorporated	munity" is the same as a "community unit" as defined in FCC rules: "a communities within unincorporated areas and including single, discret
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future filings.	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo city.	bile home parks should be reported in parentheses below the identifie
	CITY OR TOWN	STATE
First	BEAUMONT	MS
Community	22.0.000	
dd Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C							515	TEM ID 2204
	MEDIACOM SOUTHEAS	I LLC (BEA		NI, 1 1 15)					
E	SECONDARY TRANSMISSION								
E	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmission about other services (including provide the services)								
Transmission	last day of the accounting period	, , ,	,		,				
Service: Sub-	Number of Subscribers: Both							,	
scribers and	down by categories of secondary	,		0 , ,		•			
Rates	each category by counting the n separately for the particular server							s charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· · ·		,	ny standa	rd rate variation	s within a	particular rate	
	category, but do not include disc				ion of oon	andon (transmi		aa that aabla	
	Block 1: In the left-hand block systems most commonly provide	•		Ű		•			
	that applies to your system. Not								
	categories, that person or entity						•		
	subscriber who pays extra for ca					d in the count ur	ider "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, t	-		-					
	with the number of subscribers a	and rates, in the	e right-	hand block. A tv	vo- or thre	e-word descript	ion of the s	service is	
	sufficient.				r		B I A A	<u> </u>	
	BLO	OCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		2	29.95-55.04					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	29.95-55.04					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	3				
-	In General: Space F calls for ra					Ill your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There al furnished at cost or (2) services	•			•		• •	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.				C C		5 ,	
ransmissions:	Block 1: Give the standard rat							wara not	
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip		,						
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	-	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	PP	• Mo	otel, hotel			Family	тv	####
	Pay cable—add'l channel	PP	• Co	ommercial					
	Fire protection		•Pa	y cable					
	•Burglar protection		•Pa	y cable-add'l ch	annel				
	Installation: Residential		• Fir	e protection					
	• First set	49.99	• Bu	rglar protection					
	 Additional set(s) 	49.00	Other	services:					
	• FM radio (if separate rate)		• Re	econnect		49.00			
	Converter		• Dis	sconnect					
	Conventer			500111001		·····			
				itlet relocation		49.00			

ting Period:	-				AGE
Name	LEGAL NAME OF OWNER O			SYSTEM	
		AST LLC (BEAUMONT, MS)			204
	PRIMARY TRANSMITTERS:	TELEVISION			
G rimary smitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a	entify every television station (including is am during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.67 as explained in the next paragraph. s: With respect to any distant stations ca	(1) stations carried only on a part-ti e carriage of certain network progra I (e)(2) and (4))]; and (2) certain stat	me basis under ams [sections tions carried on a	
		ules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis.	ne Special Statement and Program	Log)—if the	
	basis. For further informati	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p	see page (v) of the general instruct	ions.	
	"WETA-2" as the same on Column 2: Give the chann	el number the FCC assigned to the tele			
	Column 3: Indicate in eac	VRC is channel 4 in Washington, D.C. h case whether the station is a network s ering the letter "N" (for network), "N-M" (f	•		
	For the meaning of these t Column 4: Give the location), "E" (for noncommercial educational), o erms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th	ctions in the paper SA1-2 form. 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	
	WDAM NBC	7	Ν	LAUREL, MS	
	WHLT CBS	22	N	HATTIESBURG, MS	
as Necessary	WLOX ABC	39	N	BILOXI, MS	
5 Necessary	WMAH PBS	16	E		
				BILOXI, MS	
	WMAILEBS	48	L 	GULFPORT, MS	
			1		
			I		
			1		
			I		
			1		
			1		
			I		
			1		
			I		
			I		

EGAL NAME OF	OWNER OF (CABLE S	YSTEM:					SYSTEM II
MEDIACOM	SOUTHEA	ST LLC	(BEAUMONT, MS)					2204
RIMARY TRA								н
			rried on a separate and discre nerally receivable by your cable				ied on an	п
			I-Band FM Carriage: Under C				val is generally	Primary
eceivable if (1) n the basis of r	it is carried by monitoring, to prmation abou	y the sys be recei	tem whenever it is received at ved at the headend, with the s pyright Office regulations on th	the system's he system's FM ante	eadend, and (2) enna, during ce) it can b ertain sta	e expected, ted intervals.	Transmitters: Radio
Column 1: lo	lentify the call	-	each station carried.					
			n is AM or FM. nal was electronically processe	ed by the cable of	svstem as a sei	narate a	nd discrete	
		-	a mark in the "S/D" column.			parate a		
Column 4: G	ive the station	n's locati	on (the community to which the the community with which the s			C or, in t	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						<u> </u>		
						<u> </u>		
						 		
						<u> </u>		
						<u> </u>		
						<u> </u>		
						 		
					+	<u> </u>		
						<u> </u>		
						<u> </u>		
						 		
						<u> </u>		
						1		
						+		

Accounting Perio	d: 2024/1					FOR	RM SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC (I	BEAUMONT,	MS)			22043
	SUBSTITUTE CARRIAGE		I STATEMEN	T AND PROGRAM LOG			
I	In General: In space I, identii substitute basis during the ad	fy every non	network televisi	on program, broadcast by a	a <i>distant</i> statio		
Substitute	explanation of the programmi	ing that mus	t be included in	this log, see page (v) of the	general instru	ictions in the paper SA1-	2 form.
Carriage: Special	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE			
Statement and	 During the accounting period 	iod, did you	r cable system	carry, on a substitute basi	is, any nonne	twork television prograr	
Program Log	broadcast by a distant stat	tion?				YES	× NO
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE				_		
	In General: List each subst clear. If you need more spa-				wherever pos	sible, if their meaning is	6
				sion program ("substitute	program") tha	t. during the accounting	2
	period, was broadcast by a	distant stati	ion and that you	ur cable system substitute	d for the prog	ramming of another sta	ition
	under certain FCC rules, re						
	Do not use general categori "NBA Basketball: 76ers vs.		vies of daske	tball. List specific program	n uues, ior ex	ample, I Love Lucy of	
	Column 2: If the program	n was broad		"Yes." Otherwise enter "			
				sting the substitute progra			
	the case of Mexican or Can			e community to which the community with which the			
				em carried the substitute			nth
	first. Example: for May 7 giv						
	to the nearest five minutes.			gram was carried by your ad by a system from 6:01:			ely
	stated as "6:00–6:30 p.m."	Example: a	i program oann		10 p.m. to 0.2		
				was substituted for progra			
	to delete under FCC rules a was substituted for program						ram
	effect on October 19, 1976.		our system wu				
	s	UBSTITUT	E PROGRAM			EN SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
							-
						_	
						_	
						_	

		+					
		+					
		+					
		L					
						_	
						_	
							1
							+

Accounting Period:	2024/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (BEAUMONT, MS)	S	YSTEM ID# 22043
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	1,360.03 pss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$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 the	is six-month	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 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)		
	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	
	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		its!

Accounting Period:	2024/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (BEAUMONT, MS)	SYSTEM ID# 22043
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. 	5
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	57
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	845-443-2762
	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, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s 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 own 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)] 	ystem as identified
	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: Group Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: 8/8/2024	

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unting Period: 2024/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC (BEAUMONT, MS)	2204
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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