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

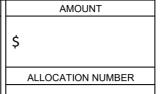
STATEMENT OF ACCOUNT

for 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



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	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 (Carl Junction, 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, 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 (Carl Junction, MO)
		MAILING ADDRESS OF CABLE SYSTEM:
	2	ONE MEDIACOM WAY
	∠	(Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918 (City, town, state, zip code)
	1	

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:	SYSTEM II				
Name	Mediacom Southeast LLC (Carl Junction, MO)	2416				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 h city.	ome parks should be reported in parentheses below the identific				
		07475				
First	CITY OR TOWN Cassville	STATE MO				
Community	Exeter	MO				
	Purdy	MO				
d Rows as Necessary	Purdy Rural	MO				
a necessary	i dig raid					

								FORM SA1	-2E. PAGE	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
	Mediacom Southeast LLC (Carl Junction, MO)									
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	BERS AND RA	TES					
E	In General: The information in s	-		-		•				
Secondary	system, that is, the retransmission about other services (including particular services)									
Transmission	last day of the accounting period									
Service: Sub-	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and	down by categories of secondar									
Rates	each category by counting the n separately for the particular serv							s charged		
	Rate: Give the standard rate of							ge and the		
	unit in which it is generally billed	· · ·		,	iny standa	rd rate variation	s within a	particular rate		
	category, but do not include disc Block 1: In the left-hand block	ounts allowed	for adv	ance payment.	ries of ser	condary transmi	ssion servi	ice 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 o					d in the count ur	ider "Servi	ce 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 the	e right-	hand block. A t	NO- or thre	ee-word descript	ion of the	service is		
	sufficient. BL0	DCK 1					BLOC	< 2		
		NO. OF						NO. OF		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE	
	Service to first set		59	29.95-76.49						
	Service to additional set(s)			23.33-70.43						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		0	29.95-76.49						
	Converter									
	Residential									
	Non-residential									
			NoMio		·			1		
_	SERVICES OTHER THAN SEC In General: Space F calls for rai					all vour cable sv	stem's serv	vices that were		
F	not covered in space E, that is, t	hose services	, that are	e not offered in	combinati	ion with any sec	ondary trai	nsmission		
	service for a single fee. There an									
Services Other Than	furnished at cost or (2) services amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		usuanj					rogram baolo,		
Fransmissions:	Block 1: Give the standard rat									
Rates	Block 2: List any services that	• •			-	-	•			
	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.									
	· · · · · · · · · · · · · · · · · · ·									
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE	
	Continuing Services:			ation: Non-res			0,1120	0111 01 0211102		
	• Pay cable	PP	• Mo	otel, hotel			Family	Cable	####	
	• Pay cable—add'l channel	PP	• Co	mmercial						
	Fire protection		•Pa	y cable						
	 Burglar protection 		•Pa	y cable-add'l ch	nannel					
	Installation: Residential		• Fir	e protection						
	• First set	109.99	• Bu	rglar protection						
	 Additional set(s) 	49.00	Other	services:						
	• FM radio (if separate rate)			connect		49.00				
	Converter	9.99	• Dis	sconnect						
				tlet relocation		49.00				

				FORM SA1-2E. PAGE 3.					
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#					
		LLC (Carl Junction, MO)	2416-						
	PRIMARY TRANSMITTERS:								
G	carried by your cable system FCC rules and regulations in	ntify every television station (including n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting t	t (1) stations carried only on a part-tin he carriage of certain network program	ne basis under ns [sections					
Primary Transmitters: Television	substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on		arried by your cable system on a sub	stitute program og)—if the					
	basis. For further informatio Column 1: List each station multicast stream associated	also in space I, if the station was carrie n concerning substitute basis stations n's call sign. <i>Do not</i> report origination p I with a station according to its over-th	, see page (v) of the general instruction program services such as HBO, ESPN	ns. N, etc. Identify each					
	"WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KODE (ABC)	43	N	Joplin, MO					
	KOLR/KOLR(HD)CBS	10	N	Springfield, MO					
	KOLR-DT2 Laff	10.2	I-M	Springfield MO					
				Springfield, MO					
	KOLR-DT3 Grit	10.3	I-M						
dd Rows as Necessary	KOLR-DT3 Grit	10.3	I-M	Springfield, MO					
dd Rows as Necessary	KOZJ (PBS)	25	E	Springfield, MO Joplin, MO					
dd Rows as Necessary	KOZJ (PBS) KOZK (HD) PBS	25 23	E	Springfield, MO Joplin, MO Springfield, MO					
dd Rows as Necessary	KOZJ (PBS) KOZK (HD) PBS KOZK-DT2PBS kids	25 23 23.2	E E E-M	Springfield, MO Joplin, MO Springfield, MO Springfield, MO					
dd Rows as Necessary	KOZJ (PBS) KOZK (HD) PBS KOZK-DT2PBS kids KOZK-DT3 Create	25 23 23.2 23.3	E E E-M E-M	Springfield, MO Joplin, MO Springfield, MO Springfield, MO Springfield, MO					
dd Rows as Necessary	KOZJ (PBS) KOZK (HD) PBS KOZK-DT2PBS kids KOZK-DT3 Create KOZK-DT4 PBS WORLD	25 23 23.2 23.2 23.3 23.4	E E E-M	Springfield, MO Joplin, MO Springfield, MO Springfield, MO Springfield, MO Springfield, MO					
dd Rows as Necessary	KOZJ (PBS) KOZK (HD) PBS KOZK-DT2PBS kids KOZK-DT3 Create KOZK-DT4 PBS WORLD KOZL/KOZL (HD) MyNet	25 23 23.2 23.2 23.3 23.4 28	E E E-M E-M I	Springfield, MO Joplin, MO Springfield, MO Springfield, MO Springfield, MO Springfield, MO SPRINGFIELD, MO					
dd Rows as Necessary	KOZJ (PBS) KOZK (HD) PBS KOZK-DT2PBS kids KOZK-DT3 Create KOZK-DT4 PBS WORLD KOZL/KOZL (HD) MyNet KOZL-DT2 ION Mystery	25 23 23.2 23.3 23.4 28 28.2	E E E-M E-M E-M I I	Springfield, MO Joplin, MO Springfield, MO Springfield, MO Springfield, MO Springfield, MO SPRINGFIELD, MO SPRINGFIELD, MO					
dd Rows as Necessary	KOZJ (PBS) KOZK (HD) PBS KOZK-DT2PBS kids KOZK-DT3 Create KOZK-DT4 PBS WORLD KOZL/KOZL (HD) MyNet KOZL-DT2 ION Mystery KOZL-DT3 Bounce TV	25 23 23.2 23.2 23.3 23.4 28 28 28.2 28.3	E E E-M E-M I I I-M I-M	Springfield, MO Joplin, MO Springfield, MO Springfield, MO Springfield, MO Springfield, MO SPRINGFIELD, MO SPRINGFIELD, MO					
ld Rows as Necessary	KOZJ (PBS) KOZK (HD) PBS KOZK-DT2PBS kids KOZK-DT3 Create KOZK-DT4 PBS WORLD KOZL/KOZL (HD) MyNet KOZL-DT2 ION Mystery	25 23 23.2 23.3 23.4 28 28.2	E E E-M E-M E-M I I	Springfield, MO Joplin, MO Springfield, MO Springfield, MO Springfield, MO Springfield, MO SPRINGFIELD, MO SPRINGFIELD, MO					
dd Rows as Necessary	KOZJ (PBS) KOZK (HD) PBS KOZK-DT2PBS kids KOZK-DT3 Create KOZK-DT4 PBS WORLD KOZL/KOZL (HD) MyNet KOZL-DT2 ION Mystery KOZL-DT3 Bounce TV	25 23 23.2 23.2 23.3 23.4 28 28 28.2 28.3	E E E-M E-M I I I-M I-M	Springfield, MO Joplin, MO Springfield, MO Springfield, MO Springfield, MO Springfield, MO SPRINGFIELD, MO SPRINGFIELD, MO					
dd Rows as Necessary	KOZJ (PBS) KOZK (HD) PBS KOZK-DT2PBS kids KOZK-DT3 Create KOZK-DT4 PBS WORLD KOZL/KOZL (HD) MyNet KOZL-DT2 ION Mystery KOZL-DT3 Bounce TV KOZL-DT4 Rewind TV	25 23 23.2 23.2 23.3 23.4 28 28 28.2 28.3 28.3 28.4	E E E-M E-M I I I-M I-M	Springfield, MO Joplin, MO Springfield, MO Springfield, MO Springfield, MO Springfield, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO					
ld Rows as Necessary	KOZJ (PBS) KOZK (HD) PBS KOZK-DT2PBS kids KOZK-DT3 Create KOZK-DT4 PBS WORLD KOZL/KOZL (HD) MyNet KOZL-DT2 ION Mystery KOZL-DT3 Bounce TV KOZL-DT4 Rewind TV KRBK/KRBK (HD) FOX	25 23 23.2 23.2 23.3 23.4 28 28.2 28.3 28.4 28.4 49	E E E-M E-M I I I I-M I-M I-M I-M I	Springfield, MO Joplin, MO Springfield, MO Springfield, MO Springfield, MO Springfield, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO					
dd Rows as Necessary	KOZJ (PBS) KOZK (HD) PBS KOZK-DT2PBS kids KOZK-DT3 Create KOZK-DT4 PBS WORLD KOZL/KOZL (HD) MyNet KOZL-DT2 ION Mystery KOZL-DT3 Bounce TV KOZL-DT4 Rewind TV KRBK/KRBK (HD) FOX KRBK-DT2 Antenna TV	25 23 23.2 23.2 23.3 23.4 28 28.2 28.3 28.4 28.4 49 49.2	E E E-M E-M I I I-M I-M I-M I-M I-M	Springfield, MO Joplin, MO Springfield, MO Springfield, MO Springfield, MO Springfield, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO Springfield, MO					
dd Rows as Necessary	KOZJ (PBS) KOZK (HD) PBS KOZK-DT2PBS kids KOZK-DT3 Create KOZK-DT4 PBS WORLD KOZL/KOZL (HD) MyNet KOZL-DT2 ION Mystery KOZL-DT3 Bounce TV KOZL-DT4 Rewind TV KRBK/KRBK (HD) FOX KRBK/RBK (HD) FOX	25 23 23.2 23.2 23.3 23.4 28 28.2 28.3 28.4 49 49.2 49.3	E E E-M E-M I I I-M I-M I-M I-M I-M	Springfield, MO Joplin, MO Springfield, MO Springfield, MO Springfield, MO Springfield, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO Springfield, MO Springfield, MO					
dd Rows as Necessary	KOZJ (PBS) KOZK (HD) PBS KOZK-DT2PBS kids KOZK-DT3 Create KOZK-DT4 PBS WORLD KOZL/KOZL (HD) MyNet KOZL-DT2 ION Mystery KOZL-DT3 Bounce TV KOZL-DT4 Rewind TV KRBK/KRBK (HD) FOX KRBK/DT2 Antenna TV KRBK-DT3 DABL KSPR/KSPR(HD) ABC	25 23 23.2 23.2 23.3 23.4 28 28.2 28.3 28.4 49 49.2 49.2 49.3 19	E E E-M E-M I I I-M I-M I-M I I I I N	Springfield, MO Joplin, MO Springfield, MO					
dd Rows as Necessary	KOZJ (PBS) KOZK (HD) PBS KOZK-DT2PBS kids KOZK-DT3 Create KOZK-DT4 PBS WORLD KOZL/KOZL (HD) MyNet KOZL-DT2 ION Mystery KOZL-DT3 Bounce TV KOZL-DT4 Rewind TV KRBK/KRBK (HD) FOX KRBK/CRBK (HD) FOX KRBK-DT3 DABL KSPR/KSPR(HD) ABC KSPR-DT3 MeTV	25 23 23.2 23.2 23.3 23.4 28 28.2 28.3 28.3 28.4 49 49.2 49.3 19 19.3	E E E-M E-M I I I-M I-M I-M I-M I-M I I I I I I I	Springfield, MO Joplin, MO Springfield, MO					

ounting Period	1: 2024/1			FORM SA1-2E. PAGE 3.					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
Name	Mediacom Southeast LLC (Carl Junction, MO)								
	PRIMARY TRANSMITTERS:	TELEVISION							
•	In General: In space G, ide	ntify every television station (including tr	slator stations and low power television stations)						
G		n during the accounting period, <i>except</i> (
		n effect on June 24, 1981, permitting the							
Primary)(2) and (4), or 76.63 (referring to 76.61)	e)(2) and (4))]; and (2) certain stat	ions carried on a					
Transmitters: Television		s explained in the next paragraph. With respect to any distant stations car	ried by your cable system on a su	ostitute program					
		les, regulations, or authorizations:							
		e in space G—but do list it in space I (the	e Special Statement and Program	Log)—if the					
	-	station was carried <i>only</i> on a substitute basis.							
		Iso in space I, if the station was carried							
basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each									
			ling to its over-the-air designation. For example, report multistream						
	"WETA-2" as the same on the form.								
	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community								
	of license. For example, WRC is channel 4 in Washington, D.C.								
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"								
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).								
	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.								
	Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the								
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	1. CALL SIGN KYCW/KYCW (HD) CW	2. B'CAST CHANNEL NUMBER 25	3. TYPE OF STATION	4. LOCATION OF STATION Chicago, IL					
			3. TYPE OF STATION I I-M						
	KYCW/KYCW (HD) CW	25	I	Chicago, IL					
	KYCW/KYCW (HD) CW KYCW-DT2 Cozi TV	25 25.2	I I-M	Chicago, IL Chicago, IL					
	KYCW/KYCW (HD) CW KYCW-DT2 Cozi TV KYCW-DT2 Defy	25 25.2 25.2	I I-M I-M	Chicago, IL Chicago, IL Chicago, IL					

Accounting P	Period: 2024	/1					FORI	VI SA1-2E. PAGE 4.
LEGAL NAME OI								SYSTEM ID#
Mediacom Southeast LLC (Carl Junction, MO)								24164
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.								н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo	it is carried by monitoring, to ormation abou rm. dentify the call	y the sys be recei it the Co sign of e	-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. n is AM or FM.	t the system's he system's FM ante	adend, and (2 nna, during ce) it can b ertain sta	be expected, ated intervals.	Primary Transmitters: Radio
signal, indicate Column 4: G	this by placing live the station	g a checl n's locati	nal was electronically process < mark in the "S/D" column. on (the community to which th the community with which the	e station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		+						
	I				I			

Accounting Perio	d: 2024/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Mediacom Southeast I	LLC (Carl	Junction, M	0)				24164
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				5			
Special	 During the accounting per 				is, anv nonne	twork telev	ision progran	n
Statement and Program Log	broadcast by a distant star	-			,,	[XNO
Frogram Log	,					L	YES	
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complet	te the program	m
	log in block 2.							
	2. LOG OF SUBSTITUTE			ta lina. I laa abbraviationa	whorever per	aible if the	ir mooning is	
	In General: List each subst clear. If you need more spa				wherever pos		in meaning is	5
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3 : Give the call	distant stati gulations, o ies like "mo Bulls." n was broad sign of the s	ion and that yo r authorizations vies" or "baske dcast live, enter station broadca	s. See page (v) of the gen	d for the prog eral instructio n titles, for ex No."	ramming o ns for furth ample, "I L	f another sta er information ove Lucy" or	tion n.
	the case of Mexican or Can	adian statio	ons, if any, the o	community with which the	station is ider	ntified).		
		,	when your syst	tem carried the substitute	program. Use	e numerals,	with the mor	nth
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	gram was carried by your	cable system	l ist the tir	nes accurate	lv
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	"D" : (1)	P. 4. 1.		· · · · ·			
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.							
	s	UBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7.			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>					
		+					_	
		_			.		_	
		<u> </u>					_	
							_	
		T					_	
		<u>+</u>						
		+	<u> </u>					
		+	l					
		_					_	
							_	
							_	
		T					_	
		†						
		+						
		+						
		l					_	_
							_	
							_	
		1						
		+						
							-	

Accounting Period:	2024/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom Southeast LLC (Carl Junction, MO)	S	YSTEM ID# 24164
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	0,141.84
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 th accounting period is \$52.00	nis six-month	
	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,	100)	
	1. Base amount under statutory formula	-	
	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		ts!

Accounting Period:	: 2024/1					FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: utheast LLC (Carl Junction	n, MO)			SYSTEM ID# 24164
M Channels	to its subscribe	rs, and (2) the cable system's al number of channels on whic	total numb	s on which the cable system carried televisi er of activated channels during the accoun	ting period.	33
	2. Enter the tota on which the	al number of activated channe cable system carried televisic	els on broadca			68
N Individual to Be Contacted		D BE CONTACTED IF FURTI about this statement of accou		RMATION IS NEEDED (Identify an individu	al to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone 84	15-443-2762
	Address	One Mediacom Way (Number, street, rural route, aparte Mediacom Park, NY (City, town, state, zip)	ment, or suite	e number)		
	Email	Copyrights@me	ediacomco	c.com Fa	x (optional	
	CERTIFICATION	(This statement of account me	ust be cert	fied and signed in accordance with Copyrig	ht Office regulations)	
O Certification		ed, hereby certify that (Check or er other than corporation or p		<i>r one</i> , of the boxes.)) I am the owner of the cable system as ident	ified in line 1 of space B; or	
	X (Agen			rtnership) I am the duly authorized agent of t not a corporation or partnership; or	he owner of the cable syste	em as identified
	I have examined	in line 1 of space B. I the statement of account and ste, and correct to the best of m	hereby dec	tion) or a partner (if a partnership) of the lega lare under penalty of law that all statements o e, information, and belief, and are made in gc	f fact contained herein	f the cable system
	1		X	/s/ Kenneth J. Kohrs		
				lectronic signature on the line above to certify t ature using an "/s/ signature" (e.g., /s/ John Sm		
		Typed or printed	d name:	Kenneth J. Kohrs		
		Title: (Ti		Vice President, Financial Repor position held in corporation or partnership)	ting	
		Date:			8/8/2024	

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

AL NAME OF OWNER OF CABLE SYSTEM: diacom Southeast LLC (Carl Junction, MO) 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 located in the paper SA1-2 form.	SYSTEM IE 2416 P Special Statement Concerning Gross
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 located in the paper SA1-2 form.	P Special Statement Concerning Gross
 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. 	Special Statement Concerning Gross
	Receipts Exclusion
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
OwnerAddress	
ID number First community served Accounting period	

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