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	AMOUNT						
8/28/2024	\$						
	ALLOCATION NUMBER						

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	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
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
		MCC Georgia, LLC (Hazlehurst, 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)
	INSTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	_	(Number, street, rural route, apartment, or suite number)
		(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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CARLE OVETEN	FORM SA1-2E. PAGE 11
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	MCC Georgia, LLC (Hazlehurst, GA)	507
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated communincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	unities within unincorporated areas and including single, discret e as a form of system identification hereafter known as the "firs
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho city.	me parks should be reported in parentheses below the identifie
Served		
	CITY OR TOWN	STATE
First	Hazlehurst	GA
Community	Jeff Davis County	GA
	Lumber City	GA
Rows as Necessary		

Accounting Period: 2024/1

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MCC Georgia, LLC (Hazlehurst, GA)

SYSTEM ID# 5078

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

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 each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service 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, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	283	40.49-74.49			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	0	40.49-74.49			
Converter					
 Residential 					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

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.

	BLOCK 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	PP	Motel, hotel			Family Cable	#####
 Pay cable—add'l channel 	PP	Commercial				
Fire protection		• Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
First set	109.99	Burglar protection				
Additional set(s)		Other services:				
• FM radio (if separate rate)		Reconnect	49.00			
Converter	9.99	Disconnect				
		Outlet relocation	49.00			
		Move to new address				

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MCC Georgia, LLC (Hazlehurst, GA)

SYSTEM ID# 5078

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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, except (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 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 under specific FCC rules, 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 station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WALB NBC	10	N	Albany, GA
WALB-DT3 Bounce TV	10.3	I-M	Albany, GA
WGNM/WGNM(HD) CTN	45	ı	MACON, GA
WJCL/WJCL(HD) ABC	22	N	Savannah, GA
WJCL-DT2 MeTV	22.2	I-M	Savannah, GA
WSAV/WSAV(HD) NBC	39	N	Savannah, GA
WSAV/WSAV DT2 CW (HD)	39.2	I-M	Savannah, GA
WSAV DT3 Court TV	39.3	I-M	Savannah, GA
WSAV-DT4 Laff	39.4	I-M	Savannah, GA
WTGS/WTGS(HD) FOX	28	<u> </u>	hardeeville, SC
WTGS-DT2 COMET	28.2	I-M	hardeeville, SC
WTGS-DT3 Antenna TV	28.3	I-M	hardeeville, SC
WTGS-DT4 TBD	28.4	I-M	hardeeville, SC
WTOC/WTOC(HD) CBS	11	N	Savannah, GA
WTOC-DT2 Bounce TV	11.2	I-M	Savannah, GA
WXGA/WXGA (HD) PBS	8	E	Waycross, GA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MCC Georgia, LLC (Hazlehurst, GA)

5078

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

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.
- **Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

	=-		[T			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	d: 2024/1					F(ORM SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF O					•	SYSTEM ID# 5078	
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT	y every non counting pe ng that mus	network television riod, under spec t be included in	on program, broadcast by bific present and former F0 this log, see page (v) of the	a <i>distant</i> statio	ations, or authorization	s. For a further	
Special Statement and Program Log	 During the accounting peri broadcast by a distant stat Note: If your answer is "No" log in block 2. LOG OF SUBSTITUTE In General: List each substit 	ion? , leave the	rest of this pag	e blank. If your answer is	"Yes," you m	YES ust complete the prog	X NO	
	clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in							
	S	UBSTITUT	E PROGRAM			EN SUBSTITUTE IAGE OCCURRED	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO		

Accounting Period:	2024/1			FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Georgia, LLC (Hazlehurst, GA)			s	YSTEM ID# 5078
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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.	stem's see	condary transmi compute this a	ssion service mount, see	0,702.02 pss receipts)
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 br Use block 3 if the amount of gross receipts in space K is more than \$263,800 br See page (vi) of the general instructions located in the paper SA1-2 form for more inf	ut less tha formation.	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty faccounting period is \$52.00 Line 1. Royalty fee for accounting period			s six-month	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula	,	263,800.00	00)	
	Enter amount of gross receipts from space K	\$	150,702.02		
	3. Subtract line 2 from line 1	\$	113,097.98		
	4. Enter the amount of gross receipts from space K		. \$ 1	50,702.02	
	5. Enter the amount from line 3		\$ 1	13,097.98	
	6. Subtract line 5 from line 4		\$	37,604.04	
	7. Multiply line 6 by .005 (enter figure here)			\$	188.02
	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 a	and 8		\$	188.02
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but l	ess than \$527	600)	
	Enter the amount of gross receipts from space K				
	Enter the amount or gross receipts non-space \(\). Base amount under statutory formula				
	Subtract line 2 from line 1	Ψ	203,000.00		
	4. Multiply line 3 by .01				
			•	4 240 00	
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	188.02	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	208.02
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2				nts!

Accounting Period:	2024/1					FORM SA1-2E. PAGE 7.				
Name		DWNER OF CABLE SYSTEM: LLC (Hazlehurst, GA)				SYSTEM ID# 5078				
M Channels	to its subscribe 1. Enter the tota system carrie	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								
	on which the	al number of activated channe cable system carried televisio dcast services	n broado			67				
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		DRMATION IS NEEDED (Identify an individual to whom	า					
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762				
	Address	One Mediacom Way (Number, street, rural route, apartn Mediacom Park, NY		ite number)						
		(City, town, state, zip)								
	Email	Copyrights@me	ediacomo	cc.com Fax (optional						
	CERTIFICATION	(This statement of account mu	ust be ce	rtified and signed in accordance with Copyright Office r	egulations)					
O Certification	• I, the undersigne	ed, hereby certify that (Check or	ne, <i>but on</i>	ly one, of the boxes.)						
	(Owne	er other than corporation or pa	artnershi	ip) I am the owner of the cable system as identified in line	1 of space E	3 ; or				
	X (Agen			artnership) I am the duly authorized agent of the owner os not a corporation or partnership; or	of the cable s	ystem as identified				
	(Offic	er or partner) I am an officer (i in line 1 of space B.	if a corpor	ration) or a partner (if a partnership) of the legal entity ider	ntified as owr	ner of the cable system				
		ete, and correct to the best of my	-	clare under penalty of law that all statements of fact conta lge, information, and belief, and are made in good faith.	ained herein					
	· I		X	/s/ Kenneth J. Kohrs						
				electronic signature on the line above to certify this stateme nature using an "/s/ signature" (e.g., /s/ John Smith)	ent.					
		Typed or printed	name:	Kenneth J. Kohrs						
		Title:		Vice President, Financial Reporting I position held in corporation or partnership)						
		Date:		8/8/2024						

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ounting Period: 2024/1				FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CA	BLE SYSTEM:			SYSTEM ID#
CC Georgia, LLC (Hazle	ehurst, GA)			5078
The Satellite Home Viewe lowing sentence: "In determining the service of providing scribers and amounted for more information on wards."	NT CONCERNING GROSS REC or Act of 1988 amended Title 17, section to total number of subscribers and the grog g secondary transmissions of primary brunts collected from subscribers receiving when to exclude these amounts, see the	111(d)(1)(A), of the oss amounts paid to roadcast transmitte g secondary transm	e Copyright Act by adding the fol- o the cable system for the basic rs, the system shall not include sub- issions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers	riod, did the cable system exclude any a	·		
Name Mailing Address		Name Mailing Address		
INTEREST ASSESSI	MENT			
You must complete this w	orksheet for those royalty payments sub rest assessment, see page (viii) of the g			Q
Line 1 Enter the amount	of late payment or underpayment			Interest Assessment
Line 2 Multiply line 1 by t	the interest rate* and enter the sum here	9		_
Line 3 Multiply line 2 by t	the number of days late and enter the su	um here	x days	_
Line 4 Multiply line 3 by (in space L, (page	0.00274** and enter here 6) block 1, line 2, or block 2 line 8, or blo	ock 3 line 6	\$ - (interest charge)	_
	rate chart click on <i>www.copyright.gov/lic</i> g Division at (202) 707-8150 or licensing	-	e.pdf. For further assistance please	
** This is the decimal	equivalent of 1/365, which is the interest	t assessment for or	ne day late.	
	s worksheet covering a statement of access, first community served, ID number,	•		
Owner Address				
ID number First community served Accounting period				

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