



Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:  
**MEDIACOM SOUTHEAST LLC (NORTONVILLE, KY)**

**SYSTEM ID#**  
**24139**

**D**

Area Served

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 known as the "first community." Please use it as the first community on all future filings.  
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.

First Community

CITY OR TOWN	COUNTY	STATE
<b>NORTONVILLE</b>	<b>Hopkins</b>	<b>KY</b>
<b>CHRISTIAN COUNTY</b>	<b>Christian</b>	<b>KY</b>
<b>CROFTON</b>	<b>Christian</b>	<b>KY</b>

Add Rows as Necessary



<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>MEDIACOM SOUTHEAST LLC (NORTONVILLE, KY)</b>	<b>SYSTEM ID#</b> <b>24139</b>
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**G**  
Primary Transmitters: Television

Add Rows as Necessary

**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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WEHT/WEHT (HD) ABC	7	N	EVANSVILLE, IN
WEHT-DT2 Laff	7.2	I-M	EVANSVILLE, IN
WEHT-DT3 Cozi	7.3	I-M	EVANSVILLE, IN
WEVV/WEVV (HD) CBS	45	N	EVANSVILLE, IN
WEVV/WEVV-DT2 (HD) FO	45.2	I-M	EVANSVILLE, IN
WFIE/WFIE (HD) NBC	46	N	EVANSVILLE, IN
WFIE-DT2 MeTV HD	46.2	I-M	EVANSVILLE, IN
WFIE-DT3 Outlaw	46.3	I-M	EVANSVILLE, IN
WFIE-DT4 Grit	46.4	I-M	EVANSVILLE, IN
WFIE-DT5 DABLE	46.5	I-M	EVANSVILLE, IN
WFIE-DT6 True Crime	46.6	I-M	EVANSVILLE, IN
WJFB/WJFB(HD) MeTV	16	I	NASHVILLE, TN
WKMU/WKMU(HD) PBS Ki	36	E	MURRAY, KY
WKMU-DT2 KET2 HD	36.2	I-M	MURRAY, KY
WKMU-DT3 KET KY	36.3	I-M	MURRAY, KY
WKMU-DT4 PBS Kids	36.4	E-M	MURRAY, KY
WKRN/WKRN(HD) ABC	2	N	NASHVILLE, TN
WNAB-DT1 ROAR	17	I	NASHVILLE, TN
WNPT/WNPT(HD) PBS	18	E	NASHVILLE, TN
WPSD NBC	32	N	PADUCAH, KY
WSMV/WSMV (HD) NBC	4	N	NASHVILLE, TN
WTVF/ WTVF(HD) CBS	5	N	NASHVILLE, TN
WTVW/WTVW (HD) CW	28	I	EVANSVILLE, IN
WTVW-DT2 Bounce	28.2	I-M	EVANSVILLE, IN
WTVW-DT3 ION Mystery	28.3	I-M	EVANSVILLE, IN
WUXP MyNet	19	I	NASHVILLE, TN
WZTV/WZTV(HD) FOX	20	I	NASHVILLE, TN
WZTV/WZTV-DT2(HD) CW	20.2	I-M	NASHVILLE, TN



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<b>I</b>  <b>Substitute Carriage: Special Statement and Program Log</b>	<p><b>SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG</b></p> <p><b>In General:</b> In space I, identify every <i>nonnetwork television program</i>, broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.</p> <p><b>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</b></p> <p>• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? <span style="margin-left: 100px;"><input type="checkbox"/> YES</span> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> NO</span></p> <p><b>Note:</b> If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.</p> <p><b>2. LOG OF SUBSTITUTE PROGRAMS</b></p> <p><b>In General:</b> List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.</p> <p><b>Column 1:</b> 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."</p> <p><b>Column 2:</b> If the program was broadcast live, enter "Yes." Otherwise enter "No."</p> <p><b>Column 3:</b> Give the call sign of the station broadcasting the substitute program.</p> <p><b>Column 4:</b> 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).</p> <p><b>Column 5:</b> 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."</p> <p><b>Column 6:</b> 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."</p> <p><b>Column 7:</b> Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> 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 effect on October 19, 1976.</p>
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SUBSTITUTE PROGRAM				WHEN SUBSTITUTE CARRIAGE 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		

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>MEDIACOM SOUTHEAST LLC (NORTONVILLE, KY)</b>	<b>SYSTEM ID#</b> <b>24139</b>
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<b>K</b> <b>Gross Receipts</b>	<p><b>GROSS RECEIPTS</b>  <b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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. . . . .</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="text-align: right; border: 1px solid black;"><b>\$ 23,139.63</b></td> </tr> <tr> <td></td> <td style="text-align: right; font-size: small;">(Amount of gross receipts)</td> </tr> </table> <p><b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.</p>		<b>\$ 23,139.63</b>		(Amount of gross receipts)
	<b>\$ 23,139.63</b>				
	(Amount of gross receipts)				

<b>L</b> <b>Copyright Royalty Fee</b>	<p><b>COPYRIGHT ROYALTY FEE</b>  <b>Instructions:</b> 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 \$263,800.                  • 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.</p>																		
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<p>Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Line 1. Royalty fee for accounting period . . . . .</td> <td style="text-align: right; border-bottom: 1px solid black;"><b>\$ 52.00</b></td> </tr> <tr> <td>Line 2. Interest charge. Enter the amount from line 4, space Q . . . . .</td> <td style="text-align: right; border-bottom: 1px solid black;"><b>0.00</b></td> </tr> <tr> <td>Line 3. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 1 and 2 . . . . .</td> <td style="text-align: right; border-bottom: 1px solid black;"><b>\$ 52.00</b></td> </tr> </table>		Line 1. Royalty fee for accounting period . . . . .	<b>\$ 52.00</b>	Line 2. Interest charge. Enter the amount from line 4, space Q . . . . .	<b>0.00</b>	Line 3. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 1 and 2 . . . . .	<b>\$ 52.00</b>												
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**FILING FEE AND TOTAL REMITTANCE DUE**

<b>Filing Fee and Total Remittance Due</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) . . . . .</td> <td style="text-align: right; border-bottom: 1px solid black;"><b>\$ 52.00</b></td> </tr> <tr> <td>2. Filing Fee (See the instructions for more information on filing fee calculations) . . . . .</td> <td style="text-align: right; border-bottom: 1px solid black;"><b>\$ 15.00</b></td> </tr> <tr> <td>3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 . . . . .</td> <td style="text-align: right; border-bottom: 1px solid black; border: 1px solid black;"><b>\$ 67.00</b></td> </tr> </table> <p style="text-align: center;">EFT Trace # or TRANSACTION ID # <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span></p> <p style="text-align: center; font-size: small;"><a href="#">Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See Circular 74 for more information.</a></p>	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) . . . . .	<b>\$ 52.00</b>	2. Filing Fee (See the instructions for more information on filing fee calculations) . . . . .	<b>\$ 15.00</b>	3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 . . . . .	<b>\$ 67.00</b>
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<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>MEDIACOM SOUTHEAST LLC (NORTONVILLE, KY)</b>	<b>SYSTEM ID# 24139</b>
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<b>M</b> <b>Channels</b>	<p><b>CHANNELS</b> <b>Instructions:</b> 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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations ..... <input style="width: 150px; text-align: center;" type="text" value="41"/></p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services ..... <input style="width: 150px; text-align: center;" type="text" value="63"/></p>
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<b>N</b> <b>Individual to Be Contacted for Further Information</b>	<p><b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual we can contact about this statement of account.)</p> <p>Name <input style="width: 300px;" type="text" value="Kenneth J. Kohrs"/> Telephone <input style="width: 100px;" type="text" value="845-443-2762"/></p> <p>Address <input style="width: 500px;" type="text" value="One Mediacom Way"/> (Number, street, rural route, apartment, or suite number)  <input style="width: 500px;" type="text" value="Mediacom Park, NY 10918"/> (City, town, state, zip)</p> <p>Email <input style="width: 250px;" type="text" value="Copyrights@mediacomcc.com"/> Fax (optional) <input style="width: 150px;" type="text"/></p>
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<b>O</b> <b>Certification</b>	<p><b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations)</p> <ul style="list-style-type: none"> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)                 <ul style="list-style-type: none"> <li><input type="checkbox"/> (<b>Owner other than corporation or partnership</b>) I am the owner of the cable system as identified in line 1 of space B; or</li> <li><input checked="" type="checkbox"/> (<b>Agent of owner other than corporation or partnership</b>) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li><input type="checkbox"/> (<b>Officer or partner</b>) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</li> </ul> </li> <li>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)]</li> </ul> <p style="text-align: center; margin-top: 20px;"> X /s/ Kenneth J. Kohrs</p> <p style="text-align: center; font-size: small;">Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</p> <p>Typed or printed name: <input style="width: 250px;" type="text" value="Kenneth J. Kohrs"/></p> <p>Title: <input style="width: 250px;" type="text" value="Group Vice President, Financial Reporting"/> (Title of official position held in corporation or partnership)</p> <p>Date: <input style="width: 150px;" type="text" value="2/17/2026"/></p>
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**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 filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM SOUTHEAST LLC (NORTONVILLE, KY)

24139

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
Mailing Address

Name
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

x

Line 2 Multiply line 1 by the interest rate\* and enter the sum here

x days

Line 3 Multiply line 2 by the number of days late and enter the sum here

x 0.00274

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 www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.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.

Owner
Address

ID number

First community served

Accounting period

Q

Interest Assessment

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