







<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>MEDIACOM ILLINOIS LLC</b>	<b>SYSTEM ID#</b> <b>34178</b>
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**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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAND/WAND(HD) NBC	17	N	DECATUR, IL
WAND-DT2 CoziTV	17.2	I-M	DECATUR, IL
WBBM/WBBM (HD) CBS	12	N	CHICAGO, IL
WBBM-DT2 Start TV	12.2	I-M	CHICAGO, IL
WBBM-DT3 DABL	12.3	I-M	CHICAGO, IL
WBUI/WBUI (HD) CW	22	I	DECATUR, IL
WBUI-DT2 DABL	22.2	I-M	DECATUR, IL
WBUI-DT3 Nest	22.3	I-M	DECATUR, IL
WCCU/WCCU (HD) FOX	26	I	Urbana, IL
WCCU-DT2 True Crime Ne	26.2	I-M	Urbana, IL
WCCU-DT3 Antenna TV	26.3	I-M	Urbana, IL
WCIA/WCIA (HD) CBS	48	N	Champaign, IL
WCIA-DT3 Bounce TV	48.3	I-M	Champaign, IL
WCIA-DT4 Grit	48.4	I-M	Champaign, IL
WCIU/WCIU (HD) CW	27	I	Chicago, IL
WCIU-DT2 The U (HD)	27.2	I-M	Chicago, IL
WCIU-DT3 MeTV	27.3	I-M	Chicago, IL
WCIU-DT4 Heroes & Icons	27.4	I-M	Chicago, IL
WCIU-DT5 Story Televisio	27.5	I-M	Chicago, IL
WCIU-DT6 Catchy Comedy	27.6	I-M	Chicago, IL
WCIX-DT/WCIX MyNet (HD)	49.2	I-M	Champaign, IL
WCPX (ION)	48	I	Chicago, IL
WFLD/WFLD (HD) FOX	31	I	Chicago, IL
WFLD-DT2 Movies!	31.2	I-M	Chicago, IL
WFLD-DT3 BUZZR	31.3	I-M	Chicago, IL
WGBO/WGBO (HD) UNI	38	I	Joliet, IL
WGBO-DT3 getTV	38.3	I-M	Joliet, IL
WGBO-DT4 True Crime Ne	38.4	I-M	Joliet, IL
WGBO-DT5 Grit	38.5	I-M	Joliet, IL
WGN/WGN (HD) IND	9	I	Chicago, IL
WGN-DT2 ANTENNA TV	9.2	I-M	Chicago, IL
WGN-DT3 Grit	9.3	I-M	Chicago, IL
WICD/WICD (HD) ABC	41	N	Champaign, IL
WICD-DT2 Comet	41.2	I-M	Champaign, IL
WICD-DT3 ROAR	41.3	I-M	Champaign, IL
WICD-DT4 Charge!	41.4	I-M	Champaign, IL
WILL (PBS)	9	E	URBANA, IL
WJYS (IND)	36	I	Hammond, IL
WLS/WLS (HD) ABC	7	N	CHICAGO, IL

Add Rows as Necessary

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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WLS-DT2 (HD) Localish	7.2	I-M	CHICAGO, IL
WMAQ/WMAQ (HD) NBC	29	N	CHICAGO, IL
WMAQ-DT2 CoziTV	29.2	I-M	CHICAGO, IL
WPWR/WPWR (HD) (CW)	51	I	GARY, IN
WSNS/WSNS (HD) (TELEVISION)	45	I	Chicago, IL
WSNS-DT2 Telexitos	45.2	I-M	Chicago, IL
WTTW/WTTW (HD) PBS	47	E	Chicago, IL
WTTW-DT2 PRIME	47.2	E-M	Chicago, IL
WTTW-DT3 PBS CREATE	47.3	E-M	Chicago, IL
WTTW-DT4 V-ME	47.4	E-M	Chicago, IL
WTVK-DT1/WTVK-DT1 (HD)	10.1	I	Oswego, IL
WYIN/WYIN PBS (HD)	17	E	Gary, IL





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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 border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 2px;"><b>\$</b></td> <td style="padding: 2px;"><b>297,403.88</b></td> </tr> <tr> <td colspan="2" style="padding: 2px; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	<b>\$</b>	<b>297,403.88</b>	(Amount of gross receipts)	
<b>\$</b>	<b>297,403.88</b>					
(Amount of gross receipts)						

**IMPORTANT:** You must complete a statement in space P concerning 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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**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 this six-month accounting period is \$52.00.

Line 1. Royalty fee for accounting period . . . . . \_\_\_\_\_

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 . . . . . \_\_\_\_\_

**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 . . . . . **\$ 297,403.88**

2. Base amount under statutory formula . . . . . **\$ 263,800.00**

3. Subtract line 2 from line 1 . . . . . **\$ 33,603.88**

4. Multiply line 3 by .01 . . . . . **\$ 336.04**

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 . . . . . **\$ 1,655.04**

**FILING FEE AND TOTAL REMITTANCE DUE**

<b>Filing Fee and Total Remittance Due</b>	<p>1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) . . . . . <b>\$ 1,655.04</b></p> <p>2. Filing Fee (See the instructions for more information on filing fee calculations) . . . . . <b>\$ 20.00</b></p>			
	<p>3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 . . . . .</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 2px;"><b>\$</b></td> <td style="padding: 2px;"><b>1,675.04</b></td> </tr> </table>	<b>\$</b>	<b>1,675.04</b>
<b>\$</b>	<b>1,675.04</b>			

EFT Trace # or TRANSACTION ID #

[Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See Circular 74 for more information.](#)



LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM ILLINOIS LLC

34178

**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?

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