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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		2010/1	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		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.	22034
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM SOUTHEAST LLC (PEARLINGTON, MS)	
		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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MEDIACOM SOUTHEAST LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	5973 HWY. 90 W.	
	1	(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 fing, a determination that would be made by a court of law.

Name		SYSTEM ID#
	MEDIACOM SOUTHEAST LLC (PEARLINGTON, MS)	22034
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	mmunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or midentified city.	nobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	PEARLINGTON	MS
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM IC
Name				OTON MO				010	2203
	MEDIACOM SOUTHEAS			GION, NIS)					2200
Е	SECONDARY TRANSMISSION	SERVICE: SU	IBSCR	IBERS AND R	ATES				
<b>E</b>	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Secondary Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	h blocks in spa	ce E ca	Il for the numbe	er of subsc	ribers to the cat			
scribers and	down by categories of secondary								
Rates	each category by counting the ni separately for the particular serv							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed	. (Example: "\$2	20/mth"	). Summarize a					
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. <b>Note</b>								
	categories, that person or entity	should be cour	nted as	a subscriber in	each app	licable category.	Example: a	a residential	
	subscriber who pays extra for ca					I in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system I					service that are	different fra	om those	
	printed in block 1 (for example, the	-		•					
	with the number of subscribers a								
	sufficient.			I			<b>DLOOK</b>	-	
	BLC	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		78	40.49-46.54					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel			10 10 10 51					
	Commercial			40.49-46.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
E	In General: Space F calls for rat					ll your cable sys	tem's servio	ces that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-			
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							voro pot	
Rales	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	CATEGO	DRY OF SERVICE	RATI
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	PP	• Mc	otel, hotel			Family	τν	77.4
	<ul> <li>Pay cable—add'l channel</li> </ul>	PP	• Co	mmercial					
	Fire protection		•Pa	y cable					
	<ul> <li>Burglar protection</li> </ul>		•Pa	y cable-add'l ch	nannel				
	Installation: Residential			e protection					
	First set	99.99		rglar protection					
	<ul> <li>Additional set(s)</li> </ul>	15.00-29.00		services:					
	<ul> <li>FM radio (if separate rate)</li> </ul>			connect		29.00			
	Consumption	10.50	<ul> <li>Dis</li> </ul>	aannaat					
	Converter	10.50		sconnect					
	• Converter	10.50	• Ou	tlet relocation		15.00-29.00			

	LEGAL NAME OF OWNER OF			SYSTEM ID
Name		AST LLC (PEARLINGTON, MS	)	22034
		•	/	
G rimary smitters: levision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channe of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	a during the accounting period, <i>except</i> or effect on June 24, 1981, permitting to (2) and (4), or 76.63 (referring to 76.1) explained in the next paragraph. With respect to any distant stations of es, regulations, or authorizations: in space G—but do list it in space I ( a substitute basis. Iso in space I, if the station was carried or concerning substitute basis stations is call sign. <i>Do not</i> report origination with a station according to its over-the ne form. I number the FCC assigned to the tell RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), ms, see page (iv) of the general instr of each station. For U.S. stations, lis	translator stations and low power tel t (1) stations carried only on a part-tii he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repor- evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent the community to which the station i the community with which the station	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial undent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WDSU/WDSU(HD) NBC	43	N	NEW ORLEANS, LA
	WGNO/WGNO(HD) ABC	26	N	NEW ORLEANS, LA
vs as Necessary	WGNO-DT2/WGNO-DT2(HD)	26.2	N	NEW ORLEANS, LA
ows as Necessary				
	WHNO IND	21	I	NEW ORLEANS, LA
	WHNO IND WLOX ABC	21 39		NEW ORLEANS, LA BILOXI, MS
	WLOX ABC	39	N	BILOXI, MS
	WLOX ABC	<u>39</u> 16	N E	BILOXI, MS BILOXI, MS
	WLOX ABC WMAH PBS WNOL CW	39 16 15	N E I	BILOXI, MS BILOXI, MS NEW ORLEANS, LA
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION	39 16 15 50	N E I	BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET	39 16 15 50 24	N E I I I	BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET WVUE/WVUE(HD) FOX	39 16 15 50 24 29	N E I I I I	BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET WVUE/WVUE(HD) FOX WVUE-DT2 BOUNCE TV	39 16 15 50 24 29 29.2	N E I I I I I I	BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET WVUE/WVUE(HD) FOX WVUE-DT2 BOUNCE TV WWL/WWL(HD) CBS	39 16 15 50 24 29 29.2 36	N E I I I I I I I N	BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA NEW ORLEANS, LA
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET WVUE/WVUE(HD) FOX WVUE-DT2 BOUNCE TV WWL/WWL(HD) CBS	39 16 15 50 24 29 29.2 36	N E I I I I I I I N	BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA NEW ORLEANS, LA
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET WVUE/WVUE(HD) FOX WVUE-DT2 BOUNCE TV WWL/WWL(HD) CBS	39 16 15 50 24 29 29.2 36	N E I I I I I I I N	BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA NEW ORLEANS, LA
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET WVUE/WVUE(HD) FOX WVUE-DT2 BOUNCE TV WWL/WWL(HD) CBS	39 16 15 50 24 29 29.2 36	N E I I I I I I I N	BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA NEW ORLEANS, LA
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	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET WVUE/WVUE(HD) FOX WVUE-DT2 BOUNCE TV WWL/WWL(HD) CBS	39 16 15 50 24 29 29.2 36	N E I I I I I I I N	BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA NEW ORLEANS, LA
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET WVUE/WVUE(HD) FOX WVUE-DT2 BOUNCE TV WWL/WWL(HD) CBS	39 16 15 50 24 29 29.2 36	N E I I I I I I I N	BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA NEW ORLEANS, LA
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET WVUE/WVUE(HD) FOX WVUE-DT2 BOUNCE TV WWL/WWL(HD) CBS	39 16 15 50 24 29 29.2 36	N E I I I I I I I N	BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA NEW ORLEANS, LA
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET WVUE/WVUE(HD) FOX WVUE-DT2 BOUNCE TV WWL/WWL(HD) CBS	39 16 15 50 24 29 29.2 36	N E I I I I I I I N	BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA NEW ORLEANS, LA

LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 4.
	SYSTEM ID#
MEDIACOM SOUTHEAST LLC (PEARLINGTON, MS)	22034
<ul> <li>PRIMARY TRANSMITTERS: RADIO</li> <li>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.</li> <li>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.</li> <li>For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.</li> <li>Column 1: Identify the call sign of each station carried.</li> <li>Column 2: State whether the station is AM or FM.</li> <li>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.</li> <li>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).</li> </ul>	H Primary Transmitters: Radio
CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STAT	

Accounting Perio	od: 2018/1					FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC (	PEARLINGT	ON, MS)			22034
	SUBSTITUTE CARRIAGE				G		
I I	In General: In space I, identi		-		-	ion that your cable syste	em carried on a
-	substitute basis during the ad						
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT						
Special Statement and	<ul> <li>During the accounting peri</li> </ul>	•	r cable system	carry, on a substitute basi	s, 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 space				wherever pos	sible, if their meaning is	3
				sion program ("substitute p	program") tha	t, during the accounting	3
	period, was broadcast by a						
	under certain FCC rules, reg Do not use general categori						n.
	"NBA Basketball: 76ers vs.						
				"Yes." Otherwise enter "N			
				sting the substitute progra e community to which the		nsed by the FCC or in	
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is iden	tified).	
			when your sys	tem carried the substitute p	orogram. Use	numerals, with the mo	nth
	first. Example: for May 7 giv		substitute nro	gram was carried by your o	able system	List the times accurate	
	to the nearest five minutes.						, i y
	stated as "6:00–6:30 p.m."						
	to delete under FCC rules a			was substituted for progra			
	was substituted for program						um
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCURRED	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. TIMES FROM — TO	DELETION
		165 01 140	CALL SIGN	4. STATION S LOCATION	AND DAT		
						_	
							"
						_	
						_	
							"
							"
						_	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (PEARLINGTON, MS)	S	/STEM ID# 22034
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, see	, <b>579.53</b>
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 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 accounting period is \$52.00	this six-month	
	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)	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		nts!

Accounting Period:	2018/1					FORM SA1-2E. PAGE
Name		WNER OF CABLE SYSTEM: DUTHEAST LLC (PEARLI	NGTON,	MS)		SYSTEM ID 2203
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	, and (2) the cable system's number of channels on which	total numb			20
	and nonbroadc	ast services				
N Individual to Be Contacted		BE CONTACTED IF FURT bout this statement of accou		RMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name	Kenneth J. Kohrs		Tele	ephone 845-44	43-2762
	Address	One Mediacom Way (Number, street, rural route, apar Mediacom Park, NY (City, town, state, zip)	tment, or sui	te number)		
	Email	Copyrights@n	ediacomo	c.com Fax (optional)		
	CERTIFICATION	This statement of account n	nust be cer	tified and signed in accordance with Copyright Office regul	ations)	
O Certification	X (Agent in I Office • I have examined	of owner other than corpor ine 1 of space B and that the er or partner) I am an officer ine 1 of space B. the statement of account and a, and correct to the best of m	ation or pa owner is no if a corpora	<i>y one</i> , of the boxes.) <b>a)</b> I am the owner of the cable system as identified in line 1 of a <b>rtnership)</b> I am the duly authorized agent of the owner of the t a corporation or partnership; or tion) or a partner (if a partnership) of the legal entity identified clare under penalty of law that all statements of fact contained e, information, and belief, and are made in good faith.	cable system as	
				/s/ Kenneth J. Kohrs electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)		
		Typed or printe		Kenneth J. Kohrs resident, Financial Reporting		
				on held in corporation or partnership)		

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 the 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 telephol 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 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 t 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 lav

unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
DIACOM SOUTHEAST LLC (PEARLINGTON, MS)	2203
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: <ul> <li>"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?</li></ul>	P Special Statement Concerning Gross Receipts Exclusio
X NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
<b>INTEREST ASSESSMENT</b> 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 Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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