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	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
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

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 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.	29775
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM SOUTHEAST LLC	
		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 is 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	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918	
	<u> </u>	(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.

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM SOUTHEAST LLC	29775
D	Instructions: List each separate community served by the cable system. "a separate and distinct community or municipal entity (including uninco	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single,
U	as the "first community." Please use it as the first community on all futur	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, identified city.	or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	CHESAPEAKE	VA
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA								-2E. PAGE
Name	MEDIACOM SOUTHEAS							515	2977
	MEDIACOM SOUTHEAS								
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period	(June 30 or D	ecembe	er 31, as the ca	se may be	e).		0	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the n								
Rales	separately for the particular serv							unargeu	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed				ny standa	rd rate variation	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondary transmis	sion service	a that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					I in the count un	der "Servic	e to the	
	Block 2: If your cable system					service that are	different fro	om those	
	printed in block 1 (for example, t	ers of services	that in	clude one or me	ore secon	dary transmissic	ns), list the	m, together	
	with the number of subscribers a	nd rates, in the	e right-h	nand block. A tv	vo- or thre	e-word descripti	on of the se	ervice is	
	sufficient.	DCK 1			1		BLOCK	2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATI
	Residential:		7	22 88 77 40					
	Service to first set		7	23.88-77.49					
	Service to additional set(s)								
	• FM radio (if separate rate) Motel, hotel								
	Commercial			23.88-77.49					
	Converter			23.00-77.49					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
I	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un	it in which it is							
Secondary	enter only the letters "PP" in the		ha aabi	a avatam far aa	ab af tha		an linted		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							vere not	
	listed in block 1 and for which a s								
	brief (two- or three-word) descrip	tion and includ	le the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	PP		otel, hotel			Family	TV	77.4
	Pay cable—add'l channel	PP		mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	99.99		rglar protection					
	Additional set(s)	15.00-29.00		services:					
	FM radio (if separate rate)	40.50		connect		29.00			
	Converter	10.50		sconnect		45 00 00 00			
			• ())			15.00-29.00			
				itlet relocation		13.00-23.00			

				SYSTEM
Name	LEGAL NAME OF OWNER OF			297
	PRIMARY TRANSMITTERS:			~~~
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e 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 • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, Wi Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progra (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, repre- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep pr "E-M" (for noncommercial education uctions in the paper SA1-2 form.	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAVY/WAVY (HD) NBC	31	N	PORTSMOUTH, VA
	WAVY-DT2 Bounce	31.2	N	PORTSMOUTH, VA
Bowe as Necessary	WAVY-DT3 getTV	31.3	N	PORTSMOUTH, VA
ld Rows as Necessary	WAVI-DIS year	J 1.J	13	PURISWUUTH, VA
		50		
	WGNT (CW)	50	I	
	WHRO (PBS)	16	E	NORFOLK, VA
	WHRO (PBS) WITN (NBC)	16 32	E	NORFOLK, VA WASHINGTON, NC
	WHRO (PBS) WITN (NBC) WPXV/WPXV (HD) ION	16 32 46	E N I	NORFOLK, VA WASHINGTON, NC NORFOLK, VA
	WHRO (PBS) WITN (NBC)	16 32	E	NORFOLK, VA WASHINGTON, NC
	WHRO (PBS) WITN (NBC) WPXV/WPXV (HD) ION	16 32 46	E N I	NORFOLK, VA WASHINGTON, NC NORFOLK, VA
	WHRO (PBS) WITN (NBC) WPXV/WPXV (HD) ION WSKY/WSKY (HD) IND	16 32 46 9	E	NORFOLK, VA WASHINGTON, NC NORFOLK, VA MANTEO, NC
	WHRO (PBS) WITN (NBC) WPXV/WPXV (HD) ION WSKY/WSKY (HD) IND WTKR/WTKR (HD) CBS	16 32 46 9 40	E	NORFOLK, VA WASHINGTON, NC NORFOLK, VA MANTEO, NC NORFOLK, VA
	WHRO (PBS) WITN (NBC) WPXV/WPXV (HD) ION WSKY/WSKY (HD) IND WTKR/WTKR (HD) CBS WTVZ (MyNET)	16 32 46 9 40 33	E N I I N I	NORFOLK, VA WASHINGTON, NC NORFOLK, VA MANTEO, NC NORFOLK, VA NORFOLK, VA
	WHRO (PBS) WITN (NBC) WPXV/WPXV (HD) ION WSKY/WSKY (HD) IND WTKR/WTKR (HD) CBS WTVZ (MyNET) WTVZ-DT2 ASN	16 32 46 9 40 33 33.2	E N I I N I	NORFOLK, VA WASHINGTON, NC NORFOLK, VA MANTEO, NC NORFOLK, VA NORFOLK, VA
	WHRO (PBS) WITN (NBC) WPXV/WPXV (HD) ION WSKY/WSKY (HD) IND WTKR/WTKR (HD) CBS WTVZ (MyNET) WTVZ-DT2 ASN WTVZ-DT3 Comet	16 32 46 9 40 33 33.2 33.2 33.3	E N I I N I	NORFOLK, VA WASHINGTON, NC NORFOLK, VA MANTEO, NC NORFOLK, VA NORFOLK, VA NORFOLK, VA
	WHRO (PBS) WITN (NBC) WPXV/WPXV (HD) ION WSKY/WSKY (HD) IND WTKR/WTKR (HD) CBS WTVZ (MyNET) WTVZ-DT2 ASN WTVZ-DT3 Comet WTVZ-DT4 TBD	16 32 46 9 40 33 33.2 33.3 33.4	E N 1 1 1 1 1 1 1 1 1 1 1 1 1	NORFOLK, VA WASHINGTON, NC NORFOLK, VA MANTEO, NC NORFOLK, VA NORFOLK, VA NORFOLK, VA NORFOLK, VA
	WHRO (PBS) WITN (NBC) WPXV/WPXV (HD) ION WSKY/WSKY (HD) IND WTKR/WTKR (HD) CBS WTVZ (MyNET) WTVZ-DT2 ASN WTVZ-DT3 Comet WTVZ-DT4 TBD WUND/WUND(HD) PBS	16 32 46 9 40 33 33.2 33.2 33.3 33.4 20	E N I I N I I I I I E	NORFOLK, VA WASHINGTON, NC NORFOLK, VA MANTEO, NC NORFOLK, VA NORFOLK, VA NORFOLK, VA NORFOLK, VA COLUMBIA, NC
	WHRO (PBS) WITN (NBC) WPXV/WPXV (HD) ION WSKY/WSKY (HD) IND WTKR/WTKR (HD) CBS WTVZ (MyNET) WTVZ-DT2 ASN WTVZ-DT3 Comet WTVZ-DT3 Comet WTVZ-DT4 TBD WUND/WUND(HD) PBS	16 32 46 9 40 33 33.2 33.3 33.4 20 43	E N I I I I I I I I I I I I I I I I I I	NORFOLK, VA WASHINGTON, NC NORFOLK, VA MANTEO, NC NORFOLK, VA NORFOLK, VA NORFOLK, VA NORFOLK, VA COLUMBIA, NC PORTSMOUTH, VA
	WHRO (PBS) WITN (NBC) WPXV/WPXV (HD) ION WSKY/WSKY (HD) IND WTKR/WTKR (HD) CBS WTVZ (MyNET) WTVZ-DT2 ASN WTVZ-DT3 Comet WTVZ-DT4 TBD WUND/WUND(HD) PBS WVBT/WVBT(HD) FOX	16 32 46 9 40 33 33.2 33.3 33.4 20 43 13	E N I I I I I I I I I I I I I I I I I I	NORFOLK, VA WASHINGTON, NC NORFOLK, VA MANTEO, NC NORFOLK, VA HAMPTON, VA
	WHRO (PBS) WITN (NBC) WPXV/WPXV (HD) ION WSKY/WSKY (HD) IND WTKR/WTKR (HD) CBS WTVZ (MyNET) WTVZ-DT2 ASN WTVZ-DT3 Comet WTVZ-DT3 Comet WTVZ-DT4 TBD WUND/WUND(HD) PBS WVBT/WVBT(HD) FOX WVEC/WVEC(HD) ABC	16 32 46 9 40 33 33.2 33.3 33.4 20 43 13 13.2	E N I I I I I I I I I I I I I I I I I I	NORFOLK, VA WASHINGTON, NC NORFOLK, VA MANTEO, NC NORFOLK, VA HAMPTON, VA
	WHRO (PBS) WITN (NBC) WPXV/WPXV (HD) ION WSKY/WSKY (HD) IND WTKR/WTKR (HD) CBS WTVZ (MyNET) WTVZ-DT2 ASN WTVZ-DT3 Comet WTVZ-DT3 Comet WTVZ-DT4 TBD WUND/WUND(HD) PBS WVBT/WVBT(HD) FOX WVEC/WVEC(HD) ABC	16 32 46 9 40 33 33.2 33.3 33.4 20 43 13 13.2	E N I I I I I I I I I I I I I I I I I I	NORFOLK, VA WASHINGTON, NC NORFOLK, VA MANTEO, NC NORFOLK, VA HAMPTON, VA
	WHRO (PBS) WITN (NBC) WPXV/WPXV (HD) ION WSKY/WSKY (HD) IND WTKR/WTKR (HD) CBS WTVZ (MyNET) WTVZ-DT2 ASN WTVZ-DT3 Comet WTVZ-DT3 Comet WTVZ-DT4 TBD WUND/WUND(HD) PBS WVBT/WVBT(HD) FOX WVEC/WVEC(HD) ABC	16 32 46 9 40 33 33.2 33.3 33.4 20 43 13 13.2	E N I I I I I I I I I I I I I I I I I I	NORFOLK, VA WASHINGTON, NC NORFOLK, VA MANTEO, NC NORFOLK, VA HAMPTON, VA
	WHRO (PBS) WITN (NBC) WPXV/WPXV (HD) ION WSKY/WSKY (HD) IND WTKR/WTKR (HD) CBS WTVZ (MyNET) WTVZ-DT2 ASN WTVZ-DT3 Comet WTVZ-DT3 Comet WTVZ-DT4 TBD WUND/WUND(HD) PBS WVBT/WVBT(HD) FOX WVEC/WVEC(HD) ABC	16 32 46 9 40 33 33.2 33.3 33.4 20 43 13 13.2	E N I I I I I I I I I I I I I I I I I I	NORFOLK, VA WASHINGTON, NC NORFOLK, VA MANTEO, NC NORFOLK, VA HAMPTON, VA

MEDIACOM	SOUTHEA							SYSTEM I 297
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether it the radio stat this by placing Sive the station	y the sys be recein at the Co sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s he station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
S. ILL DIGIT		0,0		ONEE OTON		0,0		
	·							

Accounting Perio	d: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC						29775
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi		-		-	ion that your	· cable syste	m carried on a
•	substitute basis during the a							
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	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork telev <u>is</u>	ion program	1 <u> </u>
Statement and Program Log	broadcast by a distant stat	tion?					YES	XNO
Frogram Log	Note: If your answer is "No'	' loovo tho	root of this pag	o blonk. If your onowor in '			-	
	-	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete	the program	11
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their	meaning is	1
	clear. If you need more spa						iniouring io	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorizations vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for ex	ample "I I ov	r informatior /e Lucy" or	1.
	"NBA Basketball: 76ers vs.					umpio, 1 201		
				"Yes." Otherwise enter "N				
				sting the substitute progra		nood by the	FCC or in	
	the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, v	vith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sn	iould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	was require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed progr	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCL		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. TI FROM -	IMES — TO	DELETION
		100 01 110	ONEE OIGH		THE BITT	TROM	10	
						-	_	
							_	
						-	_	
							_	
						_	_	
						-	_	
							_	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC	S	STEM ID# 29775
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E 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 servic s amount, see	e 9,468.72
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 \$ 263,800.00		
	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		hts!

Accounting Period:	2018/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER MEDIACOM SOUTHE				SYSTEM ID# 29775
M Channels	 to its subscribers, and (1. Enter the total number system carried televis 2. Enter the total number on which the cable system 	2) the cable system's er of channels on whi ion broadcast station er of activated channe stem carried televisio	s total numb ich the cabl is els on broadcas		ns 25 64
N Individual to	INDIVIDUAL TO BE CO			RMATION IS NEEDED (Identify an individual to whom	
Be Contacted for Further Information	Name Ken	neth J. Kohrs		Teleph	one 845-443-2762
	(Numb Med	e Mediacom Way er, street, rural route, apa liacom Park, NY own, state, zip)	artment, or su	ite number)	
	Email	Copyrights@r	mediacom	cc.com Fax (optional)	
O Certification	I, the undersigned, here (Owner other (Agent of own in line 1 o (Officer or pr in line 1 o in line 1 o	by certify that (Check than corporation or ner other than corpor f space B and that the artner) I am an officer f space B. attement of account and correct to the best of m	one, <i>but oni</i> partnership ration or pa owner is no (if a corpora d hereby de	rtified and signed in accordance with Copyright Office regulatio <i>ly one</i> , of the boxes.) p) I am the owner of the cable system as identified in line 1 of space artnership) I am the duly authorized agent of the owner of the cable of a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified as clare under penalty of law that all statements of fact contained her te, information, and belief, and are made in good faith. /s/ Kenneth J. Kohrs	ce B; or le system as identified owner of the cable system
				electronic signature on the line above to certify this statement. mature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printe Title: (Title o	Vice F	Kenneth J. Kohrs President, Financial Reporting ion held in corporation or partnership)	
		Date:	8/22/2	018	

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
DIACOM SOUTHEAST LLC	297
 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 	P Special Statemen Concerning Gross Receipts Exclusio
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 Assessme
	-
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
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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 th 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.