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						
2/28/2019	\$ 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	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting 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
		MEDIACOM SOUTHEAST LLC (GREENSBORO, AL)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MANUALD ADDRESS OF SHAFED OF SARI F SYSTEM
		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)
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	name	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:
		MEDIACOM SOUTHEAST LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	5973 HWY. 90 W. [Number, street, rural route, apartment, or suite number)
		THEODORE, AL 36582 (City, town, state, zip code)
	1	

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

Accounting Period:	2018/2	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name									
	MEDIACOM SOUTHEAST LLC (GREENSBORO, AL)	2179							
	Instructions: List each separate community served by the cable system. A "communi								
D	"a separate and distinct community or municipal entity (including unincorporated co								
	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.								
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Area Served	identified city.								
Serveu									
	OUTV OR TOUR	07.47							
	CITY OR TOWN	STATE							
First	GREENSBORO	AL							
Community	HALE COUNTY	AL							
	LINDEN	AL							
Add Rows as Necessary									
Add Nows as Necessary									

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 2179

MEDIACOM SOUTHEAST LLC (GREENSBORO, AL)

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.

BL	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
Service to first set	660	30.95-51.54				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	1	30.95-51.54				
Converter						
Residential						
Non-residential						
		T				

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 2				
CATEGORY OF SERVICE	TEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	PP	Motel, hotel		Family Cable	77.49
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		• Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
 First set 	99.99	Burglar protection			
 Additional set(s) 	15.00-29.00	Other services:			
 FM radio (if separate rate) 		Reconnect	29.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-29.00		
		Move to new address			

Accounting Period: 2018/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM SOUTHEAST LLC (GREENSBORO, AL)

2179

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
WABM-DT (MyNet)	36	I	BIRMINGHAM, AL
WABM-DT2/WABM-DT2 HD (ABC	36.2	N	BIRMINGHAM, AL
WABM-DT3 ACCUWEATHER	36.3	I	BIRMINGHAM, AL
WAKA/WAKA(HD) CBS	42	N	SELMA, AL
NAKA-DT2 MeTV	42.2	<u>l</u>	SELMA, AL
WBIH IND	29	<u> </u>	SELMA, AL
WBRC/WBRC(HD) FOX	50	l	BIRMINGHAM, AL
WBRC-DT2 Bounce TV	50.2	I	BIRMINGHAM, AL
WBRC-DT3 Grit	50.3	I	BIRMINGHAM, AL
WCOV/WCOV (HD) FOX	20	I	MONTGOMERY, AL
NCOV-DT2 Antenna TV	20.2	I	MONTGOMERY, AL
WCOV-DT3 This TV	20.3	I	MONTGOMERY, AL
WDBB/WDBB (HD) CW	18	I	BESSEMER, AL
WDBB-DT2 ABC/WBMA-LD	18.2	N	BESSEMER, AL
WIAT/WIAT(HD) CBS	30	N	BIRMINGHAM, AL
VIAT-DT2 Untamed Sports TV	30.2	I	BIRMINGHAM, AL
WIAT-DT3 Justice Network	30.3	I	BIRMINGHAM, AL
WIIQ/WIIQ(HD) PBS	19	E	DEMOPOLIS, AL
VIIQ-DT2 PBS Kids	19.2	E	DEMOPOLIS, AL
WIIQ-DT3 PBS CREATE	19.3	E	DEMOPOLIS, AL
WIIQ-DT4 PBS WORLD	19.4	E	DEMOPOLIS, AL
WNCF/WNCF(HD) ABC	32	N	MONTGOMERY, AL
WSFA/WSFA(HD) NBC	12	N	MONTGOMERY, AL
VSFA-DT2 Bounce TV	12.2	I	MONTGOMERY, AL
WSFA-DT3 Grit	12.3	l	MONTGOMERY, AL

Accounting Period: 2018/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 2179

MEDIACOM SOUTHEAST LLC (GREENSBORO, AL)

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
WNCF-DT2 /WNCF DT2 HD	31.2	I	SELMA, AL
WVTM/WVTM(HD) NBC	13	N	BIRMINGHAM, AL
WVTM-DT2 MeTV	13.2	l	BIRMINGHAM, AL
WVUA/WVUA(HD) IND	7	I	TUSCALOOSA, AL
WVUA-DT2 Light TV	7.2	I	TUSCALOOSA, AL
WIAT-DT4 LAFF	30.4	I	BIRMINGHAM, AL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM SOUTHEAST LLC (GREENSBORO, AL)

2179

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

Accounting Perio	d. 2010/2						FOR	M CA1 OF DACE E
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FUR	SYSTEM ID#
Name	MEDIACOM SOUTHEA			RO, AL)				2179
Substitute	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor	nnetwork televis	sion program, broadcast becific present and former F	y a <i>distant</i> sta CC rules, regu	lations, or au	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMEN							
Special	During the accounting per				sis anv nonne	twork televi	sion progran	n
Statement and	broadcast by a distant sta	-		out.y, or a substitute su	o.o, a.r.yo			
Program Log						L	YES	LINO NO
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is	"Yes," you m	ust complete	e the progra	m
	log in block 2. 2. LOG OF SUBSTITUTI							
	In General: 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. 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							tion n. nth
	effect on October 19, 1976.				11 2001	-N CURCTI	TUTE	
		HIPQTITLIT	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON I			
		2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION			— то	
		 						

Accounting Period:	2018/2			FORM SA	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			s	YSTEM ID
	MEDIACOM SOUTHEAST LLC (GREENSBORO, AL)				217
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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 in	system's tion of ho	secondary tra w to compute	ansmission service this amount, see	6,088.02
	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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more) but less informat	than \$527,60 ion.		
	BLOCK 1: GROSS RECEIPTS OF \$137	-			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	ty fee that	you must pay	for this six-month	
	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 lin	nes 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	Base amount under statutory formula	\$	263,800.0	0	
	Enter amount of gross receipts from space K	\$	146,088.0	2	
	3. Subtract line 2 from line 1	\$	117,711.9	8	
	Enter the amount of gross receipts from space K		\$	146,088.02	
	5. Enter the amount from line 3		. \$	117,711.98	
	6. Subtract line 5 from line 4		\$	28,376.04	
	7. Multiply line 6 by .005 (enter figure here)			\$	141.88
	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		\$	141.88
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (bu	t less than \$5	527,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula				
	3. Subtract line 2 from line 1			<u></u>	
	4. Multiply line 3 by .01			<u> </u>	
	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 DU	IF			
	FILING FEE AND TOTAL REWITTANGE DO	, <u> </u>			
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	141.88	
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			\$	161.88
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1				hts!

2018/2					FORM SA1-2E. PAGE 7	
		BORO, AL	L)		SYSTEM ID# 2179	
to its subscribers 1. Enter the total system carried 2. Enter the total on which the car	s, and (2) the cable system's to number of channels on which television broadcast stations. number of activated channels able system carried television b	otal number the cable broadcast s	r of activated channels during th	ne accounting period.	74	
			MATION IS NEEDED (Identify a	an individual to whom		
Name	Kenneth J. Kohrs			Telephone	845-443-2762	
Address			number)			
	(City, town, state, zip)					
Email	Copyrights@me	ediacomcc.	.com	Fax (optional)		
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or X (Agent of owner other than corporation or partnership) 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 (Officer or partner) 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. 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.LIS.C. Section 1001(1986)]						
	Typed or printed Title:	Enter an ele Enter signat name:	ectronic signature on the line about ture using an "/s/ signature" (e.g., Kenneth J. Kohrs	, /s/ John Smith)		
	LEGAL NAME OF C MEDIACOM SC CHANNELS Instructions: Yo to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca and nonbroadc INDIVIDUAL TO we can contact a Name Address Email CERTIFICATION I, the undersigne (Owne X (Agent in I I have examined are true, complete	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (GREENS CHANNELS Instructions: You must give (1) the number of to its subscribers, and (2) the cable system's to 1. Enter the total number of channels on which system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television and nonbroadcast services	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (GREENSBORO, A) CHANNELS Instructions: You must give (1) the number of channels to its subscribers, and (2) the cable system's total number. 1. Enter the total number of channels on which the cable system carried television broadcast stations	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (GREENSBORO, AL) CHANNELS Instructions: You must give (1) the number of channels on which the cable system carre to its subscribers, and (2) the cable system's total number of activated channels during it its subscribers, and (2) the cable system's total number of activated channels during it its subscribers, and (2) the cable system's total number of activated channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify: we can contact about this statement of account.) Name Kenneth J. Kohrs Address One Mediacom Way (Number, steet, rural route, apartment, or sulte number) Mediacom Way (Number, steet, rural route, apartment, or sulte number) Mediacom Park, NY 10918 (City, town, state, zip) Email Copyrights@mediacomcc.com CERTIFICATION (This statement of account must be certified and signed in accordance via the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership, or (Officer or partnersh) am an officer (if a corporation) or a partner (if a partnership) in line 1 of space B. 1 I have examined the statement of account and hereby declare under penalty of law that all is are true, complete, and correct to the best of my knowledge, information, and belief, and are to the statement of account and hereby declare under penalty of law that all is are true, complete, and correct to the best of my knowledge, information, and belief, and are to the statement of account and hereby declare under penalty of law that all is are true, complete, and correct to the best of my knowledge, information, and belief, and are to the statement of account and hereby decla	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (GREENSBORO, AL) 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. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Kenneth J. Kohrs Telephone Address One Mediacom Way (Number, store, trans drove, systemed, or sulfa number) Mediacom Park, NY 10918 (City, town, state, ze) Email Copyrights@mediacomcc.com Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 1. Line undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space in line 1 of space 8 and that the owner is not a corporation or partnership; or (Office or partner) I am an officer (if a corporation) or a partnership; or (Office or partner) I am officer (if a corporation) or a partnership; or (Office or partner) I am officer (if a corporation) or a partnership; or the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting (The of eficial position have 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 telephon 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 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

counting Period: 2018/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM SOUTHEAST LLC (GREENSBORO, AL)	2179
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
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 Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
* 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@loc.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	

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