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

Т

Return completed workbook

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:		
	ary Transmissions by	DATE RECEIVED	AMOUNT			
Cable Systems (Short Form)         General instructions are located         in the first tab of this workbook         A         Accounting Period Covered		3/1/2019	\$ ALLOCATION NUMBER	Coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
A	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	YYYY/(Period)) Period 2 = July 1 - December 31			
Accounting Period		Barcode Data Filing Period (optiona	I - see instructions)			
B Owner	title of the subsidiary, not that of the p List any other name or names under w If there were different owners during t single statement of account and royalt	arent corporation. hich the owner conducts the business o	n the last day of the accounting period should nting period.			
		ING ADDRESS OF CABLE SYSTE	Λ			
	MEDIACOM SOUTHEAST LLC (PI BUSINESS NAME(S) OF OWNER	EARLINGTON, MS) OF CABLE SYSTEM (IF DIFFEREN	т)			
	MAILING ADDRESS OF OWNER ( ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite MEDIACOM PARK, NY 10918					
	(City, town, state, zip)					
С	<b>INSTRUCTIONS:</b> In line 1, give any bu names already appear in space B. In lin			2		
System	IDENTIFICATION OF CABLE SYSTEM:	:				
	MEDIACOM SOUTHEAST LLC					
	MAILING ADDRESS OF CABLE SYSTE	EM:				
	2 5973 HWY. 90 W. (Number, street, rural route, apartment, or suite	e 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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	MEDIACOM SOUTHEAST LLC (PEARLINGTON, MS)	2203
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	PEARLINGTON	MS
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	TEM ID		
Name	MEDIACOM SOUTHEAS	ST LLC (PE	ARLIN	IGTON, MS)					2203		
	SECONDARY TRANSMISSION		IBSCR		ATES						
E	In General: The information in s					ry transmission	service of	he cable			
	system, that is, the retransmission										
Secondary	about other services (including p	, , ,	,		,		those exist	ing on the			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	•				,	hla svetam	broken			
scribers and	down by categories of secondar	•					-				
Rates	each category by counting the n										
	separately for the particular service at the rate indicated—not the number of sets receiving service). <b>Rate:</b> 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 category, but do not include disc	· ·		,	ny standa	ard rate variation	s within a	particular rate			
	Block 1: In the left-hand block				ies of sec	condary transmis	sion servi	ce that cable			
	systems most commonly provide	e to their subso	ribers.	Give the number	er of subse	cribers and rate	for each lis	sted category			
	that applies to your system. Not			-		-					
	categories, that person or entity						•				
	subscriber who pays extra for ca first set" and would be counted of					d in the count ur	ider "Servi	ce to the			
	Block 2: If your cable system					service that are	e different f	rom those			
	printed in block 1 (for example, t	tiers of services	s that ir	nclude one or m	ore secon	idary transmissi	ons), list th	em, together			
	with the number of subscribers a	and rates, in th	e right-	hand block. A tv	vo- or thre	ee-word descript	ion of the s	service is			
	sufficient.	OCK 1					BLOCK	(2			
		NO. OF		B 4 75				NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI		
	Residential:		71	40.49-46.54							
	Service to first set		/ 1	40.49-46.54							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel Commercial		•	40 40 40 54							
	Converter		0	40.49-46.54							
	Residential										
	Non-residential										
	• Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATE	s						
F	In General: Space F calls for ra										
Г	not covered in space E, that is, t					,	,				
Services	service for a single fee. There as furnished at cost or (2) services		,		0		0.				
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0			
ransmissions:	Block 1: Give the standard ra										
Rates	<b>Block 2:</b> 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.										
		BLO					BLOCK 2				
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE		
	Continuing Services:		Install	ation: Non-res	idential						
	• Pay cable	PP	• Mc	otel, hotel			Family	тν	77.4		
	Pay cable—add'l channel	PP	• Co	ommercial							
	Fire protection		•Pa	y cable							
	•Burglar protection		•Pa	y cable-add'l ch	annel				[		
	Installation: Residential		• Fir	e protection							
	• First set	99.99	• Bu	rglar protection							
	<ul> <li>Additional set(s)</li> </ul>	15.00-29.00		• •							
	• FM radio (if separate rate)		•Re	econnect		29.00					
	, , , ,		. Die								
	Converter	10.50	• DIS	sconnect							
	• Converter	10.50		sconnect Itlet relocation		15.00-29.00					
	• Converter	10.50	۰Ou		ess	15.00-29.00					

FORM SA1-2E. PAGE 3
SYSTEM ID# 22034
<u></u>
ON OF STATION

SYSTEN 22
н
Primary fransmitter Radio

Accounting Perio	od: 2018/2							FORM	/I SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:						SYSTEM ID#
Name	MEDIACOM SOUTHEA	AST LLC (	PEARLING	FON, MS)					22034
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G				
I	In General: In space I, ident								
	substitute basis during the a								
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general ins	structions	in th	e paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE					
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did yoι	ur cable syster	n carry, on a substitute ba	isis, any noni	network te	levis	sion prog	ram
	broadcast by a distant sta	tion?						YES	× NO
	N			an blank K	- "\/"		-1-4-		
	Note: If your answer is "No	, leave the	rest of this pa	ige blank. If your answer is	s res, you i	must com	piete	e the prog	Iram
	log in block 2.								
	2. LOG OF SUBSTITUTI			-4-1011		:	41 :		
	In General: List each subs clear. If you need more spa				s wherever p	ossidie, it	their	r meaning	gis
				vision program ("substitute	e program") t	hat durin	n the	e account	ina
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, '	ʻl Lo	ve Lucy"	or
	"NBA Basketball: 76ers vs.								
				er "Yes." Otherwise enter '					
				asting the substitute progr the community to which th		consod by	/ tho	FCC or	in
	the case of Mexican or Car						, uic	10001,	
				stem carried the substitute			als, v	with the n	nonth
	first. Example: for May 7 gi								
				ogram was carried by you					ately
	to the nearest five minutes	. Example: a	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.i	n. sl	hould be	
	stated as "6:00–6:30 p.m."		listed program		romming that	t vour eve	tom	was roou	irod
	Column 7: Entor the lott						leili		
	Column 7: Enter the lett								
	to delete under FCC rules	and regulati	ions in effect d	uring the accounting perio	od; enter the	letter "P" i	f the	listed pro	
	to delete under FCC rules a was substituted for program	and regulati nming that y	ions in effect d	uring the accounting perio	od; enter the	letter "P" i	f the	listed pro	
	to delete under FCC rules	and regulati nming that y	ions in effect d	uring the accounting perio	od; enter the	letter "P" i	f the	listed pro	
	to delete under FCC rules a was substituted for program	and regulati nming that y	ions in effect d	uring the accounting perio	od; enter the l ler FCC rules	letter "P" i	f the Ilatic	listed pro	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulati nming that <sub>y</sub>	ions in effect d	luring the accounting peric as permitted to delete und	od; enter the ler FCC rules WHE	letter "P" i s and regu	f the Ilatic	listed proons in	ogram 7. REASON FOR
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Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (PEARLINGTON, MS)	S	YSTEM 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. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	3,659.85 ss receipts)
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 \$2 • 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-mon	
	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 \$137,1		
	1. Base amount under statutory formula		
	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 Foc and			
Filing Fee and Total Remittance Due	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:	2018/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: DUTHEAST LLC (PEARLI	NGTON, MS)			SYSTEM ID# 22034
M Channels	to its subscribers 1. Enter the total	nu must give (1) the number of , and (2) the cable system's t number of channels on whic television broadcast stations	total number of activated c h the cable	hannels during the ac	counting period.	20
	on which the ca	number of activated channel able system carried television ast services	broadcast stations			. 59
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of account		EDED (Identify an ind	dividual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apart Mediacom Park, NY (City, town, state, zip) Copyrights@m			Fax (optional)	
		(This statement of account m				
O Certification	I, the undersigned     (Owne     X     (Agenting     (Office     in I     I have examined	ed, hereby certify that (Check or r other than corporation or p c of owner other than corpor ine 1 of space B and that the of er or partner) I am an officer ine 1 of space B. I the statement of account and e, and correct to the best of m	one, <i>but only one</i> , of the box <b>partnership)</b> I am the owne <b>ation or partnership)</b> I am owner is not a corporation o (if a corporation) or a partne hereby declare under pena	tes.) r of the cable system a the duly authorized ag r partnership; or er (if a partnership) of t er (if a partnership) of t alty of law that all state nd belief, and are mad	as identified in line 1 of space gent of the owner of the cable he legal entity identified as o ments of fact contained here	e B; or e system as identified wner of the cable system
		Typed or printer	Enter an electronic signatu Enter signature using an "/ d name: <b>Kenneth J</b> .	re on the line above to s/ signature" (e.g., /s/ J Kohrs	Iohn Smith)	-
		Title: (Title of c Date:	Vice President, Fi		1 <b>g</b> 2/21/2019	

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

unting Period: 2018/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DIACOM SOUTHEAST LLC (PEARLINGTON, MS)	220
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?          X       NO         YES. Enter the total here and list the satellite carrier(s) below.       \$	
Name     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
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	Q Interest Assessme
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