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 COPYRIG	HT 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> For additional information.
General instructions are located in the first tab of this workbook	8/29/2019	ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Barcode Data Filing Period (optional - see instructions)	
Accounting Period	
B 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 (HUNTLAND, TN)	
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)	
<b>C INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:	
123 WARE DRIVE	
2 (Number, street, rural route, apartment, or suite number)	
HUNTSVILLE, AL 35811	
(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 fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	MEDIACOM SOUTHEAST LLC (HUNTLAND, TN)	20339
D Area	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mol	munity" is the same as a "community unit" as defined in FCC rules: ed communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known s.
Served	identified city.	
	CITY OR TOWN	STATE
First	HUNTLAND	TN
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID
Name								313	2033
	MEDIACOM SOUTHEAS	T LLC (HUP	NILA	ND, IN)					2000
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCR	IBERS AND R	ATES				
E	In General: The information in s								
0	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose existir	ig on the	
Service: Sub-	Number of Subscribers: Both	`		,	,	,	ole system,	broken	
scribers and	down by categories of secondary	y transmission	service	. In general, yo	u can com	pute the numbe	r of subscri	bers in	
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							and the	
	unit in which it is generally billed								
	category, but do not include disc				<b>,</b>				
	Block 1: In the left-hand block								
	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	once again und	er "Ser	vice to additiona	al set(s)."				
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		= ngnt-i						
	BLO	DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:								
	Service to first set		15	29.95-45.54					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	29.95-45.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC						om'a convic	and that ware	
F	In General: Space F calls for rat not covered in space E, that is, t	•	,		•	• •			
	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	billed. If any ra	ites are ch	arged on a varia	able per-pro	gram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cabl	e system for ea	ch of the a	applicable servic	es listed.		
Rates	Block 2: List any services that							vere not	
	listed in block 1 and for which a				shed. List	these other serv	rices in the	form of a	
	brief (two- or three-word) descrip	otion and includ	le the ra	ate for each.			1		
		BLO				5.175	0.175.0.0	BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:     Pay cable	PP		ation: Non-res otel, hotel	idential		Family <sup>-</sup>	τ\/	76.4
		РР		mmercial			ганну		70.4
	Pay cable—add'l channel     Fire protection	FP		y cable					
	Burglar protection			y cable y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	49.99		rglar protection					
	Additional set(s)	49.99		services:					
	• FM radio (if separate rate)	13.00-23.00		connect		29.00			
	• Converter			sconnect		23.00			
	CONVERCE			itlet relocation		15.00-29.00			
	1		l Jon			13.00-23.00	I		
			• Mc	ove to new addr	ess				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
lame		AST LLC (HUNTLAND, TN)		203
	PRIMARY TRANSMITTERS:			
G	In General: In space G, ide carried by your cable system	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	t (1) stations carried only on a part-t	ime basis under
imary	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.6		
smitters: evision		s explained in the next paragraph. : With respect to any distant stations ca	arried by your cable system on a sul	nstitute program
741010	basis under specific FCC ru	lles, regulations, or authorizations:		
	<ul> <li>Do not list the station here station was carried only on</li> </ul>	e in space G—but do list it in space I (th a substitute basis.	he Special Statement and Program	Log)—if the
	List the station here, and a	also in space I, if the station was carried		
		on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p		
	multicast stream associated	d with a station according to its over-the	•	
	"WETA-2" as the same on t Column 2: Give the channel	the form. el number the FCC assigned to the tele	wision station for broadcasting over	the air in its community
	of license. For example, W	RC is channel 4 in Washington, D.C.	C C	
		case whether the station is a network s ring the letter "N" (for network), "N-M" (		
	(for independent multicast),	"E" (for noncommercial educational), o	or "E-M" (for noncommercial educati	
		erms, see page (iv) of the general instru n of each station. For U.S. stations, list		is liseneed by the
		n of each station. For U.S. stations, list dian stations, if any, give the name of th	3	2
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAAY ABC	32		
			N	HUNTSVILLE, AL
	WAFF NBC	48	N	HUNTSVILLE, AL
as Necessary	WAFF NBC WHDF CW	48 14	N I	HUNTSVILLE, AL FLORENCE, AL
ıs Necessary	WAFF NBC WHDF CW WHIQ PBS	48 14 24	N I E	HUNTSVILLE, AL FLORENCE, AL HUNTSVILLE, AL
35 Necessary	WAFF NBC WHDF CW WHIQ PBS WHNT CBS	48 14 24 19	N I E N	HUNTSVILLE, AL FLORENCE, AL HUNTSVILLE, AL HUNTSVILLE, AL
as Necessary	WAFF NBC WHDF CW WHIQ PBS WHNT CBS WKRN ABC	48 14 24 19 27	N I E N N	HUNTSVILLE, AL FLORENCE, AL HUNTSVILLE, AL HUNTSVILLE, AL NASHVILLE, TN
as Necessary	WAFF NBC WHDF CW WHIQ PBS WHNT CBS WKRN ABC WSMV NBC	48 14 24 19 27 10	N I E N	HUNTSVILLE, AL FLORENCE, AL HUNTSVILLE, AL HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN
; as Necessary	WAFF NBC WHDF CW WHIQ PBS WHNT CBS WKRN ABC	48 14 24 19 27	N I E N N	HUNTSVILLE, AL FLORENCE, AL HUNTSVILLE, AL HUNTSVILLE, AL NASHVILLE, TN
; as Necessary	WAFF NBC WHDF CW WHIQ PBS WHNT CBS WKRN ABC WSMV NBC	48 14 24 19 27 10	N I E N N	HUNTSVILLE, AL FLORENCE, AL HUNTSVILLE, AL HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN
s as Necessary	WAFF NBC WHDF CW WHIQ PBS WHNT CBS WKRN ABC WSMV NBC	48 14 24 19 27 10	N I E N N	HUNTSVILLE, AL FLORENCE, AL HUNTSVILLE, AL HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN
s as Necessary	WAFF NBC WHDF CW WHIQ PBS WHNT CBS WKRN ABC WSMV NBC	48 14 24 19 27 10	N I E N N	HUNTSVILLE, AL FLORENCE, AL HUNTSVILLE, AL HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN
s as Necessary	WAFF NBC WHDF CW WHIQ PBS WHNT CBS WKRN ABC WSMV NBC	48 14 24 19 27 10	N I E N N	HUNTSVILLE, AL FLORENCE, AL HUNTSVILLE, AL HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN
s as Necessary	WAFF NBC WHDF CW WHIQ PBS WHNT CBS WKRN ABC WSMV NBC	48 14 24 19 27 10	N I E N N	HUNTSVILLE, AL FLORENCE, AL HUNTSVILLE, AL HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN
s as Necessary	WAFF NBC WHDF CW WHIQ PBS WHNT CBS WKRN ABC WSMV NBC	48 14 24 19 27 10	N I E N N	HUNTSVILLE, AL FLORENCE, AL HUNTSVILLE, AL HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN
s as Necessary	WAFF NBC WHDF CW WHIQ PBS WHNT CBS WKRN ABC WSMV NBC	48 14 24 19 27 10	N I E N N	HUNTSVILLE, AL FLORENCE, AL HUNTSVILLE, AL HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN
s as Necessary	WAFF NBC WHDF CW WHIQ PBS WHNT CBS WKRN ABC WSMV NBC	48 14 24 19 27 10	N I E N N	HUNTSVILLE, AL FLORENCE, AL HUNTSVILLE, AL HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN
s as Necessary	WAFF NBC WHDF CW WHIQ PBS WHNT CBS WKRN ABC WSMV NBC	48 14 24 19 27 10	N I E N N	HUNTSVILLE, AL FLORENCE, AL HUNTSVILLE, AL HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN
s as Necessary	WAFF NBC WHDF CW WHIQ PBS WHNT CBS WKRN ABC WSMV NBC	48 14 24 19 27 10	N I E N N	HUNTSVILLE, AL FLORENCE, AL HUNTSVILLE, AL HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN
s as Necessary	WAFF NBC WHDF CW WHIQ PBS WHNT CBS WKRN ABC WSMV NBC	48 14 24 19 27 10	N I E N N	HUNTSVILLE, AL FLORENCE, AL HUNTSVILLE, AL HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN
s as Necessary	WAFF NBC WHDF CW WHIQ PBS WHNT CBS WKRN ABC WSMV NBC	48 14 24 19 27 10	N I E N N	HUNTSVILLE, AL FLORENCE, AL HUNTSVILLE, AL HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN
s as Necessary	WAFF NBC WHDF CW WHIQ PBS WHNT CBS WKRN ABC WSMV NBC	48 14 24 19 27 10	N I E N N	HUNTSVILLE, AL FLORENCE, AL HUNTSVILLE, AL HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN
s as Necessary	WAFF NBC WHDF CW WHIQ PBS WHNT CBS WKRN ABC WSMV NBC	48 14 24 19 27 10	N I E N N	HUNTSVILLE, AL FLORENCE, AL HUNTSVILLE, AL HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN
s as Necessary	WAFF NBC WHDF CW WHIQ PBS WHNT CBS WKRN ABC WSMV NBC	48 14 24 19 27 10	N I E N N	HUNTSVILLE, AL FLORENCE, AL HUNTSVILLE, AL HUNTSVILLE, AL NASHVILLE, TN NASHVILLE, TN

Accounting F	Period: 2019	/1					FORM	A SA1-2E. PAGE 4.
								SYSTEM ID#
MEDIACOM	SOUTHEA	SILLO	C (HUNTLAND, TN)					20339
all-band basis v Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 fo	t every radio s whose signals ctions Conce it is carried by monitoring, to prmation abou rm.	station ca were ge rning Al y the sys be recei it the Co	arried on a separate and discr nerally receivable by your cat I-Band FM Carriage: Under of stem whenever it is received a lived at the headend, with the opyright Office regulations on each station carried.	ble system during Copyright Office i t the system's he system's FM ante	the accountir regulations, ar adend, and (2 enna, during c	ng period n FM sig 2) it can tertain si	d. Inal is generally be expected, rated intervals.	H Primary Transmitters: Radio
Column 3: If signal, indicate Column 4: G	the radio stat this by placing Give the station	ion's sig g a checl n's locati	on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	ne station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ONLE OION		5,0		OR LE DION	7.001100	3,0		
	I		I		I		I	

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC (	HUNTLAND,	TN)				20339
	SUBSTITUTE CARRIAG				6			
1	In General: In space I, ident					ion that you	cable syste	m carried on a
•	substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or au	thorizations.	For a further
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			TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	is, any nonnei	twork televis	ion progran	
Program Log	broadcast by a distant sta	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 program	n
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs				wherever pos	sible, if their	meaning is	
	clear. If you need more spa Column 1: Give the title			sion program ("substitute	program") tha	t. durina the	accounting	1
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of	another sta	tion
	under certain FCC rules, re Do not use general categor							า.
	"NBA Basketball: 76ers vs.		VIES UI DASKE	toall. List specific program		ample, 1 Lo	Ve Lucy OI	
				" "Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		need by the	ECC or in	
	the case of Mexican or Car						1 00 01, 11	
	Column 5: Give the mor	nth and day		tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv		cubatituto pro	gram was carried by your	cabla system	List the tim	os occurato	by
	to the nearest five minutes.							iy
	stated as "6:00-6:30 p.m."							
	Column 7: Enter the lett to delete under FCC rules a			was substituted for progra				
	was substituted for program							am
	effect on October 19, 1976.		•			•		
					W/HE	N SUBSTI		
		UBSTITUT	E PROGRAM			AGE OCCI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	-	IMES — TO	DELETION
		Yes or No	CALL SIGN	4. STATION S LOCATION	AND DAT	FROM -	_ 10	
							_	
							_	
						<u>-</u>		
							-	
						-	_	
		1					_	
						-	_	
		]					_	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name		S	YSTEM ID#
	MEDIACOM SOUTHEAST LLC (HUNTLAND, TN)		20339
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 3,811.26
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		
	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	7,600)	
	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		hts!

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (HUNTLAND, TN)	SYSTEM ID# 20339
M Channels	<ul> <li>CHANNELS</li> <li>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.</li> <li>1. Enter the total number of channels on which the cable system carried television broadcast stations</li></ul>	8
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	57
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone	845-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number)	
	Mediacom Park, NY 10918	
	(City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
Continuation	(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 sy in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B.	er of the cable system
	<ul> <li>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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	
	Enter an electronic signature on 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 (Title of official position held in corporation or partnership)	
	Date: 03/18/2019	

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 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 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

inting Period: 2019/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEN
IACOM SOUTHEAST LLC (HUNTLAND, TN)	203
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Stateme Concerning Gros
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 Exclusi
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 Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessm
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 Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
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