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	- <u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	8/29/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	2177
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM SOUTHEAST LLC (YORK/LIVINGSTON, AL)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MEDIACOM WAY	
		(Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	-	MEDIACOM SOUTHEAST LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	5973 HWY. 90 W. (Number, street, rural route, apartment, or suite number)	
		THEODORE, AL 36582	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the 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 (YORK/LIVINGSTON, AL)	2177
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	r mobile home parks should be reported in parentheses below the
		07175
First	CITY OR TOWN LIVINGSTON	STATE AL
Community	YORK	AL
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID
Name								010	217
	MEDIACOM SOUTHEAS			INGSION, I	4L)				
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							ig on the	
Service: Sub-	Number of Subscribers: Both								
scribers and	down by categories of secondary								
Rates	each category by counting the n separately for the particular serv							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed				ny standa	rd rate variation	s within a pa	articular rate	
	category, but do not include disc				ion of oon	ondon <i>u</i> tronomio	aion oon <i>i</i> io	that apple	
	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					I in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fro	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-h	nand block. A tv	vo- or thre	e-word descripti	on of the se	ervice is	
	sufficient.				1			2	
	BLU	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATI
	Residential:								
	Service to first set		752	40.49-61.10					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		1	40.49-61.10					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat					I your cable sys	tem's servio	ces that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-			
Transmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							voro pot	
Rales	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	Pay cable	PP	• Mc	otel, hotel			Family	Cable	78.4
	 Pay cable—add'l channel 	PP	• Co	mmercial					
	 Fire protection 		•Pa	y cable					
	 Burglar protection 		•Pa	y cable-add'l ch	annel				
	Installation: Residential		• Fin	e protection					
	First set	99.99		rglar protection					
	 Additional set(s) 	15.00-29.00	Other	services:					
	 FM radio (if separate rate) 			connect		29.00			
	Converter	10.50	• Dis	sconnect					
	Converter			Sconnect					
	Conventer	10.00		tlet relocation		15.00-29.00			

	2019/1			FORM SA1-2E. PAGE 3
lame	LEGAL NAME OF OWNER OF			SYSTEM ID
		AST LLC (YORK/LIVINGSTON	, AL)	217
G smitters: evision	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable system 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, Wf Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	TELEVISION TELEVISION httify every television station (including h during the accounting period, <i>excep</i> h effect on June 24, 1981, permitting f (2) and (4), or 76.63 (referring to 76.1 explained in the next paragraph. With respect to any distant stations of es, regulations, or authorizations: in space G—but do list it in space I (a substitute basis. Iso in space I, if the station was carrien n concerning substitute basis stations is call sign. <i>Do not</i> report origination with a station according to its over-the ne form. I number the FCC assigned to the tell RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), ms, see page (iv) of the general instra- of each station. For U.S. stations, lis	translator stations and low power tele translator stations carried only on a part-tir he carriage of certain network prograr 51(e)(2) and (4))]; and (2) certain stati- arried by your cable system on a subs- the Special Statement and Program Lu- ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPP e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a fur- (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	FCC. For Mexican or Canac	ian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER	the community with which the station i 3. TYPE OF STATION	4. LOCATION OF STATION
	WABM-DT2 ABC	36.2	N-M	Birmingham, AL
	WBIH IND	29	I	SELMA, AL
s as Necessary	WGBC-DT/WGBC-DT (HD) FOX	31.2	I-M	CHICAGO, IL
,	WGBC/WGBC NBC (HD)	31	Ν	MERIDIAN, MS
			_	
	WIIQ/WIIQ(HD) PBS	19	E	DEMOPOLIS, AL
	WIIQ/WIIQ(HD) PBS	19 19.2	E	DEMOPOLIS, AL
	WIIQ-DT2 PBS Kids	19.2		DEMOPOLIS, AL
			E-M	
	WIIQ-DT2 PBS Kids WIIQ-DT3 PBS Create	19.2 19.3	E-M E-M	DEMOPOLIS, AL DEMOPOLIS, AL
	WIIQ-DT2 PBS Kids WIIQ-DT3 PBS Create WIIQ-DT4 PBS World	19.2 19.3 19.4	E-M E-M E-M	DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL
	WIIQ-DT2 PBS Kids WIIQ-DT3 PBS Create WIIQ-DT4 PBS World WMDN/WMDN(HD) CBS	19.2 19.3 19.4 24	E-M E-M E-M	DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL MERIDIAN, MS
	WIIQ-DT2 PBS Kids WIIQ-DT3 PBS Create WIIQ-DT4 PBS World WMDN/WMDN(HD) CBS WMDN-DT2 Bounce	19.2 19.3 19.4 24 24.2	E-M E-M E-M N N I-M	DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL MERIDIAN, MS MERIDIAN, MS
	WIIQ-DT2 PBS Kids WIIQ-DT3 PBS Create WIIQ-DT4 PBS World WMDN/WMDN(HD) CBS WMDN-DT2 Bounce WMDN-DT3 Cozi TV	19.2 19.3 19.4 24 24.2 24.2 24.3	E-M E-M E-M N I-M	DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
	WIIQ-DT2 PBS Kids WIIQ-DT3 PBS Create WIIQ-DT4 PBS World WMDN/WMDN(HD) CBS WMDN-DT2 Bounce WMDN-DT3 Cozi TV WTOK/WTOK(HD) ABC	19.2 19.3 19.4 24 24.2 24.3 11	E-M E-M E-M I-M I-M I-M N	DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
	WIIQ-DT2 PBS Kids WIIQ-DT3 PBS Create WIIQ-DT3 PBS Oreate WIIQ-DT4 PBS World WMDN/WMDN(HD) CBS WMDN-DT2 Bounce WMDN-DT3 Cozi TV WTOK/WTOK(HD) ABC WTOK/DT2 MyNet	19.2 19.3 19.4 24 24.2 24.3 11 11.2	E-M E-M E-M N I-M I-M N I-M	DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
	WIIQ-DT2 PBS Kids WIIQ-DT3 PBS Create WIIQ-DT3 PBS Oreate WIIQ-DT4 PBS World WMDN/WMDN(HD) CBS WMDN-DT2 Bounce WMDN-DT3 Cozi TV WTOK/WTOK(HD) ABC WTOK/DT2 MyNet	19.2 19.3 19.4 24 24.2 24.3 11 11.2	E-M E-M E-M N I-M I-M N I-M	DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
	WIIQ-DT2 PBS Kids WIIQ-DT3 PBS Create WIIQ-DT3 PBS Oreate WIIQ-DT4 PBS World WMDN/WMDN(HD) CBS WMDN-DT2 Bounce WMDN-DT3 Cozi TV WTOK/WTOK(HD) ABC WTOK/DT2 MyNet	19.2 19.3 19.4 24 24.2 24.3 11 11.2	E-M E-M E-M N I-M I-M N I-M	DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
	WIIQ-DT2 PBS Kids WIIQ-DT3 PBS Create WIIQ-DT3 PBS Oreate WIIQ-DT4 PBS World WMDN/WMDN(HD) CBS WMDN-DT2 Bounce WMDN-DT3 Cozi TV WTOK/WTOK(HD) ABC WTOK/DT2 MyNet	19.2 19.3 19.4 24 24.2 24.3 11 11.2	E-M E-M E-M N I-M I-M N I-M	DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
	WIIQ-DT2 PBS Kids WIIQ-DT3 PBS Create WIIQ-DT3 PBS Oreate WIIQ-DT4 PBS World WMDN/WMDN(HD) CBS WMDN-DT2 Bounce WMDN-DT3 Cozi TV WTOK/WTOK(HD) ABC WTOK/DT2 MyNet	19.2 19.3 19.4 24 24.2 24.3 11 11.2	E-M E-M E-M N I-M I-M N I-M	DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
	WIIQ-DT2 PBS Kids WIIQ-DT3 PBS Create WIIQ-DT3 PBS Oreate WIIQ-DT4 PBS World WMDN/WMDN(HD) CBS WMDN-DT2 Bounce WMDN-DT3 Cozi TV WTOK/WTOK(HD) ABC WTOK/DT2 MyNet	19.2 19.3 19.4 24 24.2 24.3 11 11.2	E-M E-M E-M N I-M I-M N I-M	DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
	WIIQ-DT2 PBS Kids WIIQ-DT3 PBS Create WIIQ-DT3 PBS Oreate WIIQ-DT4 PBS World WMDN/WMDN(HD) CBS WMDN-DT2 Bounce WMDN-DT3 Cozi TV WTOK/WTOK(HD) ABC WTOK/DT2 MyNet	19.2 19.3 19.4 24 24.2 24.3 11 11.2	E-M E-M E-M N I-M I-M N I-M	DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
	WIIQ-DT2 PBS Kids WIIQ-DT3 PBS Create WIIQ-DT3 PBS Oreate WIIQ-DT4 PBS World WMDN/WMDN(HD) CBS WMDN-DT2 Bounce WMDN-DT3 Cozi TV WTOK/WTOK(HD) ABC WTOK/DT2 MyNet	19.2 19.3 19.4 24 24.2 24.3 11 11.2	E-M E-M E-M N I-M I-M N I-M	DEMOPOLIS, AL DEMOPOLIS, AL DEMOPOLIS, AL MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS

Accounting F	Period: 2019	/1						FORM	M SA1-2E. PAGE 4.
LEGAL NAME O	F OWNER OF (CABLE S	/STEM:						SYSTEM ID#
MEDIACOM	SOUTHEA	ST LLC	C (YORK/LIVINGSTON,	A	L)				2177
PRIMARY TRA									
	•		arried on a separate and disc						н
all-band basis v	whose signals	were ge	nerally receivable by your cal	bl	e system during	the accountin	ng period	J.	
			I-Band FM Carriage: Under						Primary
			stem whenever it is received a						Transmitters: Radio
			ived at the headend, with the opyright Office regulations on						Raulo
paper SA1-2 fo			pyright office regulations of			ge (v) of the g	jenerar i		
Column 1: lo	dentify the cal	I sign of	each station carried.						
			on is AM or FM.						
		-	nal was electronically proces k mark in the "S/D" column.	se	ed by the cable s	system as a se	eparate	and discrete	
			on (the community to which t	the	e station is licen	sed by the FC	C or, in	the case of	
			the community with which the						
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	1	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/D	LOCATION OF STATION	F	CALL SIGN		3/D	LOCATION OF STATION	
				1					
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Accounting Perio	od: 2019/1					FOR	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC (YORK/LIVIN	GSTON, AL)			2177
	SUBSTITUTE CARRIAGE				2		
I I	In General: In space I, identi					ion that your cable syste	m carried on a
•	substitute basis during the ad						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMENT		NING SUBS	TITUTE CARRIAGE			
Special Statement and	 During the accounting peri 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork telev <u>ision</u> prograr	n
Program Log	broadcast by a distant stat	tion?				YES	× NO
	Note: If your answer is "No"	leave the	rest of this pac	e blank If your answer is "	Yes " vou mu	ist complete the progra	
	log in block 2.	,	reet of the pag		. ee, yeue		
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst	itute progra	m on a separa		wherever pos	sible, if their meaning is	6
	clear. If you need more space				rogrom") the	t during the accounting	
	period, was broadcast by a			ision program ("substitute p ur cable system substitute			
	under certain FCC rules, reg	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further informatio	
	Do not use general categori		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love Lucy" or	
	"NBA Basketball: 76ers vs.		lcast live ente	r "Yes." Otherwise enter "N	lo."		
				isting the substitute progra			
				ne community to which the			
	the case of Mexican or Can			community with which the steep the steep to the steep the second se			oth
	first. Example: for May 7 giv		when your sys		logiani. Use		iiui
			substitute pro	gram was carried by your o	able system.	List the times accurate	ely
	to the nearest five minutes.	Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that v	our system was <i>require</i>	h
	to delete under FCC rules a						
	was substituted for program	iming that y					
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
		165 01 140	CALL SIGN	4. STATION S LOCATION	AND DAT		
						<u> </u>	
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Accounting Period:	2019/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (YORK/LIVINGSTON, AL)			S	YSTEM ID# 2177
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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	ystem's s n of how	econdary trans to compute this	mission servic s amount, see	e 6,565.89
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 b Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fraccounting period is \$52.00 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 lines	s 1 and 2		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS		ore than \$137,	100)	
	1. Base amount under statutory formula	5	263,800.00		
	2. Enter amount of gross receipts from space K	5	206,565.89		
	3. Subtract line 2 from line 1	5	57,234.11		
	4. Enter the amount of gross receipts from space K		\$ 2	06,565.89	
	5. Enter the amount from line 3		\$	57,234.11	
	6. Subtract line 5 from line 4		\$ 1	49,331.78	
	7. Multiply line 6 by .005 (enter figure here)			\$	746.66
	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 ar	nd 8		\$	746.66
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	300 (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)				
	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	ō, 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)		\$	746.66	
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			\$	766.66
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		jhts!

Accounting Period:	2019/1					FORM SA1-2E. PAGE 7.
Name		F OWNER OF CABLE SYSTEM: SOUTHEAST LLC (YORK/L	LIVINGSTO	N, AL)		SYSTEM ID# 2177
M Channels	to its subscrib1. Enter the to system carrie2. Enter the to on which the	ers, and (2) the cable system's tal number of channels on whic ed television broadcast stations tal number of activated channe cable system carried televisior	total numbe ch the cable s els n broadcast s		ccounting period.	19 70
N Individual to	INDIVIDUAL -		HER INFOR	MATION IS NEEDED (Identify an in		
Be Contacted for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apar	/ artment, or suite	e number)		
		Mediacom Park, NY (City, town, state, zip)	10918			
	Email	Copyrights@m	nediacomcc	c.com	Fax (optional)	
O Certification	I, the undersig (Ow X (Age (Of	ned, hereby certify that (Check of ner other than corporation or p ent of owner other than corpora in line 1 of space B and that the of ficer or partner) I am an officer (in line 1 of space B.	one, <i>but only</i> partnership) ration or part owner is not a (if a corporati	I am the owner of the cable system a thership) I am the duly authorized age	s identified in line 1 of space B; ent of the owner of the cable sy e legal entity identified as owne	stem as identified
	are true, comp		y knowledge, X Enter an el	, information, and belief, and are made /s/ Kenneth J. Kohrs lectronic signature on the line above to ature using an "/s/ signature" (e.g., /s/	e in good faith. certify this statement.	
		Typed or printer Title: (Title of	Vice Pr	Kenneth J. Kohrs resident, Financial Reportin n held in corporation or partnership)	ng	
		Date:			08/13/2019	

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 fing, a determination that would be made by a court of lave

		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
DIACOM SOUTHEAST LLC (YORK/LIVINGSTON, A	AL)	21
service of providing secondary transmissions of prima	ction 111(d)(1)(A), of the Copyright Act by adding the fol- e gross amounts paid to the cable system for the basic ry broadcast transmitters, the system shall not include sub- iving secondary transmissions pursuant to section 119." e the note on page (vii) of the general instructions	P Special Statemer Concerning Gros Receipts Exclusio
X NO		
YES. Enter the total here and list the satellite carrier(s) be	elow	-
Name	Name Mailing Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments For an explanation of interest assessment, see page (viii) of the		Q
· · · · · · · · · · · · · · · · · · ·	ne general instructions located in the paper 3A 1-2 torm.	
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