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 \$ 8/29/2019 ALLOCATION NUMBER						
\$ 8/29/2019	FOR COPYRIGHT OFFICE USE ONLY					
8/29/2019	DATE RECEIVED	AMOUNT				
	8/29/2019	T				

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	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		
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 (PLYMOUTH, NC)
		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 unless these salready 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:
	<u> </u>	MEDIACOM SOUTHEAST LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	P.O. BOX 580 (Number, street, rural route, apartment, or suite number)
]	PLYMOUTH, NC 27962
		(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.

Accounting Period:	2019/1	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name									
	MEDIACOM SOUTHEAST LLC (PLYMOUTH, NC)	24029							
	Instructions: List each separate community served by the cable system. A "commu								
D	"a separate and distinct community or municipal entity (including unincorporated								
	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.								
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Served	identified city.								
Serveu									
	CITY OR TOWN	CTATE							
		STATE							
First	PLYMOUTH	NC							
Community	JAMESVILLE	NC							
	MARTIN COUNTY	NC							
Add Rows as Necessary	ROPER	NC							
,	WASHINGTON COUNTY	NC							
	COLUMBIA	NC							
	CRESWELL	NC							
	TYRRELL COUNTY	NC							

Accounting Period: 2019/1 FORM SA1-2F PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

24029

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

MEDIACOM SOUTHEAST LLC (PLYMOUTH, NC)

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.

BLOCK 1			BLOCK 2		
04750000 05 0500 405	NO. OF	DATE	04750000 05 050000	NO. OF	DATE
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	1,055	40.49-48.54			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	0	40.49-48.54			
Converter					
Residential					
Non-residential					
		Ī			

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Family Cable	79.49
 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		Disconnect			
		Outlet relocation	15.00-29.00		
		Move to new address			

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24029

MEDIACOM SOUTHEAST LLC (PLYMOUTH, NC)

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
WCTI/WCTI(HD)ABC	12	N	NEW BERN, NC
WHRO PBS 15	16	E	HAMPTON-NORFOLK, VA
WITN MyNet	32.2	I-M	WASHINGTON, NC
WITN/WITN(HD) NBC	32	N	WASHINGTON, NC
WITN-DT3 MeTV	32.3	I-M	WASHINGTON, NC
WNCT/WNCT(HD) CBS	10	N	GREENVILLE, NC
WNCT-DT2 CW	10.2	I-M	GREENVILLE, NC
WNCT-DT3 getTV	10.3	I-M	GREENVILLE, NC
WPXU/WPXU(HD)ION	34	l	JACKSONVILLE, NC
WSKY IND	9	I	MANTEO, NC
WUND/WUND(HD)PBS	20	E	COLUMBIA, NC
WYDO/WYDO(HD)FOX	47	<u> </u>	GREENVILLE, NC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM SOUTHEAST LLC (PLYMOUTH, NC)

24029

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
	 	 					
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Accounting Perio	a: 2019/1 LEGAL NAME OF OWNER OF	CARLE SYST	ΓΕM·				FOR	SYSTEM ID#
Name				I, NC)				24029
MEDIACOM SOUTHEAST LLC (PLYMOUTH, NC) SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cab substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorize explanation of the programming that must be included in this log, see page (v) of the general instructions in the page 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program, broadcast by a distant station, that your cable substitute basis are program, broadcast by a distant station, that your cable substitute basis are program, broadcast by a distant station, that your cable substitute basis are program, broadcast by a distant station, that your cable substitute basis are program, broadcast by a distant station, that your cable substitute basis are program, broadcast by a distant station, that your cable substitute basis are program, broadcast by a distant station, that your cable substitute basis are program are program, broadcast by a distant station, that your cable substitute basis are program						thorizations. e paper SA1 sion program YES the program meaning is e accounting another sta r information we Lucy" or	em carried on a For a further -2 form. NO m S d tion n.	
	first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	s when the Example: a er "R" if the nd regulation ming that y	program carrio listed program ons in effect du	ed by a system from 6:01 was substituted for prog ring the accounting perio s permitted to delete und	:15 p.m. to 6:2 ramming that y d; enter the le ler FCC rules a	28:30 p.m. sh your system ther "P" if the	nould be was require listed progr ns in	ed
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6. T	IMES — TO	DELETION
						-		
						-		

ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:				SA1-2E. PAGE SYSTEM II			
Name	MEDIACOM SOUTHEAST LLC (PLYMOUTH, NC)			·	2402			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the for all amounts (gross receipts) paid to your cable system by subscrit (as identified in space E) during the accounting period. For a furth page (vii) of the general instructions located in the paper SA1-2 for Gross receipts from subscribers for secondary transmissions.	bers for the systener explanation of orm. service(s)	em's secondary tra f how to compute	ansmission serv this amount, se	ice e			
	during the accounting period				41,653.91 gross receipts)			
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 Use block 2 if the amount of gross receipts in space K is more that Use block 3 if the amount of gross receipts in space K is more that See page (vi) of the general instructions located in the paper SA1-2 for	an \$137,100 but l an \$263,800 but l	less than \$527,60					
	BLOCK 1: GROSS RECEIPT	TS OF \$137,100	OR LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or les accounting period is \$52.00	ss, the royalty fee	that you must pay	for this six-month	n			
	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 PER	RIOD Add lines 1	and 2	· · · · · <u>· · · · · · · · · · · · · · </u>				
	BLOCK 2: GROSS RECEIPTS OF \$263,8	300 OR LESS (b	out more than \$10	37,100)				
	Base amount under statutory formula	<u>\$</u>	263,800.0	00_				
	2. Enter amount of gross receipts from space K	<u>\$</u>	241,653.9	<u>)1</u>				
	3. Subtract line 2 from line 1	<u>\$</u>	22,146.0	9_				
	Enter the amount of gross receipts from space K		-	241,653.91	-			
	5. Enter the amount from line 3			22,146.09	-			
	6. Subtract line 5 from line 4				=			
	7. Multiply line 6 by .005 (enter figure here)				1,097.54			
	8. Interest charge. Enter the amount from line 4, space Q, page 8							
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.	. Add lines 7 and	8	\$	1,097.54			
	BLOCK 3: GROSS RECEIPTS OF MORE	THAN \$263,800	(but less than \$5	527,600)				
	Enter the amount of gross receipts from space K							
	Base amount under statutory formula	\$	263,800.0	00_				
	3. Subtract line 2 from line 1	<u> </u>						
	4. Multiply line 3 by .01				_			
	5. Royalty due on the first \$263,800 of gross receipts (under statutory	y formula)	<u>\$</u>	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, a	nd 6	· · · <u> </u>				
	FILING FEE AND TOTAL REMIT	TANCE DUE						
Filing Fee and Fotal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, a counting Period (from Block 1, 2).	above)	\$	1,097.54	_			
Due	2. Filing Fee (See the instructions for more information on filing fee ca	alculations)	\$	20.00	_			
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines	2 and 3		\$	1,117.54			
	Important: Your remittance must be in the form of an elec	ctronic payment	payable to the Re	gister of Copvr	ights!			
	See page i of the general instructions in the				•			

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: OUTHEAST LLC (PLYMOU	TH, NC)	SYSTEM ID# 24029
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the carrier	number of channels on which television broadcast stations number of activated channels able system carried television b		67
N Individual to Be Contacted		BE CONTACTED IF FURTHE bout this statement of account.	R INFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Kenneth J. Kohrs	Telephone 84	5-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartme	ent, or suite number)	
		Mediacom Park, NY 1 (City, town, state, zip)		
	Email	Copyrights@med	diacomcc.com Fax (optional)	
	CERTIFICATION	(This statement of account mus	st be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigne	d, hereby certify that (Check one	e, but only one, of the boxes.)	
	(Owne	r other than corporation or par	rtnership) I am the owner of the cable system as identified in line 1 of space B; or	
			on or partnership) I am the duly authorized agent of the owner of the cable systen	n as identified
			ner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity identified as owner of	f the cable system
		ine 1 of space B. the statement of account and he	ereby declare under penalty of law that all statements of fact contained herein	
		e, and correct to the best of my ki	nowledge, information, and belief, and are made in good faith.	
			X /s/ Kenneth J. Kohrs	
			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 r	name: Kenneth J. Kohrs	
			Vice President, Financial Reporting	
		Date:	08/13/2019	

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Accounting Period: 2019/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
MEDIACOM SOUTHEAST LLC (PLYMOUTH, NC)	24029
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.	P Special Statement Concerning Gross 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 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
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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