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	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	Office Licensing Division at: Tel: (202) 707-8150
			<b>→</b>

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
		Balcode Data Filing Ferrod (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 corpora of the subsidiary, not that of the parent corporation.	ate title
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 subm	it a
		single statement of account and royalty fee payment covering the entire accounting period.	24162
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	24162
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM SOUTHEAST LLC (CARL JUNCTION, MO)	
		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)	
	INCT		votore unloco theor
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the s s already appear in space B. In line 2, give the mailing address of the system, if different from the address g	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MEDIACOM SOUTHEAST LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
		P.O. BOX 249	
	2	(Number, street, rural route, apartment, or suite number)	
		EXCELSIOR SPRINGS, MO 64024	
		(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 filing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name	MEDIACOM SOUTHEAST LLC (CARL JUNCTION, MO)	241
	Instructions: List each separate community served by the cable system. A "communit	
<b>D</b>	"a separate and distinct community or municipal entity (including unincorporated cor	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	
	as the "first community." Please use it as the first community on all future filings.	it will serve as a form of system identification hereafter kind
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Alca	identified city.	one parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	CARL JUNCTION	MO
Community	AIRPORT DRIVE	MO
	ALBA	MO
	DUENWEG	MO
d Rows as Necessary	DUQUESNE	MO MO
		KS
	GALENA	
		MO
	NECK CITY	MO
	ORONOGO	MO
	PURCELL	MO

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	MEDIACOM SOUTHEAS	T LLC (CAF	RL JU	NCTION, MC	))				2416
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCR	IBERS AND RA	TES				
E	In General: The information in s			-	-	y transmission s	ervice of th	ne cable	
	system, that is, the retransmission	on of television	and rad	dio broadcasts l	by your sy	stem to subscril	bers. Give i	information	
Secondary	about other services (including p						hose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	`		,	,	,	le system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ny stanua		s within a p		
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servic	e that cable	
	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 of								
	Block 2: If your cable system	has rate catego	ories for	r secondary trar	nsmission				
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	ind rates, in the	e right-r	hand block. A tw	/o- or thre	e-word description	on of the s	ervice is	
		DCK 1		-			BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	<ul> <li>Service to first set</li> </ul>		1,235	40.49-51.54					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial		2	40.49-51.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
Е	In General: Space F calls for rat	e (not subscrib	er) info	ormation with re-	spect to al	ll your cable sys	tem's servi	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.	•			-		0 /	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that 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	CATEG	DRY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	PP	• Mc	otel, hotel			Family	Cable	79.4
	Pay cable—add'l channel	PP	• Co	ommercial					
	Fire protection		•Pa	y cable					
	<ul> <li>Burglar protection</li> </ul>		•Pa	y cable-add'l ch	annel				
	Installation: Residential		• Fin	e protection					
	First set	99.99	• Bu	rglar protection					
	<ul> <li>Additional set(s)</li> </ul>	15.00-29.00	Other	services:					
	• FM radio (if separate rate)		• Re	connect		29.00			
	Converter	10.50	• Dis	sconnect			[		I
	Converter	10.00							
	Conventer	10.00		itlet relocation		15.00-29.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name		AST LLC (CARL JUNCTION, M	0)	241
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channe of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	Iso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination   with a station according to its over-the	t (1) stations carried only on a part- ne carriage of certain network progr (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat actions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN KCLJ Trinity	2. B'CAST CHANNEL NUMBER 46	3. TYPE OF STATION	4. LOCATION OF STATION JOPLIN, MO
			3. TYPE OF STATION	
	KCLJ Trinity	46	3. TYPE OF STATION I I I I-M	JOPLIN, MO
Rows as Necessary	KCLJ Trinity KFJX/KFJX(HD) FOX	46 13	I I	JOPLIN, MO PITTSBURG, KS
Rows as Necessary	KCLJ Trinity KFJX/KFJX(HD) FOX KFJX-DT2/KFJX-DT2 (HD)	46 13 13.2	I I I-M	JOPLIN, MO PITTSBURG, KS PITTSBURG, KS
Rows as Necessary	KCLJ Trinity KFJX/KFJX(HD) FOX KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST	46 13 13.2 22	I I I-M	JOPLIN, MO PITTSBURG, KS PITTSBURG, KS JOPLIN, MO
Rows as Necessary	KCLJ Trinity KFJX/KFJX(HD) FOX KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX RTV	46 13 13.2 22 35	l I I-M I I	JOPLIN, MO PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO
Rows as Necessary	KCLJ Trinity KFJX/KFJX(HD) FOX KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX RTV KOAM/KOAM (HD) CBS	46 13 13.2 22 35 7	I I I-M I I N	JOPLIN, MO PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO PITTSBURG, KS
Rows as Necessary	KCLJ Trinity KFJX/KFJX(HD) FOX KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX RTV KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC	46 13 13.2 22 35 7 43	    -M                   	JOPLIN, MO PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO PITTSBURG, KS JOPLIN, IL
Rows as Necessary	KCLJ Trinity KFJX/KFJX(HD) FOX KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX RTV KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit	46 13 13.2 22 35 7 43 43.2	I I I-M I I N N N I-M	JOPLIN, MO PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO PITTSBURG, KS JOPLIN, IL JOPLIN, IL
Rows as Necessary	KCLJ Trinity KFJX/KFJX(HD) FOX KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX RTV KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV	46 13 13.2 22 35 7 43 43.2 43.3	I I I-M I I N N N I-M I-M	JOPLIN, MO PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO PITTSBURG, KS JOPLIN, IL JOPLIN, IL
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Rows as Necessary	KCLJ Trinity KFJX/KFJX(HD) FOX KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX RTV KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD) PBS KOZJ-DT2 PBS Kids	46 13 13.2 22 35 7 43 43.2 43.3 25 25.2 25.3	I I I-M I I N N N I-M I-M I-M E E E-M E-M	JOPLIN, MO PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO PITTSBURG, KS JOPLIN, IL JOPLIN, IL JOPLIN, IL JOPLIN, MO JOPLIN, MO
Rows as Necessary	KCLJ Trinity KFJX/KFJX(HD) FOX KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX RTV KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD) PBS KOZJ-DT2 PBS Kids KOZJ-DT3 Create KSNF/KSNF (HD) NBC	46 13 13.2 22 35 7 43 43.2 43.3 25 25.2 25.3 46	I I I-M I I I N N I-M I-M E E E-M E-M N	JOPLIN, MO PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO PITTSBURG, KS JOPLIN, IL JOPLIN, IL JOPLIN, IL JOPLIN, MO JOPLIN, MO
Rows as Necessary	KCLJ Trinity KFJX/KFJX(HD) FOX KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX RTV KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD) PBS KOZJ-DT2 PBS Kids KOZJ-DT2 Create KSNF/KSNF (HD) NBC	46 13 13.2 22 35 7 43 43.2 43.3 25 25.2 25.3 46 46.2	I I I-M I I I N N I-M I-M E E E-M E-M E-M N N I-M	JOPLIN, MO PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO PITTSBURG, KS JOPLIN, IL JOPLIN, IL JOPLIN, IL JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
Rows as Necessary	KCLJ Trinity KFJX/KFJX(HD) FOX KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX RTV KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD) PBS KOZJ-DT3 Create KSNF/KSNF (HD) NBC KSNF-DT2 Laff KSNF-DT2 Laff	46 13 13.2 22 35 7 43 43.2 43.3 25 25.2 25.2 25.3 46 46.2 46.3	I I I I I I I N N I M I-M E E E-M E-M E-M N I-M I-M	JOPLIN, MO PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO PITTSBURG, KS JOPLIN, IL JOPLIN, IL JOPLIN, IL JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
Rows as Necessary	KCLJ Trinity KFJX/KFJX(HD) FOX KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX RTV KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD) PBS KOZJ-DT3 Create KSNF/KSNF (HD) NBC KSNF-DT2 Laff KSNF-DT2 Laff	46 13 13.2 22 35 7 43 43.2 43.3 25 25.2 25.2 25.3 46 46.2 46.3	I I I I I I I N N I M I-M E E E-M E-M E-M N I-M I-M	JOPLIN, MO PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO PITTSBURG, KS JOPLIN, IL JOPLIN, IL JOPLIN, IL JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
Rows as Necessary	KCLJ Trinity KFJX/KFJX(HD) FOX KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX RTV KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD) PBS KOZJ-DT3 Create KSNF/KSNF (HD) NBC KSNF-DT2 Laff KSNF-DT2 Laff	46 13 13.2 22 35 7 43 43.2 43.3 25 25.2 25.2 25.3 46 46.2 46.3	I I I I I I I N N I M I-M E E E-M E-M E-M N I-M I-M	JOPLIN, MO PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO PITTSBURG, KS JOPLIN, IL JOPLIN, IL JOPLIN, IL JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
Rows as Necessary	KCLJ Trinity KFJX/KFJX(HD) FOX KFJX-DT2/KFJX-DT2 (HD) KGCS (MO SOUTHERN ST KJPX RTV KOAM/KOAM (HD) CBS KODE/KODE (HD) ABC KODE-DT2 Grit KODE-DT3 Bounce TV KOZJ/KOZJ (HD) PBS KOZJ-DT3 Create KSNF/KSNF (HD) NBC KSNF-DT2 Laff KSNF-DT2 Laff	46 13 13.2 22 35 7 43 43.2 43.3 25 25.2 25.2 25.3 46 46.2 46.3	I I I I I I I N N I M I-M E E E-M E-M E-M N I-M I-M	JOPLIN, MO PITTSBURG, KS PITTSBURG, KS JOPLIN, MO JOPLIN, MO PITTSBURG, KS JOPLIN, IL JOPLIN, IL JOPLIN, IL JOPLIN, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO

Accounting F	Period: 2019	/1					FORM	/I SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
MEDIACOM	SOUTHEA	ST LLC	C (CARL JUNCTION, MC	<b>D</b> )				24162
all-band basis v Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	t every radio s vhose signals ctions Conce it is carried b monitoring, to prmation abou rm. dentify the cal state whether the radio stat this by placing Sive the station	station ca were ge rning Al y the sys be rece- ut the Co I sign of the statio tion's sig g a checi n's locati	arried on a separate and discr nerally receivable by your cat I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. 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	ole system during Copyright Office at the system's h system's FM and this point, see pa sed by the cable he station is licer	g the accountir regulations, ar eadend, and (2 enna, during c age (v) of the g system as a se used by the FC	ng period n FM sig 2) it can ertain si eneral i eparate	d. Inal is generally be expected, tated intervals. Instructions in the. and discrete	H Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
GALL SIGN		5/0	LOCATION OF STATION	GALL SIGN		3/0	LOCATION OF STATION	
	T	1			1			

Accounting Perio	od: 2019/1					FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC (	CARL JUNC	TION, MO)			24162
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G		
	In General: In space I, ident	ify every noi	nnetwork televis	ion program, broadcast by	a distant stat	ion, that your cable syst	em carried on a
	substitute basis during the a						
Substitute	explanation of the programm				e general instr	uctions in the paper SA	1-2 form.
Carriage: Special	1. SPECIAL STATEMEN						
Statement and	<ul> <li>During the accounting per</li> </ul>	-	r cable system	carry, on a substitute basi	s, any nonne		
Program Log	broadcast by a distant sta	tion?				YES	X 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 progra	im
	log in block 2.						
	2. LOG OF SUBSTITUTI			ta lina. Llao abbraviationa	whorever pee	ciblo, if their meening i	<b>a</b>
	In General: List each subst clear. If you need more spa				wherever pos	sible, il their meaning i	5
	Column 1: Give the title	of every no	nnetwork telev	sion program ("substitute			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categor						
	"NBA Basketball: 76ers vs.	Bulls."					
				"Yes." Otherwise enter "N sting the substitute progra			
	Column 4: Give the broa	adcast static	on's location (th	e community to which the	station is lice	nsed by the FCC or, in	
	the case of Mexican or Car	adian static	ns, if any, the	community with which the	station is iden	itified).	
	<b>Column 5:</b> Give the mor first. Example: for May 7 give		when your sys	tem carried the substitute	program. Use	numerals, with the mo	nth
			substitute pro	gram was carried by your	cable system.	List the times accurate	elv
	to the nearest five minutes.						- ,
	stated as "6:00–6:30 p.m."	or "D" if tho	listed program	was substituted for progra	mming that y	our system was requir	od
	to delete under FCC rules a						
	was substituted for program	nming that y					
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S		E PROGRAM			AGE OCCURRED	7. REASON FOR DELETION
	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	
						_	
					·		
						<u>—_</u>	
						_	
		1				_	
						<u>—</u>	
						<u> </u>	
						_	
						_	
						_	
		]					

Accounting Period:	2019/1		FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (CARL JUNCTION, MO)		5	8YSTEM ID# 24162
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the syster (as identified in space E) during the accounting period. For a further explanation of 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 receipt	n's secondary trans how to compute thi	smission servi s amount, sec \$ 25	of
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 le • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inform	ess than \$527,600	\$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 th accounting period is \$52.00 Line 1. Royalty fee for accounting period			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 a	ind 2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bu	it more than \$137,	100)	
	1. Base amount under statutory formula	263,800.00	-	
	2. Enter amount of gross receipts from space K	259,996.33	-	
	3. Subtract line 2 from line 1	3,803.67	-	
	4. Enter the amount of gross receipts from space K	\$	259,996.33	
	5. Enter the amount from line 3	\$	3,803.67	
	6. Subtract line 5 from line 4	\$	256,192.66	
	7. Multiply line 6 by .005 (enter figure here)		\$	1,280.96
	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		\$	1,280.96
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	(but less than \$52)	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, and	d 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)	<b>\$</b>	1,280.96	
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		\$	1,300.96
	Important: Your remittance must be in the form of an electronic payment p See page i of the general instructions in the paper SA1-2 form			ghts!

Accounting Period:	2019/1						FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: DUTHEAST LLC (CARL JU	INCTION,	, MO)			SYSTEM ID# 24162
M Channels	<ul><li>to its subscriber</li><li>1. Enter the tota system carried</li><li>2. Enter the tota</li></ul>	ou must give (1) the number of s, and (2) the cable system's to I number of channels on which I television broadcast stations . I number of activated channels able system carried television t	otal numbe n the cable 	er of activated channels during	the accounting perio		22
		cast services					. 69
N Individual to Be Contacted		D BE CONTACTED IF FURTHE about this statement of account		RMATION IS NEEDED (Identif	y an individual to who	m	
for Further Information	Name	Kenneth J. Kohrs				Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartm	ment, or suite	e number)			
		Mediacom Park, NY 1 (City, town, state, zip)	10918				
	Email	Copyrights@me	ediacomco	c.com	Fax (optiona	al)	
	CERTIFICATION	(This statement of account mu	ust be certi	ified and signed in accordance	e with Copyright Office	e regulations)	
O Certification	• I, the undersign	ed, hereby certify that (Check on	ne, but only	one, of the boxes.)			
	(Owne	er other than corporation or pa	artnership)	) I am the owner of the cable sy	stem as identified in lir	e 1 of space E	3; or
		t of owner other than corporat line 1 of space B and that the ow				of the cable s	ystem as identified
		<b>cer or partner)</b> I am an officer (if line 1 of space B.	f a corporat	tion) or a partner (if a partnershi	p) of the legal entity ide	entified as owr	er of the cable system
		d the statement of account and h e, and correct to the best of my k on 1001(1986)]				ntained herein	
				/s/ Kenneth J. Kohrs	nove to certify this state	ement	-
				ature using an "/s/ signature" (e			
		Typed or printed	name:	Kenneth J. Kohrs			
				resident, Financial Re	porting		
		Date:			08/13/20	)19	

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 (CARL JUNCTION, MO)	241
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 Statemen Concerning Gros Receipts Exclusio
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 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	
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 Assessme
	Interest Assessme
x	Interest Assessme
	Interest Assessme
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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