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 workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located n the first tab of this workbook	8/29/2019	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at. Tel: (202) 707-8150

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			
Р		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	
В		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.	3306
			-
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM SOUTHEAST LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918	
		(City, town, state, zip)	
С		<b>CUCTIONS:</b> 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:	
	1	MEDIACOM SOUTHEAST LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	501 WARD AVENUE (Number, street, rural route, apartment, or suite number)	
		CARUTHERSVILLE, MO 63830	
		(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.

		~~~~
	MEDIACOM SOUTHEAST LLC	3306
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings	communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mob	le home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	CARUTHERSVILLE	MO
Community	HAYTI	MO
	HAYTI HEIGHTS	MO
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	-2E. PAGE
Name								313	330
	MEDIACOM SOUTHEAS								550
F	SECONDARY TRANSMISSION	SERVICE: SL	IBSCR	IBERS AND R	ATES				
E	In General: The information in s								
Secondam/	system, that is, the retransmission about other services (including p								
Secondary Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	h blocks in spa	ce E ca	Il for the numbe	er of subsc	ribers to the cal			
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	. (Example: "\$2	20/mth"	). Summarize a					
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity	should be cour	nted as	a subscriber in	each app	licable category	Example:	a residential	
	subscriber who pays extra for ca					t 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 fre	om those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.	0014.4					DI OOI	2	
	BLC	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATI
	Residential:								
	Service to first set		672	40.49-49.54					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel			10 10 10 51					
	Commercial		1	40.49-49.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat					ll 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	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	Pay cable	PP	• Mc	otel, hotel			Family	Cable	79.4
	<ul> <li>Pay cable—add'l channel</li> </ul>	PP	• Co	mmercial					
	Fire protection		•Pa	y cable					
	<ul> <li>Burglar protection</li> </ul>		•Pa	y cable-add'l ch	nannel				
	Installation: Residential		• Fir	e protection					
	• First set	99.99		rglar protection					
	<ul> <li>Additional set(s)</li> </ul>	15.00-29.00		services:					
	<ul> <li>FM radio (if separate rate)</li> </ul>			connect		29.00			
			D:-						
	Converter	10.50		sconnect					
	• Converter	10.50	• Ou	sconnect itlet relocation ove to new addr		15.00-29.00			

	LEGAL NAME OF OWNED OF			
Name	LEGAL NAME OF OWNER OF			SYSTEM ID 330
	PRIMARY TRANSMITTERS:			
G Primary Issmitters: levision	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 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 informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channer of license. For example, WI <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	also in space I, if the station was carrier n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network program of (e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" inal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAIT ABC	8	N	JONESBORO, AR
	KAIT ABC KBSI/KBSI (HD) FOX	8 22	N I	JONESBORO, AR CAPE GIRARDEAU, MO
ws as Necessary				
ws as Necessary	KBSI/KBSI (HD) FOX	22		CAPE GIRARDEAU, MO
vs as Necessary	KBSI/KBSI (HD) FOX KBSI-DT3 COMET	22 22.3	I I-M	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO
s as Necessary	KBSI/KBSI (HD) FOX KBSI-DT3 COMET KFVS/KFVS (HD) CBS	22 22.3 12	i I-M N	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO
ıs as Necessary	KBSI/KBSI (HD) FOX KBSI-DT3 COMET KFVS/KFVS (HD) CBS KFVS-DT2/KFVS DT2 (HD) CW	22 22.3 12 12.2	I IM N IM	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO
vs as Necessary	KBSI/KBSI (HD) FOX KBSI-DT3 COMET KFVS/KFVS (HD) CBS KFVS-DT2/KFVS DT2 (HD) CW KFVS-DT3 Grit	22 22.3 12 12.2 12.3	I 	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO
ws as Necessary	KBSI/KBSI (HD) FOX KBSI-DT3 COMET KFVS/KFVS (HD) CBS KFVS-DT2/KFVS DT2 (HD) CW KFVS-DT3 Grit WDKA/WDKA (HD) MyNet	22 22.3 12 12.2 12.3 49	I I-M N I-M I-M	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY
ws as Necessary	KBSI/KBSI (HD) FOX KBSI-DT3 COMET KFVS/KFVS (HD) CBS KFVS-DT2/KFVS DT2 (HD) CW KFVS-DT3 Grit WDKA/WDKA (HD) MyNet WDKA-DT2 Charge	22 22.3 12 12.2 12.3 49 49.2	I 	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY
ws as Necessary	KBSI/KBSI (HD) FOX KBSI-DT3 COMET KFVS/KFVS (HD) CBS KFVS-DT2/KFVS DT2 (HD) CW KFVS-DT3 Grit WDKA/WDKA (HD) MyNet WDKA-DT2 Charge WDKA-DT3 TBD	22 22.3 12 12.2 12.3 49 49.2 49.3	I IM N IM IM IM IM IM	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY
ws as Necessary	KBSI/KBSI (HD) FOX KBSI-DT3 COMET KFVS/KFVS (HD) CBS KFVS-DT2/KFVS DT2 (HD) CW KFVS-DT3 Grit WDKA/WDKA (HD) MyNet WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium	22 22.3 12 12.2 12.3 49 49.2 49.3 49.4	I 	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY Paducah, KY
ws as Necessary	KBSI/KBSI (HD) FOX KBSI-DT3 COMET KFVS/KFVS (HD) CBS KFVS-DT2/KFVS DT2 (HD) CW KFVS-DT3 Grit WDKA/WDKA (HD) MyNet WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium WKNO/WKNO(HD) PBS	22 22.3 12 12.2 12.3 49 49.2 49.3 49.4 29	I IM IM IM IM IM IM IM IM IM I	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY Paducah, KY Paducah, KY MEMPHIS, TN
ws as Necessary	KBSI/KBSI (HD) FOX KBSI-DT3 COMET KFVS/KFVS (HD) CBS KFVS-DT2/KFVS DT2 (HD) CW KFVS-DT3 Grit WDKA/WDKA (HD) MyNet WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium WKNO/WKNO(HD) PBS WMC NBC	22 22.3 12 12.2 12.3 49 49.2 49.3 49.4 29 5	I 	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY Paducah, KY Paducah, KY MEMPHIS, TN MEMPHIS, TN
ws as Necessary	KBSI/KBSI (HD) FOX KBSI-DT3 COMET KFVS/KFVS (HD) CBS KFVS-DT2/KFVS DT2 (HD) CW KFVS-DT3 Grit WDKA/WDKA (HD) MyNet WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium WKNO/WKNO(HD) PBS WMC NBC WPSD/WPSD (HD) NBC	22 22.3 12 12.2 12.3 49 49.2 49.3 49.4 29 5 6	I I H H H H H H H H H H H H H H H H H H	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY Paducah, KY Paducah, KY MEMPHIS, TN MEMPHIS, TN Paducah, KY
ws as Necessary	KBSI/KBSI (HD) FOX KBSI-DT3 COMET KFVS/KFVS (HD) CBS KFVS-DT2/KFVS DT2 (HD) CW KFVS-DT3 Grit WDKA/WDKA (HD) MyNet WDKA-DT2 Charge WDKA-DT2 This TV WDKA-DT4 Stadium WKNO/WKNO(HD) PBS WMC NBC WPSD/WPSD (HD) NBC	22 22.3 12 12.2 12.3 49 49.2 49.3 49.4 29 5 6 6 6 6 6.2	I 	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY Paducah, KY Paducah, KY MEMPHIS, TN MEMPHIS, TN Paducah, KY
ws as Necessary	KBSI/KBSI (HD) FOX KBSI-DT3 COMET KFVS/KFVS (HD) CBS KFVS-DT2/KFVS DT2 (HD) CW KFVS-DT3 Grit WDKA/WDKA (HD) MyNet WDKA-DT3 Charge WDKA-DT4 Charge WDKA-DT4 Stadium WKNO/WKNO(HD) PBS WMC NBC WPSD/WPSD (HD) NBC WPSD-DT2 This TV WPSD-DT3 Antenna TV	22 22.3 12 12.2 12.3 49 49.2 49.3 49.4 29 5 6 6 6 6 6 6.2 6.3	I I I I I I I I I I I I I I I I I I I	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY Paducah, KY Paducah, KY MEMPHIS, TN MEMPHIS, TN Paducah, KY Paducah, KY
ws as Necessary	KBSI/KBSI (HD) FOX KBSI-DT3 COMET KFVS/KFVS (HD) CBS KFVS-DT2/KFVS DT2 (HD) CW KFVS-DT3 Grit WDKA/WDKA (HD) MyNet WDKA-DT2 Charge WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium WKNO/WKNO(HD) PBS WMC NBC WPSD/WPSD (HD) NBC WPSD-DT2 This TV WPSD-DT3 Antenna TV WSIL/WSIL (HD) ABC	22 22.3 12 12.2 12.3 49 49.2 49.3 49.4 29 5 6 6 6 6 6 6 6 6.2 6.3 3	I I H H N I H H H H H H H H H H H H H H	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY Paducah, KY Paducah, KY MEMPHIS, TN MEMPHIS, TN Paducah, KY Paducah, KY Paducah, KY
ws as Necessary	KBSI/KBSI (HD) FOX KBSI-DT3 COMET KFVS/KFVS (HD) CBS KFVS-DT2/KFVS DT2 (HD) CW KFVS-DT3 Grit WDKA-WDKA (HD) MyNet WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium WKNO/WKNO(HD) PBS WMC NBC WPSD/WPSD (HD) NBC WPSD-DT2 This TV WPSD-DT2 This TV WPSD-DT3 Antenna TV WSIL/WSIL (HD) ABC WTCT TBN	22 22.3 12 12.2 12.3 49 49.3 49.4 29 5 6 6 6.2 6.3 3 27	I I I I I I I I I I I I I I I I I I I	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY Paducah, KY Paducah, KY MEMPHIS, TN MEMPHIS, TN Paducah, KY Paducah, KY Paducah, KY Paducah, KY Paducah, KY Paducah, KY Paducah, KY
ws as Necessary	KBSI/KBSI (HD) FOX KBSI-DT3 COMET KFVS/KFVS (HD) CBS KFVS-DT2/KFVS DT2 (HD) CW KFVS-DT3 Grit WDKA/WDKA (HD) MyNet WDKA-DT2 Charge WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium WKNO/WKNO(HD) PBS WMC NBC WPSD/WPSD (HD) NBC WPSD-DT2 This TV WPSD-DT3 Antenna TV WSIL/WSIL (HD) ABC WTCT TBN WKNO-DT2 PBS Encore	22 22.3 12 12.2 12.3 49 49.2 49.3 49.4 29 5 6 6 6 6 6 6 6 6 2 6.2 6.3 3 27 29.2	I I H H H H H H H H H H H H H H H H H H	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY Paducah, KY Paducah, KY MEMPHIS, TN MEMPHIS, TN Paducah, KY Paducah, KY Paducah, KY Paducah, KY Paducah, KY Paducah, KY
ws as Necessary	KBSI/KBSI (HD) FOX KBSI-DT3 COMET KFVS/KFVS (HD) CBS KFVS-DT2/KFVS DT2 (HD) CW KFVS-DT3 Grit WDKA/WDKA (HD) MyNet WDKA-DT3 Charge WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium WKNO/WKNO(HD) PBS WMC NBC WPSD/WPSD (HD) NBC WPSD-DT2 This TV WPSD-DT2 This TV WPSD-DT3 Antenna TV WSIL/WSIL (HD) ABC WTCT TBN WKNO-DT2 PBS Encore WKNO-DT3 PBS KIDS	22 22.3 12 12.2 12.3 49 49.3 49.4 29 5 6 6 6.2 6.3 3 27 29.2 29.3	I I I I I I I I I I I I I I I I I I I	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY Paducah, KY Paducah, KY MEMPHIS, TN MEMPHIS, TN Paducah, KY Paducah, KY Paducah, KY Paducah, KY MEMPHIS, TN MEMPHIS, TN Marion, IL Marion, IL MEMPHIS, TN

EGAL NAME O								SYSTEM ID 330
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
Special Instruct eccivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: 10 Column 2: 5 Column 3: 10 isignal, indicate Column 4: 0	ctions Conce of it is carried by monitoring, to ormation about rm. dentify the call State whether if the radio state this by placing Sive the station	rning Al y the sys be recein at the Co l sign of of the static cion's sig g a chech n's locati	I-Band FM Carriage: Under of the whenever it is received a wed 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	Copyright Office i it the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	regulations, ar adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can ertain st general i eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
	·							
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FORM SA1-2E. PAGE 5
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC					3306
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LOO	3		
I I	In General: In space I, identi		-			on, that your cable	e system carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authoriz	ations. For a further
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the pape	er SA1-2 form.
Carriage:	1. SPECIAL STATEMEN						
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	work television p	
Program Log	broadcast by a distant sta	tion?				Y	'ES XNO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete the p	orogram
	log in block 2.						
	2. LOG OF SUBSTITUTE	E PROGRA	MS				
	In General: List each subst				wherever pos	sible, if their mea	ning is
	clear. If you need more spa			rows to the tables. ision program ("substitute p	program") tha	t during the acco	unting
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substituted	d for the prog	ramming of anoth	ner station
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further infor	mation.
	Do not use general categor "NBA Basketball: 76ers vs.		vies of baske	tball. List specific program	i titles, for exa	ample, "I Love Lu	cy or
			dcast live, ente	r "Yes." Otherwise enter "N	lo."		
				sting the substitute program			
	the case of Mexican or Can			ne community to which the			or, in
				tem carried the substitute p			ne month
	first. Example: for May 7 giv						
	to the nearest five minutes.			gram was carried by your o			
	stated as "6:00–6:30 p.m."		i program cam		o p.m. to 0.2		
				was substituted for progra			
	to delete under FCC rules a was substituted for program						l program
	effect on October 19, 1976.		our system wa				
	s		E PROGRAM	1		N SUBSTITUTE	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО
						_	
						_	
			·				
							······································

Accounting Period:	2019/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC			S	¥STEM ID# 3306
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic 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	system's s	econdary trans to compute this	mission servic s amount, see	of ce <b>5,099.11</b>
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 l • Use block 3 if the amount of gross receipts in space K is more than \$263,800 l See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less th	han \$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 accounting period is \$52.00 Line 1. Royalty fee for accounting period				
					-
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add line				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS			100)	
	1. Base amount under statutory formula		263,800.00		
	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			05,099.11	
	5. Enter the amount from line 3		\$	58,700.89	
	6. Subtract line 5 from line 4		\$ 1	46,398.22	
	7. Multiply line 6 by .005 (enter figure here)			\$	731.99
	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 a	and 8		\$	731.99
	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				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			1.319.00	
	<ol> <li>Interest charge. Enter the amount from line 4, space Q, page 8</li></ol>				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 1				
	· · · · · · · · · · · · · · · · · · ·				
	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)		\$	731.99	
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			\$	751.99
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC	SYSTEM ID 3306
M Channels	<ul> <li>CHANNELS</li> <li>Instructions: You must give (1) the number of channels on which the cable system carried to its subscribers, and (2) the cable system's total number of activated channels during the a</li> <li>1. Enter the total number of channels on which the cable system carried television broadcast stations</li></ul>	accounting period.
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	65
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an in we can contact about this statement of account.)	ndividual to whom
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)
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system a</li> </ul>	
	<ul> <li>X (Agent of owner other than corporation or partnership) I am the duly authorized ag in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the second sec</li></ul>	
	<ul> <li>in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all state are true, complete, and correct to the best of my knowledge, information, and belief, and are mad [18 U.S.C., Section 1001(1986)]</li> </ul>	
1	X       /s/ Kenneth J. Kohrs         Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/	
	Typed or printed name: Kenneth J. Kohrs	
	Title: Vice President, Financial Reporti (Title of official position 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

inting Period: 2019/1	FORM SA1-2E. PAGE
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
IACOM SOUTHEAST LLC	330
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." 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	
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 Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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 Assessmen
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 Assessmen
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 Assessmen
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 Assessmen
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 Assessmen
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 Assessmen
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 Assessmen
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 Assessmen

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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.