This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	08/29/2019	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCO	COUNTING 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.	3
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Mediacom California LLC (Sun City, CA)	
		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)	
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless	these
С		es already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MEDIACOM CALFORINIA LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	27192-A SUN CITY BLVD	
	2	(Number, street, rural route, apartment, or suite number)	
		SUN CITY, CA 92586 (City, town, state, zip code)	
	•	•	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Mediacom California LLC (Sun City, CA)	33403
D Area	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, or	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
Served	identified city.	
	CITY OR TOWN	STATE
First Community	Riverside County	CA
Add Rows as Necessary		

	·							FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
	Mediacom California LL	C (Sun City	, CA)						3340
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCR	BERS AND R	ATES				
E	In General: The information in s								
. .	system, that is, the retransmission								
Secondary Transmission	about other services (including p						hose existii	ng on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						ole system.	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n	umber of billing	s in tha	at category (the	number o	f persons or org	anizations		
	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 stanuai		s wiu iir a p		
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion service	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					service that are	different fro	om those	
	printed in block 1 (for example, the								
	with the number of subscribers a sufficient.	ind rates, in the	e right-h	and block. A tv	vo- or thre	e-word descripti	on of the se	ervice is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	САТ	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	OUDOCIVIDE			UAT		WICE	OUDOCIVIDEINO	
	Service to first set		1,444	40.49-49.49					
	Service to additional set(s)		.,						
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		3	40.49-49.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							vere not	
Nates	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	Pay cable	PP	• Mc	tel, hotel			Family	Cable	76.4
	 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	• Bu	rglar protection					
	 Additional set(s) 	15.00-29.00	Other	services:					
	• FM radio (if separate rate)		•Re	connect		29.00			
			D:-				ſ		l
	Converter	10.50	• Dis	sconnect					
	• Converter	10.50		connect tlet relocation		15.00-29.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Mediacom California L			334
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: Television	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 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 Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe 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	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-th	<i>bt</i> (1) stations carried only on a part- the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain sta carried by your cable system on a sul- the Special Statement and Program ed both on a substitute basis and also s, see page (v) of the general instruct program services such as HBO, ESF ise-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. it the community to which the station	ime basis under ams [sections tions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KABC/KABC (HD) ABC	7	N	LOS ANGELES, CA
	KABC-DT2 LWN HD	7.2	I-M	LOS ANGELES, CA
ows as Necessary	KABC-DT3 Laff	7.3	I-M	LOS ANGELES, CA
	KCAL/KCAL (HD) IND	9		LOS ANGELES, CA
	KCBS/KCBS (HD) CBS	43	Ν	LOS ANGELES, CA
	KCET (IND)	28		LOS ANGELES, CA
	KCOP/KCOP (HD) (MYNET)	13		LOS ANGELES, CA
	KCOP-DT2 Buzzer	13.2	I-M	LOS ANGELES, CA
	KCOP-DT3 Movies	13.3	I-M	LOS ANGELES, CA
	KDOC (IND)	32	l	ANAHEIM, CA
	KILM IND	44	I	Barstow, CA
	KJLA/ KJLA HD (IND)	49	l	Los Angeles, CA
	KLCS/KLCS (HD) PBS	41	E	LOS ANGELES, CA
	KLCS-DT2 PBS KIDS	41.2	E-M	LOS ANGELES, CA
	KLCS-DT3 Create	41.3	E-M	LOS ANGELES, CA
	KMEX/KMEX (HD) UNIVISION	34	I	LOS ANGELES, CA
	KMEX-DT2 Unimas	34.2	I-M	LOS ANGELES, CA
	KMEX-DT3 Bounce	34.3	I-M	LOS ANGELES, CA
	KMEX-DT4 Justice Network	34.4	I-M	LOS ANGELES, CA
	KNBC/KNBC(HD) NBC	36	N	LOS ANGELES, CA
	KPXN/KPXN(HD) ION	38	I	SAN BERNARDINO, CA
	KRCA (IND)	35	I	RIVERSIDE, CA
				1
	KSCI (IND)	18	I	LOS ANGELES, CA
		<u>18</u> 31	<u> </u>	LOS ANGELES, CA LOS ANGELES, CA

				OVOTEN
Name	LEGAL NAME OF OWNER OF			SYSTEM 33
	Mediacom California I			33
	PRIMARY TRANSMITTERS:			
G		ntify every television station (including n during the accounting period, except	•	,
	FCC rules and regulations in	n effect on June 24, 1981, permitting th	e carriage of certain network progra	ams [sections
Primary ransmitters:		e)(2) and (4), or 76.63 (referring to 76.6) sexplained in the next paragraph.	1(e)(2) and (4))]; and (2) certain sta	tions carried on a
Television	Substitute Basis Stations:	With respect to any distant stations ca	rried by your cable system on a su	bstitute program
		les, regulations, or authorizations: in space G—but do list it in space I (th	ne Special Statement and Program	Loa)—if the
	station was carried only on	a substitute basis.		
		also in space I, if the station was carried n concerning substitute basis stations,		
	Column 1: List each station	i's call sign. <i>Do not</i> report origination p	rogram services such as HBO, ESI	PN, etc. Identify each
	multicast stream associated "WETA-2" as the same on th	with a station according to its over-the	-air designation. For example, repo	ort multistream
		I number the FCC assigned to the tele	vision station for broadcasting over	the air in its community
	· · · · · · · · · · · · · · · · · · ·	RC is channel 4 in Washington, D.C.	atation on independent station or a	a noncommorpial
		case whether the station is a network s	station, an independent station, or a	
	educational station, by enter	rina the letter "N" (for network), "N-M" (i	for network multicast), "I" (for indep	
	(for independent multicast),	ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o	r "E-M" (for noncommercial educati	endent), "I-M"
	(for independent multicast), For the meaning of these te	"E" (for noncommercial educational), o rms, see page (iv) of the general instru	r "E-M" (for noncommercial educati ctions in the paper SA1-2 form.	endent), "I-M" ional multicast).
	(for independent multicast), For the meaning of these ter Column 4: Give the location	"E" (for noncommercial educational), o	r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	endent), "I-M" ional multicast). is licensed by the
	(for independent multicast), For the meaning of these ter Column 4: Give the location	"E" (for noncommercial educational), o rms, see page (iv) of the general instru n of each station. For U.S. stations, list	r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	endent), "I-M" ional multicast). is licensed by the
	(for independent multicast), For the meaning of these ter Column 4: Give the location	"E" (for noncommercial educational), o rms, see page (iv) of the general instru n of each station. For U.S. stations, list	r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	endent), "I-M" ional multicast). is licensed by the
	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac 1. CALL SIGN	"E" (for noncommercial educational), o rms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station ne community with which the station 3. TYPE OF STATION	endent), "I-M" ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION
	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), o rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of th and the stations.	r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station ne community with which the station	endent), "I-M" ional multicast). is licensed by the n is identified.
	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac 1. CALL SIGN	"E" (for noncommercial educational), o rms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station ne community with which the station 3. TYPE OF STATION	endent), "I-M" ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION
	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac 1. CALL SIGN KTLA-DT3 ThisTV	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 31.3	r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station the community with which the station 3. TYPE OF STATION I-M	endent), "I-M" ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION LOS ANGELES, CA
	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac 1. CALL SIGN KTLA-DT3 ThisTV KTTV/KTTV (HD) FOX	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 31.3 11 26	r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station the community with which the station 3. TYPE OF STATION I-M	endent), "I-M" ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION LOS ANGELES, CA LOS ANGELES, CA
	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac 1. CALL SIGN KTLA-DT3 ThisTV KTTV/KTTV (HD) FOX KVCR (PBS)	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 31.3 11 26	r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station the community with which the station 3. TYPE OF STATION I-M I E	endent), "I-M" ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION LOS ANGELES, CA LOS ANGELES, CA SAN BERNARDINO, CA
	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac 1. CALL SIGN KTLA-DT3 ThisTV KTTV/KTTV (HD) FOX KVCR (PBS) KVEA/ KVEA HD (TELEMUNE	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 31.3 11 26 39	r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station the community with which the station 3. TYPE OF STATION I-M I E I	endent), "I-M" ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION LOS ANGELES, CA LOS ANGELES, CA SAN BERNARDINO, CA LOS ANGELES, CA
	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canace 1. CALL SIGN KTLA-DT3 ThisTV KTTV/KTTV (HD) FOX KVCR (PBS) KVEA/ KVEA HD (TELEMUND KVEA-DT2 Exitos	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 31.3 11 26 39 39.2	r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station the community with which the station 3. TYPE OF STATION I E I I I I I	endent), "I-M" ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA
	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac 1. CALL SIGN KTLA-DT3 ThisTV KTTV/KTTV (HD) FOX KVCR (PBS) KVEA/ KVEA HD (TELEMUND KVEA-DT2 Exitos KVMD (IND)	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 31.3 11 26 39 39.2 31	r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station the community with which the station 3. TYPE OF STATION I I E I I I I I I I	endent), "I-M" ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA
	(for independent multicast), For the meaning of these tel Column 4: Give the location FCC. For Mexican or Canac 1. CALL SIGN KTLA-DT3 ThisTV KTTV/KTTV (HD) FOX KVCR (PBS) KVEA/ KVEA HD (TELEMUNE KVEA-DT2 Exitos KVMD (IND) KWHY (IND)	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 31.3 11 26 39 39.2 31 42	r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station the community with which the station 3. TYPE OF STATION I I I I I I I I I I	endent), "I-M" ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA

Accounting P	Period: 2019	/1					FORM	I SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
Mediacom C	alifornia L	LC (Su	n City, CA)					33403
all-band basis w Special Instruc receivable if (1) on the basis of i	t every radio s whose signals ctions Conce it is carried by monitoring, to	station ca were ge rning Al y the sys be recei	arried on a separate and discr nerally receivable by your cat I-Band FM Carriage: Under stem whenever it is received a ved at the headend, with the	ole system during Copyright Office r at the system's he system's FM ante	the accountin regulations, ar adend, and (2 enna, during c	ig period n FM sig ?) it can ertain st	l. nal is generally be expected, ated intervals.	H Primary Transmitters: Radio
paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G Mexican or Can	rm. dentify the call tate whether f the radio stat this by placing Sive the station radian stations	l sign of e the static ion's sign g a checl n's locati s, if any,	pyright 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	sed by the cable s ne station is licen a station is identifi	system as a se sed by the FC ied).	eparate C or, in	and discrete the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	+							

Accounting Perio	od: 2019/1						FORM	M SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Mediacom California L	LC (Sun	City, CA)					33403
	SUBSTITUTE CARRIAGE				G			
I	In General: In space I, identi					ion that your a	able oveter	m corried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT				generalmen			
Special						work tolovicio	n program	
Statement and	During the accounting peri-	-	r cable system	carry, on a substitute basi				
Program Log	broadcast by a distant stat	lion?					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 th	ne progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst	itute progra	m on a separa	te line. Use abbreviations	wherever pos	sible, if their m	neaning is	
	clear. If you need more span							
	Column 1: Give the title period, was broadcast by a			sion program ("substitute				
	under certain FCC rules, reg							
	Do not use general categori							-
	"NBA Basketball: 76ers vs.	Bulls."				1 1 1 1		
				r "Yes." Otherwise enter "N				
				sting the substitute progra			00 an in	
	the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			h the mon	th
	first. Example: for May 7 giv		inion you eye					
				gram was carried by your				у
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	uld be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that y	our ovetom we	no roquiro	4
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.	0,				0		
						N SUBSTITU		
	5		E PROGRAM			AGE OCCUF		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. TIM FROM —	ES TO	
		100 01 110	ONEE OIGH				10	
					•	_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		
1			1					

Accounting Period:	2019/1			FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom California LLC (Sun City, CA)			\$	8YSTEM ID# 33403
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	system's s tion of how	secondary trans to compute this	mission servi s amount, see \$ 26	се
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more) but less t	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00				1
	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 li			-	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE		ore than \$137,	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 K5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	' and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K	\$	266,074.85		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	2,274.85		
	4. Multiply line 3 by .01		\$	22.75	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		. \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .		\$	1,341.75
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,341.75	
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			\$	1,361.75
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2019/1									FORM SA	A1-2E. PAGE 7
Name		NER OF CABLE SYSTEM: prnia LLC (Sun City, CA	A)							:	SYSTEM ID# 33403
M Channels	to its subscribers, a 1. Enter the total n	must give (1) the number and (2) the cable system's umber of channels on whi levision broadcast stations	total numl	nber of a ble	activated channels	during the a	accounting pe	eriod.		46	
	on which the cab	umber of activated channe le system carried television st services	n broadcas							81	
N Individual to Be Contacted		E CONTACTED IF FURT out this statement of accou		ORMAT	ION IS NEEDED	Identify an i	ndividual to v	/hom			
for Further Information	Name	Kenneth J. Kohrs						Telephone	845-443-2	762	
	Address	One Mediacom Way Number, street, rural route, apa	/ irtment, or su	suite numb	per)						
		Mediacom Park, NY City, town, state, zip)	10918	3							
	Email	Copyrights@n	nediacom	ncc.con	n		Fax (opti	onal)			
0	CERTIFICATION (T	his statement of account n	nust be ce	ertified a	and signed in acco	rdance with	Copyright Of	fice regulations)			
Certification		hereby certify that (Check o		-		able system a	as identified ir	line 1 of space E	3; or		
	in lin	f owner other than corpor e 1 of space B and that the	owner is no	not a cor	poration or partner	ship; or	-				
	in lin I have examined the 	or partner) I am an officer e 1 of space B. The statement of account and and correct to the best of m 1001(1986)]	l hereby de	leclare u	nder penalty of law	that all state	ments of fact	contained herein	ner of the cable	system	
				an electro	Kenneth J. Ko onic signature on the using an "/s/ signat	e line above t		atement.	-		
		Typed or printe	ed name:	Kei	nneth J. Kohr	S					
		Title: (Title of			dent, Financia in corporation or part		ing				
		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 telephol numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lav

unting Period: 2019/1		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
liacom California LLC (Sun City, CA)		334
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EX The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(lowing sentence: "In determining the total number of subscribers and the gross amount service of providing secondary transmissions of primary broadcast tra scribers and amounts collected from subscribers receiving secondary For more information on when to exclude these amounts, see the note on pa located in the paper SA1-2 form.	A), of the Copyright Act by adding the fol- ts paid to the cable system for the basic ansmitters, the system shall not include sub- v transmissions pursuant to section 119." age (vii) of the general instructions	P Special Statemen Concerning Gross Receipts Exclusio
During the accounting period, did the cable system exclude any amounts of a made by satellite carriers to satellite dish owners?	gross receipts for secondary transmissions	
YES. Enter the total here and list the satellite carrier(s) below.	\$	
Name Name Mailing Address Mailing Actions	idress	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a For an explanation of interest assessment, see page (viii) of the general instru-		Q
	ructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instruction 1 Enter the amount of late payment or underpayment	ructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general inst	ructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instruction 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instruction 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instruction 1 Enter the amount of late payment or underpayment	ructions located in the paper SA1-2 form. x x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general insti- Line 1 Enter the amount of late payment or underpayment 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	x	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instruction. Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instruction. Line 1 Enter the amount of late payment or underpayment	ructions located in the paper SA1-2 form. x	Q Interest Assessme
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