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	\$
0/23/2013	ALLOCATION NUMBER

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	OUNTING 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. (BRUNSWICK, 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)								
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already 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:								
		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								
	I	(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. (BRUNSWICK, MO)	537							
	Instructions: List each separate community served by the cable system. A "communit								
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single,								
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	t 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 ho	ome parks should be reported in parentheses below the							
Served	identified city.								
33.132									
	CITY OR TOWN	STATE							
First	BRUNSWICK	MO							
Community	SALISBURY	MO							
	JALIODOKI	IVIO							
Add Rows as Necessary									

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 537

# MEDIACOM SOUTHEAST LLC. (BRUNSWICK, MO)

# Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**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.

OCK 1	BLOCK 2	
NO. OF	RΔTE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE
OODOCKIDEKO	TVATE	OATEONY OF CERVICE CONSCINENCE TWITE
158	40.49-49.54	
0	40.49-49.54	
	NO. OF SUBSCRIBERS 158	NO. OF SUBSCRIBERS RATE  158 40.49-49.54  0 40.49-49.54

# 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.

	CK 1		BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	PP	Motel, hotel		Family	79.49
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial			
<ul> <li>Fire protection</li> </ul>		Pay cable			
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	99.99	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	15.00-29.00	Other services:			
• FM radio (if separate rate)		Reconnect	29.00		
<ul> <li>Converter</li> </ul>	10.50	Disconnect			
		Outlet relocation	15.00-29.99		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

537

# MEDIACOM SOUTHEAST LLC. (BRUNSWICK, MO)

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
KCPT PBS	18	E	KANSAS CITY, MO
KMBC ABC	29	N	KANSAS CITY, MO
KMIZ/KMIZ(HD) ABC	17	N	COLUMBIA, MO
KMIZ-DT2 (MeTV)	17.2	I-M	COLUMBIA, MO
KMIZ-DT3 MyNet	17.3	I-M	COLUMBIA, MO
KMOS/KMOS(HD) PBS	15	E	SEDALIA, MO
KMOS-DT2 PBS CREATE	15.2	E-M	SEDALIA, MO
KMOS-DT3 PBS MHz Worldview	15.3	E-M	SEDALIA, MO
KMOS-DT4 PBS WORLD	15.4	E-M	SEDALIA, MO
KNLJ CTN	20	<u>l</u>	JEFFERSON CITY, MO
KOMU/KOMU(HD) NBC	8	N	COLUMBIA, MO
KOMU-DT3/KOMU-DT3 (HD) (CW	8.3	I-M	COLUMBIA, MO
KQFX/KQFX(HD) FOX	22	I	COLUMBIA, MO
KRCG/KRCG(HD) CBS	12	N	JEFFERSON CITY, MO
KRCG-DT2 COMET	12.2	I-M	JEFFERSON CITY, MO
KRCG-DT3 Charge!	12.3	I-M	JEFFERSON CITY, MO
KRCG-DT4 TBD	12.4	I-M	JEFFERSON CITY, MO
WDAF FOX	34	l	KANSAS CITY, MO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### MEDIACOM SOUTHEAST LLC. (BRUNSWICK, MO)

537

### 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  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION OF	CALL SIGN	AM or EM	S/D	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION
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Accounting Perio	DIC: 2019/1 LEGAL NAME OF OWNER OF	CABLE SVS	TEM:				FOR	RM SA1-2E. PAGE 5.
Name	MEDIACOM SOUTHEA			K, MO)				SYSTEM ID# 537
Substitute	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	ify every not	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> sta CC rules, regu	lations, or a	uthorizations.	. For a further
Carriage:	1. SPECIAL STATEMEN				io gonorai inot	ractionio iir ti	то рарог слт	2 101111.
Special						. 4		
Statement and	During the accounting per	-	r cable system	carry, on a substitute ba	sis, any nonne	etwork televi	ision prograr	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complet	e the progra	m
	log in block 2.			•	•			
	2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran	ce, please a of every no distant stati gulations, o ies like "mo Bulls." In was broad sign of the sadcast static atth and day /e "5/7." es when the Example: a er "R" if the and regulation in that y	am on a separa add additional ranetwork televition and that yo rauthorizations vies" or "basked deast live, enterestation broadea on's location (the one, if any, the owhen your system on program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gentball." List specific program "Yes." Otherwise enter "asting the substitute program community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for programing the accounting period	e program") the ed for the program titles, for ex No."  am.  e station is lice station is ide program. Use cable system: 15 p.m. to 6:2 ramming that yd; enter the le	at, during the gramming or one for further ample, "I Lo ensed by the ntified). e numerals, at List the time 28:30 p.m. so your system tter "P" if the	e accounting fanother state information ove Lucy" or e FCC or, in with the more accurate should be a was require e listed programments.	otion n. nth ely
	effect on October 19, 1976.							
						EN SUBST		
	9	UBSTITUT	E PROGRAM	1	CARR	IAGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION

CEIPTS  :: The figure you give in this space determines the form you file and the amount (gross receipts) paid to your cable system by subscribers for the system's second in space E) during the accounting period. For a further explanation of how to come the general instructions located in the paper SA1-2 form. Secipts from subscribers for secondary transmission service(s) are accounting period.  F: You must complete a statement in space P concerning gross receipts.  ROYALTY FEE To compute the royalty fee you owe: Dock 1, block 2, or block 3.  If the amount of gross receipts in space K is \$137,100 or less if the amount of gross receipts in space K is more than \$137,100 but less than \$10 the general instructions located in the paper SA1-2 form for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS  As a cable system with gross receipts of \$137,100 or less, the royalty fee that you meriod is \$52.00  ty fee for accounting period  st charge. Enter the amount from line 4, space Q, page 8  LL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more the count of gross receipts from space K  LL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more the count of gross receipts from space K  Land to gross receipts from space K  Land of gross receipts from space K	r equal to \$263,800 527,600  sust pay for this six-month  \$	57,566.48 gross receipts)					
ROYALTY FEE To compute the royalty fee you owe: ock 1, block 2, or block 3. If the amount of gross receipts in space K is \$137,100 or less if the amount of gross receipts in space K is more than \$137,100 but less than of if the amount of gross receipts in space K is more than \$263,800 but less than of if the amount of gross receipts in space K is more than \$137,100 or less the general instructions located in the paper SA1-2 form for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS As a cable system with gross receipts of \$137,100 or less, the royalty fee that you meriod is \$52.00  ty fee for accounting period st charge. Enter the amount from line 4, space Q, page 8  LROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more the sunt under statutory formula	r equal to \$263,800 527,600 \$3  ust pay for this six-month \$  \$	52.00 0.00					
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To compute the royalty fee you owe:  lock 1, block 2, or block 3.  If the amount of gross receipts in space K is \$137,100 or less if the amount of gross receipts in space K is more than \$137,100 but less than of if the amount of gross receipts in space K is more than \$263,800 but less than \$1 the general instructions located in the paper SA1-2 form for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS As a cable system with gross receipts of \$137,100 or less, the royalty fee that you meriod is \$52.00  ty fee for accounting period  st charge. Enter the amount from line 4, space Q, page 8  LROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more the count under statutory formula \$263  unt of gross receipts from space K	527,600  Sust pay for this six-month	52.00 0.00					
As a cable system with gross receipts of \$137,100 or less, the royalty fee that you meriod is \$52.00  ty fee for accounting period	st pay for this six-month\$	52.00 0.00					
ty fee for accounting period	\$	52.00 0.00					
st charge. Enter the amount from line 4, space Q, page 8	\$ nan \$137,100) ,800.00	0.00					
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more that under statutory formula	<u>\$</u> nan \$137,100) ,800.00						
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more the sunt under statutory formula	nan \$137,100) , <b>800.00</b>	52.00					
unt under statutory formula	,800.00						
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mount of gross receipts from space K		=,					
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arge. Enter the amount from line 4, space Q, page 8	<u> </u>	0.00					
DYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)							
mount of gross receipts from space K							
unt under statutory formula	,800.00						
ne 2 from line 1							
e 3 by .01							
e on the first \$263,800 of gross receipts (under statutory formula) \$		-					
arge. Enter the amount from line 4, space Q, page 8	0.00	-					
DYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		-					
FILING FEE AND TOTAL REMITTANCE DUE							
e Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	-					
	15.00	-					
(See the instructions for more information on filing fee calculations)	\$	67.00					
,	See the instructions for more information on filing fee calculations)	See the instructions for more information on filing fee calculations)					

First Name   Fir	Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
The process of the control of the control of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cobe system's total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of channels on which the cable system carried television broadcast stations and nonbroadcast services.  8. No individual to be control or which the cable system carried television broadcast stations and nonbroadcast services.  8. No individual to be control or subscriber or subscr	Name			rick, mo)	SYSTEM ID# 537
we can contact about this statement of account.)  Individual to Be Contacted for Further Information  Address  One Mediacom Way (Number, street, vani rode, spertment, of suite number)  Mediacom Park, NY 10918  (City, town state, van)  Certification  Certificati		Instructions: Yo to its subscribers  1. Enter the total system carried  2. Enter the total on which the car	, and (2) the cable system's to number of channels on which television broadcast stations . number of activated channels ble system carried television b	tal number of activated channels during the accounting period.  the cable  roadcast stations	
Address  One Mediacom Way (Number, street, rural route, apatrment, or sude number)  Mediacom Park, NY 10918  (City, town, strife, pp)  Email Copyrights@mediacomcc.com  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a coporation or partnership, or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  * I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, Information, and belief, and are made in good faith.  **Enter an electronic signature on the line above to certify this statement.  Enter an electronic signature on the line above to certify this statement.  Enter an electronic signature on the line above to certify this statement.  Enter is signature using an "1% signature" (e.g., /s/ John Smith)  Typed or printed name:  **Kenneth J. Kohrs**  Title: **Vice President, Financial Reporting**  (Title of official position hold in corporation or partnership)	Individual to				
Mediacom Park, NY 10918  (City, town, state, zip)  Email Copyrights@mediacomcc.com Fax (optional)  Certification  Certification  I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.    Vice President, Financial Reporting (Title of official postern held in corporation or partnership).		Name	Kenneth J. Kohrs	Telephone <b>84</b>	15-443-2762
Mediacom Park, NY 10918  (City, town, state, zip)  Email  Copyrights@mediacomc.com  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or  (Officer or partner) I am an officer (if a corporation or partnership); or a partnership) of the legal entity identified as owner of the cable system in line 1 of space B;  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001 (1986)]  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 name:  Kenneth J. Kohrs  Title:  Vice President, Financial Reporting  (Title of official position held in corporation or partnership)		Address	One Mediacom Way (Number, street, rural route, apartm	ent, or suite number)	
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Typed or printed name: Kenneth J. Kohrs  Title: Vice President, Financial Reporting  (Title of official position held in corporation or partnership)				X /s/ Kenneth J. Kohrs	
Title: Vice President, Financial Reporting  (Title of official position held in corporation or partnership)					
(Title of official position held in corporation or partnership)			Typed or printed i	name: Kenneth J. Kohrs	
Date: 08/13/2019					
<u> </u>			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 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 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
MEDIACOM SOUTHEAST LLC. (BRUNSWICK, MO)	537
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.  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	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address  Name 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 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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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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