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

Return completed workbook

STATEM	ENT	OF ACCOUNT	FOR COPYRIGI	HT OFFICE USE ONLY	by email to:	
		ansmissions by	DATE RECEIVED	AMOUNT	-	
Cable Syste					coplicsoa@loc.gov	
General instructions are located in the first tab of this workbook			2/28/2020	\$ 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: (Y	YYY/(Period))		
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
			Barcode Data Filing Period (optiona	I - see instructions)		
Accounting Period						
В		Instructions: Give the full legal name of the owner of the title of the subsidiary, not that of the pare		sidiary of another corporation, give the full	corporate	
Owner		List any other name or names under whic	h the owner conducts the business of	the cable system.		
		If there were different owners during the single statement of account and royalty fe		the last day of the accounting period shoul nting period.		
		Check here if this is the system's first filin	g. If not, enter the system's ID numbe	r assigned by the Licensing Division.	15071	
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	1		
		MEDIACOM SOUTHEAST LLC (WAY	(FLAND MS)			
		BUSINESS NAME(S) OF OWNER OF	· · · · · · · · · · · · · · · · · · ·	Т)		
			· · · · · · · · · · · · · · · · · · ·	·		
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
		ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite no	umbor			
		MEDIACOM PARK, NY 10918				
		(City, town, state, zip)				
С				entify the business and operation of t he system, if different from the addre	-	
System	1	IDENTIFICATION OF CABLE SYSTEM:				
		MEDIACOM SOUTHEAST LLC				
		MAILING ADDRESS OF CABLE SYSTEM	:			
	2	5973 HWY. 90 W. (Number, street, rural route, apartment, or suite no	umber)			
		THEODORE, AL 36582	•			
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hamo	MEDIACOM SOUTHEAST LLC (WAVELAND, MS)	15071
	Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated com	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	t will serve as a form of system identification hereafter knowr
	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.	
001104		
	CITY OR TOWN	STATE
First	WAVELAND	MS
Community	BAY ST. LOUIS	MS
-	HANCOCK	MS
	JORDON RIVER SHORE	MS
Rows as Necessary		
	WIGGINGS	MS
	STONE COUNTY	MS

	FOILEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	MEDIACOM SOUTHEAS			ND, MS)					1507	
	SECONDARY TRANSMISSION		IBSCR		ATES					
E	In General: The information in s					ry transmission	service of	the cable		
	system, that is, the retransmission	on of television	and ra	dio broadcasts	by your sy	ystem to subscri	bers. Give	information		
Secondary	about other services (including p	, , ,	,		,		those exist	ting on the		
Transmission	last day of the accounting period Number of Subscribers: Both						hle evetem	hualcan		
Service: Sub- scribers and	down by categories of secondar	•					,	,		
Rates	each category by counting the n									
	separately for the particular serv							0		
	Rate: Give the standard rate of	-	-					-		
	unit in which it is generally billed category, but do not include disc	· ·		,	ny standa	ard rate variation	is within a	particular rate		
	Block 1: In the left-hand block				ries of sec	condary transmis	ssion servi	ce that cable		
	systems most commonly provide	•		0		•				
	that applies to your system. Not									
	categories, that person or entity						•			
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system					service that are	e different f	from those		
	printed in block 1 (for example, t	•								
	with the number of subscribers a						,.			
	sufficient.	1			<u></u>					
	BLO			BLOCK	K 2 NO. OF					
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI	
	Residential:									
	Service to first set		2,007	30.95-51.54						
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel									
	Commercial		4	30.95-51.54						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s					
-	In General: Space F calls for ra					all your cable sys	stem's serv	vices that were		
F	not covered in space E, that is, t					,	,			
0	service for a single fee. There al		,		0		0 (/		
Services Other Than	furnished at cost or (2) services									
Secondary	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.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a									
	brief (two- or three-word) description and include the rate for each.									
		BLO	1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER ation: Non-res		RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Convision			otel, hotel	luential		Family	τv	79.4	
	Continuing Services:	DD	• 1010				i anny		13.4	
	• Pay cable	PP	• Co							
	• Pay cable • Pay cable—add'l channel	PP PP	_	mmercial						
	Pay cable Pay cable—add'l channel Fire protection		•Pa	y cable	annal					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 		• Pa • Pa	y cable y cable-add'l ch	annel					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	PP	• Pa • Pa • Fire	y cable y cable-add'l ch e protection	annel					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	PP 99.99	• Pa • Pa • Fire • Bu	y cable y cable-add'l ch e protection rglar protection	annel					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	PP	• Pa • Pa • Fire • Bu Other	y cable y cable-add'l ch e protection rglar protection services:	annel					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	99.99 15.00-29.00	• Pa • Pa • Fire • Bu Other • Re	y cable y cable-add'l ch e protection rglar protection services: connect	annel	29.00				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	PP 99.99	• Pa • Pa • Firo • Bu Other • Re • Dis	y cable y cable-add'l ch e protection rglar protection services: connect sconnect	annel					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	99.99 15.00-29.00	• Pa • Pa • Firo • Bu • Bu • Cher • Dis • Ou	y cable y cable-add'l ch e protection rglar protection services: connect		29.00 15.00-29.00				

ccounting Period: 2	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	MEDIACOM SOUTHEA	ST LLC (WAVELAND, MS)		15071
	PRIMARY TRANSMITTERS: In General: In space G, ider 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 al basis. For further information Column 1 : List each station ⁴ multicast stream associated "WETA-2" as the same on th Column 2 : Give the channel 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	TELEVISION tify every television station (including a during the accounting period, <i>excep</i> effect on June 24, 1981, permitting to (2) and (4), or 76.63 (referring to 76.1 explained in the next paragraph. With respect to any distant stations of es, regulations, or authorizations: in space G—but do list it in space I (in a substitute basis. so in space I, if the station was carried a concerning substitute basis stations is call sign. <i>Do not</i> report origination with a station according to its over-the in or non- number the FCC assigned to the tele CC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), ms, see page (iv) of the general instr- of each station. For U.S. stations, lis	t the community to which the station i	me basis under ms [sections ons 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" nal multicast). s licensed by the
			the community with which the station	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WDSU/WDSU(HD) NBC	43	N	NEW ORLEANS, LA
	WGNO/WGNO(HD) ABC	26	N	NEW ORLEANS, LA
dd Rows as Necessary	WGNO-DT2/WGNO-DT2 HD A	26.2	N-M	NEW ORLEANS, LA
	WHNO-IND	20	I	NEW ORLEANS, LA
	WKRG CBS	27	N	MOBILE, AL
	WLOX/WLOX(HD) ABC	13	N	BILOXI, MS
	WLOX-DT2/WLOX-DT2 (HD) C	13.2	N-M	BILOXI, MS
	WLOX-DT3 Bounce	13.3	N-M	BILOXI, MS
	WMAH/WMAH(HD) PBS	19	E	BILOXI, MS
	WNOL (CW)	15	Ι	NEW ORLEANS, LA
	WPXL/WPXL(HD) ION	49	I	NEW ORLEANS, LA
	WUPL My Net	24	I	NEW ORLEANS, LA
	WVUE/WVUE(HD) FOX	29	I	NEW ORLEANS, LA
	WVUE-DT2 Bounce TV	29.2	I-M	NEW ORLEANS, LA
	WWL/WWL(HD) CBS	36	N	NEW ORLEANS, LA
	WXXV/WXXV(HD) FOX	48	I	GULFPORT, MS
	WXXV-DT2/WXXV-DT2 HD (N	48	N-M	GULFPORT, MS
	WXXV-DT3 CW	48.3	I-M	GULFPORT, MS
	WYES/WYES(HD) PBS	11	E	NEW ORLEANS, AL

	OWNER OF C		C (WAVELAND, MS)					SYSTEM 150
	every radio s	station ca	rried on a separate and discre nerally receivable by your cab					Н
ceceivable if (1) on the basis of i for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stat this by placing ive the statior	y the sys be receint the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s le station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	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	od: 2019/2							FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	FEM:						SYSTEM ID#
Name	MEDIACOM SOUTHEA	AST LLC (V	WAVELAND	D, MS)					15071
-	SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM LO	G				
	In General: In space I, ident	tify every non	network televi	<i>ision program,</i> broadcast by	/ a distant sta	tion, that y	our	cable sys	tem carried on a
	substitute basis during the a								
Substitute	explanation of the programm	ning that mus	t be included	in this log, see page (v) of t	he general ins	structions	in the	e paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCERI	NING SUBS	TITUTE CARRIAGE					
Special	 During the accounting per 	riod, did your	r cable syster	n carry, on a substitute ba	isis, any noni	network te	levis	sion prog	ram
Statement and	broadcast by a distant sta	tion?	-		-			YES	× NO
Program Log	broaddast by a distant sta							TES	NO
	Note: If your answer is "No	o", leave the r	rest of this pa	ige blank. If your answer is	s "Yes," you ı	must com	plete	the prog	gram
	log in block 2.								
	2. LOG OF SUBSTITUTI	E PROGRAI	MS						
	In General: List each subs				s wherever p	ossible, if	their	meaning	g is
	clear. If you need more spa	ace, please a	add additional	rows to the tables.					-
				vision program ("substitute					
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "bask	etball." List specific progra	am titles, for e	example,	I LO	ve Lucy"	or
			loast live ent	er "Yes." Otherwise enter '	"No "				
				asting the substitute progr					
				the community to which the		censed by	the	FCC or.	in
	the case of Mexican or Car							,	
				stem carried the substitute			als, v	with the n	nonth
	first. Example: for May 7 gi								
				ogram was carried by you					ately
	to the nearest five minutes.	. Example: a	program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.i	n. sł	nould be	
	stated as "6:00-6:30 p.m."	"D" (()			remained the				uiro d
							emv		iirea
				n was substituted for prog					
	to delete under FCC rules	and regulatio	ons in effect d	uring the accounting perio	od; enter the	letter "P" i	f the	listed pro	
	to delete under FCC rules a was substituted for program	and regulatio mming that yo	ons in effect d	uring the accounting perio	od; enter the	letter "P" i	f the	listed pro	
	to delete under FCC rules	and regulatio mming that yo	ons in effect d	uring the accounting perio	od; enter the	letter "P" i	f the	listed pro	
	to delete under FCC rules a was substituted for program	and regulatio mming that yo	ons in effect d	uring the accounting perio	od; enter the l ler FCC rules	letter "P" i	f the Ilatio	listed pro	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulatio mming that yo	ons in effect d	luring the accounting peric as permitted to delete und	od; enter the ler FCC rules WHE	letter "P" i s and regu	f the Ilatio	listed pro	ogram 7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulation mming that you	ons in effect d our system w	luring the accounting peric as permitted to delete und	od; enter the ler FCC rules WHE	N SUBS	f the Ilatio	Iisted pro ons in TE RED	ogram
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Accounting Period:	2019/2		FORM S	GA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (WAVELAND, MS)		S	8YSTEM ID# 15071
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amounts (gross receipts) paid to your cable system by subscribers for the system's see (as identified in space E) during the accounting period. For a further explanation of how to 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.	condary transm o compute this a	ission service amount, see \$50	
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 but less tha • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less tha See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that y accounting period is \$52.00	ou must pay for	this six-mon ⁻	
	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 lines 1 and 2	!	·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo	ore than \$137,1	00)	
	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			
	5. 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 \$263,800 (but	less than \$527,	600)	
	1. Enter the amount of gross receipts from space K	503,624.52		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	239,824.52		
	4. Multiply line 3 by .01	,	2,398.25	
	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			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6.			3,717.25
			φ	5,717.25
	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)	\$	3,717.25	
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		\$	3,737.25
	Important: Your remittance must be in the form of an electronic payment payal See page i of the general instructions in the paper SA1-2 form for	-		ghts!

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: UTHEAST LLC (WAVELA	ND, MS)			SYSTEM ID# 15071
M Channels	to its subscribers, 1. Enter the total i system carried to 2. Enter the total i	, and (2) the cable system's t number of channels on which		uring the accounting p		31
		•				76
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour	ER INFORMATION IS NEEDED (Ic t.)	lentify an individual to v	whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone 8	345-443-2762
		One Mediacom Way (Number, street, rural route, aparth Mediacom Park, NY (City, town, state, zip)				
	Email	Copyrights@m	ediacomcc.com	Fax (opt	ional)	
O Certification	I, the undersigned (Owner (Agent in lin (Office in lin Ihave examined	d, hereby certify that (Check or r other than corporation or p of owner other than corpor ne 1 of space B and that the of er or partner) I am an officer (ne 1 of space B. the statement of account and b, and correct to the best of my	ust be certified and signed in accord ne, <i>but only one</i> , of the boxes.) artnership) I am the owner of the ca tion or partnership) I am the duly a wner is not a corporation or partners if a corporation) or a partner (if a part hereby declare under penalty of law knowledge, information, and belief, X /s/ Kenneth J. Kohn Enter an electronic signature on the I Enter signature using an "/s/ signatur	ble system as identified uthorized agent of the c hip; or nership) of the legal en that all statements of fa and are made in good fa	d in line 1 of space B owner of the cable sy tity identified as own act contained herein aith.	ystem as identified
		Typed or printed Title: (Title of o	name: Kenneth J. Kohrs Vice President, Financial ficial position held in corporation or partner			
		Date:		2/20)/2020	

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 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 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.

L NAME OF OWNER OF CABLE SYSTEM:	
	SYSTEM
DIACOM SOUTHEAST LLC (WAVELAND, MS)	150
 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:	P Special Statemen Concerning Gros Receipts Exclusio
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	—
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number First community served	

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