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					
2/28/2020	\$ 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.						
		T					
		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					
		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		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:					
	<u> </u>	Mediacom Southeast LLC					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	ONE MEDIACOM WAY					
	_	(Number, street, rural route, apartment, or suite number)  MEDIACOM PARK, NY 10918					
		(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 suffciency of the fling, a determination that would be made by a court of law.

	and to	
Accounting Period:	2019/2	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Mediacom Southeast LLC	24126
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hours.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	identified city.	onie parks snoulu be reported in parentileses below the
	CITY OR TOWN	STATE
First	Currituck	NC
Community	Camden	NC
Add Rows as Necessary		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 24126

# Mediacom Southeast LLC

# E

### 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.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,960	40.49-55.61				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	0	40.49-53.61				
Converter						
Residential						
Non-residential						
		1		T		

# 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.

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

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 24126

### **Mediacom Southeast LLC**

G

### 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
WAVY/WAVY(HD) NBC	31	N	Portsmouth, VA
WAVY-DT2 BOUNCE TV	31.2	I-M	Portsmouth, VA
WAVY-DT3 GET TV	31.3	I-M	Portsmouth, VA
WAVY-DT4 CBN	31.4	I-M	Portsmouth, VA
WGNT (CW)	50	<u>l</u>	Portsmouth, VA
WHRO (PBS)	16	<b>E</b>	Hampton, VA
WITN (NBC)	32	N	Washington, DC
WPXV/WPXV(HD) ION	46	<u>l</u>	Portsmouth, VA
WSKY/WSKY(HD) IND	9	<u>l</u>	Manteo, NC
WTKR/WTKR(HD) CBS	40	N	Norfolk, VA
WTVZ (MyNet)	33	<u> </u>	Norfolk, VA
WTVZ-DT2 Stadium	32.2	I-M	Norfolk, VA
WTVZ-DT3 COMET	32.3	I-M	Norfolk, VA
WTVZ-DT4 TBD	32.4	I-M	Norfolk, VA
WUND/WUND(HD) PBS	20	E	Edenton, NC
WVBT/WVBT(HD) FOX	43	<u> </u>	Virginia Beach, VA
WVEC/WVEC(HD) ABC	43	N	Hampton, VA
WVEC-DT2 Justice Netwo	43.2	I-M	Hampton, VA
WVEC-DT3 Me TV	43.3	I-M	Hampton, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Mediacom Southeast LLC

24126

### 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).

	T		[	T	T		T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Associating Dovid	d. 2010/2						FOR	M CA4 OF DACE 5		
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	M SA1-2E. PAGE 5.  SYSTEM ID#		
Name	Mediacom Southeast							24126		
1	SUBSTITUTE CARRIAG In General: In space I, ident	tify every no	nnetwork televi	ision program, broadcast by	a distant sta					
Cubatituta	substitute basis during the a	٠.		•						
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Special	ial  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and	broadcast by a distant sta		ar cable cyclor	ii carry, orr a cascinate sa	olo, ally florii		YES	X NO		
Program Log					<i>(1)</i> ( )					
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	s "Yes," you r	must comp	olete the pro	gram		
	log in block 2.  2. LOG OF SUBSTITUT	F PROGRA	\MS							
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if	their meanin	g is		
	clear. If you need more spa									
	<b>Column 1:</b> Give the title period, was broadcast by a			vision program ("substitute our cable system substitut						
	under certain FCC rules, re	egulations, d	or authorization	ns. See page (v) of the ge	neral instruct	ions for fu	rther informa	ation.		
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love Lucy"	or		
	-		dcast live, ent	er "Yes." Otherwise enter '	"No."					
	Column 3: Give the call	sign of the	station broado	asting the substitute progr	ram.					
	Column 4: Give the bro the case of Mexican or Car		`	the community to which the		,	the FCC or,	in		
				stem carried the substitute			als, with the i	month		
	first. Example: for May 7 gi									
	to the nearest five minutes			ogram was carried by you ried by a system from 6:01						
	stated as "6:00–6:30 p.m."	. Example: (	a program can	ned by a cyclem nom c.c.	о р со о	7.20.00 p.ii	ni. Onoula bo			
				n was substituted for prog						
	to delete under FCC rules was substituted for prograr							rogram		
	effect on October 19, 1976	•	,	ao poou to doioto di		- a.i.a i ega				
					\^// 15	N OUDOT				
	S	UBSTITUT	E PROGRAM	1		N SUBST AGE OCC		7. REASON FOR		
	TITLE OF PROGRAM		3. STATION'S		5. MONTH		TIMES	DELETION		
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>			
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Accounting Period:	2019/2			SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Mediacom Southeast LLC			SYSTEM ID# 24126
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of he 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.	s secondary transm www.to.compute.this.a	ission service amount, see	
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  • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informa	than \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee th accounting period is \$52.00	at you 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 ar	nd 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more than \$137,1	00)	
	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 (t	out less than \$527	,600)	
	Enter the amount of gross receipts from space K	394,212.43		
	2. Base amount under statutory formula	263,800.00	_	
	3. Subtract line 2 from line 1	130,412.43		
	4. Multiply line 3 by .01	\$	1,304.12	
	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	16	\$	2,623.12
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	2,623.12	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	2,643.12
	Important: Your remittance must be in the form of an electronic payment possible. See page i of the general instructions in the paper SA1-2 form	-		ghts!

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Mediacom Southeast LLC	SYSTEM ID# 24126
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.	
Ondiniois	Enter the total number of channels on which the cable     system carried television broadcast stations	26
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	68
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
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	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 ic in line 1 of space B and that the owner is not a corporation 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 cin line 1 of space B.	able system
	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)	
	Date: 2/20/2020	

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counting Period: 2019/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ediacom Southeast LLC	24126
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
Name Mailing Address 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.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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 (interest charge)	_
* 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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