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
Owner		title of the subsidiary, not that of the parent corporation. 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 (CADIZ, KY)
		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	_	IDENTIFICATION OF CABLE SYSTEM:
	1	MEDIACOM SOUTHEAST LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	90 NORTH MAIN
	_	(Number, street, rural route, apartment, or suite number)
		BENTON, KY 42025 (City, town, state, zip code)
	1	(Oity, 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.

Name		
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM SOUTHEAST LLC (CADIZ, KY)	24132
	Instructions: List each separate community served by the cable system. A "comm	
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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 mob	d communities within unincorporated areas and including single, bu list will serve as a form of system identification hereafter known .
Area Served	identified city.	ile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	CADIZ	KY
Community	TRIGG COUNTY	KY
Add Rows as Necessary		
	Managamananananananananananananananananan	

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24132

MEDIACOM SOUTHEAST LLC (CADIZ, KY)

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	838	40.49-51.54					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	0	40.49-51.54					
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 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	77.49
 Pay cable—add'l channel 	PP	Commercial			
 Fire protection 		• Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	99.99	Burglar protection			
 Additional set(s) 	15.00-29.00	Other services:			
• FM radio (if separate rate)		Reconnect	29.00		
• Converter	10.50	Disconnect			
		Outlet relocation	15.00-29.00		
		 Move to new address 			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24132

MEDIACOM SOUTHEAST LLC (CADIZ, KY)

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
WEHT ABC	7	N	EVANSVILLE, IN
WKMU/WKMU(HD) KET PI	36	E	MURRAY, KY
WKMU-DT2 KET2	36.2	I-M	MURRAY, KY
WKMU-DT3 KET KY	36.3	I-M	MURRAY, KY
WKMU-DT4 PBS Kids	36.4	E-M	MURRAY, KY
WKRN/WKRN(HD)ABC	27	N	NASHVILLE, TN
WMKU(HD)PBS	21	E	MURRAY, KY
WNAB CW	23	l	NASHVILLE, TN
WNPT/WNPT(HD)PBS	8	E	NASHVILLE, TN
WPSD NBC	32	N	PADUCAH, KY
WSMV/WSMV(HD)NBC	10	N	NASHVILLE, TN
WTVF/WTVF (HD)CBS	5	N	NASHVILLE, TN
WUXP MY NET	21		NASHVILLE, TN
WZTV/WZTV(HD) FOX	15		NASHVILLE, TN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM SOUTHEAST LLC (CADIZ, KY)

24132

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
							I

Accounting Perio	nd: 2019/2						FOE	RM SA1-2E. PAGE 5
accounting Pend	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FOR	SYSTEM ID#
Name	MEDIACOM SOUTHE	AST LLC (CADIZ, KY)					24132
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUT 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 catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call	E: SPECIA tify every no accounting p aning that mu T CONCER riod, did you ation? ", leave the E PROGRA tifute progra ace, please of every no ace, please e of every no a	AL STATEME nnetwork televi period, under sp st be included i RNING SUBS ur cable syster e rest of this pa AMS am on a separa add additional annetwork televiton and that you povies" or "bask dcast live, ente station broado	INT AND PROGRAM LO sion program, broadcast by pecific present and former F in this log, see page (v) of the TITUTE CARRIAGE in carry, on a substitute band age blank. If your answer in ate line. Use abbreviation rows to the tables. vision program ("substitute our cable system substitute ins. See page (v) of the ge	y a distant sta FCC rules, reg the general ins asis, any nonr s "Yes," you i s wherever p e program") to ted for the program instruct am titles, for a "No."	network to must com ossible, if hat, durin ogrammir ions for for example,	relevision properties their meaning the accourage of another unther inform	stem carried on a ons. For a further SA1-2 form. gram X NO gram ng is station ation. " or
	first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	nth and day ive "5/7." nes when th . Example: ter "R" if the and regulat mming that	when your sy e substitute pro a program carr e listed program ions in effect d	stem carried the substitute ogram was carried by you ried by a system from 6:0 n was substituted for prog uring the accounting perio	e program. Use representation of the learning that page and the learning that pot; enter the learning that pots the lea	se numer m. List the 3:28:30 p. t your sys letter "P"	e times accu m. should be tem was <i>req</i> if the listed p	rately e uired
					WHE	N SUBS	TITUTE	
	S	1	E PROGRAM		1		CURRED	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES — TO	

				-	VCTEMI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (CADIZ, KY)			3	YSTEM II 241
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 explanar page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	system's	secondary transn	nission service	
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross in			\$ 22 (Amount of gr	9,551.39 oss receipts)
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 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	than \$527,600	:263,800	
	BLOCK 1: GROSS RECEIPTS OF \$1:	37,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	alty fee tha	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 an	d 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	ESS (but	more than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00	=	
	2. Enter amount of gross receipts from space K	\$	229,551.39	=	
	3. Subtract line 2 from line 1	\$	34,248.61	=	
	4. Enter the amount of gross receipts from space K		<u>\$</u>	229,551.39	
	5. Enter the amount from line 3		\$	34,248.61	
	6. Subtract line 5 from line 4		\$	195,302.78	
	7. Multiply line 6 by .005 (enter figure here)			\$	976.51
	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				976.51
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	63,800 (b	ut less than \$527	7,600)	
	Enter the amount of gross receipts from space K			_	
	Base amount under statutory formula	\$	263,800.00	<u>-</u>	
	3. Subtract line 2 from line 1			_	
	4. Multiply line 3 by .01		· · · · <u> </u>		
	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		
	FILING FEE AND TOTAL REMITTANCE D	UE			
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		<u>\$</u>	976.51	
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			\$	996.51
	Important: Your remittance must be in the form of an electronic pa	yment pa	yable to the Regi	ster of Copyrig	hts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: UTHEAST LLC (CADIZ, KY)	SYSTEM ID# 24132
M Channels	to its subscribers, 1. Enter the total i	u must give (1) the number of channels on which the cable system carried television broadcast station, and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable elevision broadcast stations.	
	on which the cal	number of activated channels ble system carried television broadcast stations ast services	
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom bout this statement of account.)	
for Further Information		Cone Mediacom Way	one 845-443-2762
		(Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email	Copyrights@mediacomcc.com Fax (optional)	
O Certification	I, the undersigner (Owner X (Agent in lin (Office	This statement of account must be certified and signed in accordance with Copyright Office regulation d, hereby certify that (Check one, but only one, of the boxes.) Tother than corporation or partnership) I am the owner of the cable system as identified in line 1 of specified or owner other than corporation or partnership) I am the duly authorized agent of the owner of the cannel 1 of space B and that the owner is not a corporation or partnership; or or partnership I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as	ace B; or ble system as identified
	I have examined	ne 1 of space B. the statement of account and hereby declare under penalty of law that all statements of fact contained here, and correct to the best of my knowledge, information, and belief, and are made in good faith. n 1001(1986)]	erein
		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: 2/18/2020	10000000000000000000000000000000000000

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ounting Period: 2019/2	FORM SA1-2E. PAGE 8.
CAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
DIACOM SOUTHEAST LLC (CADIZ, KY)	24132
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	
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 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 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 Accounting period	

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