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 COPYRIGH	HT OFFICE USE ONLY	by email to:		
	ary Transmissions by	DATE RECEIVED	AMOUNT			
General instru	ems (Short Form) actions are located of this workbook	2/28/2020	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
A	ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT: (Y	YYY/(Period)) Period 2 = July 1 - December 31			
		Barcode Data Filing Period (optional	- see instructions)			
Accounting Period						
B Owner	title of the subsidiary, not that of the pa List any other name or names under wh If there were different owners during th single statement of account and royalty	arent corporation. Nich the owner conducts the business of	the last day of the accounting period should the last day of the accounting period.			
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEN	1			
	MEDIACOM SOUTHEAST LLC (ZE	IGLER, IL)				
	BUSINESS NAME(S) OF OWNER	DF CABLE SYSTEM (IF DIFFEREN	т)			
	MAILING ADDRESS OF OWNER C	OF CABLE SYSTEM				
	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite	number)				
	MEDIACOM PARK, NY 10918 (City, town, state, zip)					
	INSTRUCTIONS: In line 1, give any bus	siness or trade names used to ide	entify the husiness and operation of t	he system unless these		
С	names already appear in space B. In lin					
System	IDENTIFICATION OF CABLE SYSTEM:					
	MEDIACOM SOUTHEAST LLC	M·				
	MAILING ADDRESS OF CABLE SYSTE					
	(Number, street, rural route, apartment, or suite	number)				
	BENTON, KY 42025 (City, town, state, zip code)					
h						

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 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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	MEDIACOM SOUTHEAST LLC (ZEIGLER, IL)	242
D	Instructions: List each separate community served by the cable system. A "commur "a separate and distinct community or municipal entity (including unincorporated or 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.	ommunities within unincorporated areas and including single
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	ZEIGLER	IL I
Community	BUSH	IL
	CAMBRIA	IL
dd Rows as Necessary	DOWELL	IL
	ELKVILLE	IL
	FRANKLIN CO.	IL
	HURST	IL
	JACKSON CO.	
	PERRY CO.	
	ROYALTON	
	WILLIAMSON CO.	L.
	MOUNDS	IL
	MOUND CITY	L.
	ALTO PASS	IL IL
	COBDEN	IL
	Union County	IL IL

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C							515	TEM ID 2428
	MEDIACOM SOUTHEAS	ST LLC (ZEI	GLER	., IL)					2420
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCR	IBERS AND R	ATES				
E	In General: The information in s	•		-		•			
Coordon	system, that is, the retransmission about other services (including provide the services)					•			
Secondary Transmission	last day of the accounting period	, , ,	,		,			ing on the	
Service: Sub-	Number of Subscribers: Bot						ble system	, broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n	•	<i>.</i>	0,0			,	charged	
	separately for the particular server Rate: Give the standard rate of							ne and the	
	unit in which it is generally billed	-	-	•					
	category, but do not include disc	· ·		,	,				
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					0,			
	first set" and would be counted of								
	Block 2: If your cable system	-		-					
	printed in block 1 (for example, t						,		
	with the number of subscribers a sufficient.	and rates, in the	e ngnt-r	Iand DIOCK. A IN	vo- or thre	e-word descript	ion of the s	service is	
		OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:								
	Service to first set		1,023	29.95-51.54					
	• Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		2	29.95-51.54					
	Converter								
	Residential								
	Non-residential								
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					all vour cable sv	stem's serv	vices that were	
F	not covered in space E, that is, t								
	service for a single fee. There a	•			•				
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	ates are cr	harged on a van	able per-p	rogram basis,	
ransmissions:	Block 1: Give the standard ra		he cabl	e system for ea	ach of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-	-	•		
	listed in block 1 and for which a				shed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descri	plion and includ	le the n	ate for each.			T		
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEC	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res			CATEG	DITI DI BEITHEE	
	• Pay cable	PP	• Mo	tel, hotel			Family	Cable	79.4
	• Pay cable—add'l channel	PP	• Co	mmercial					
	Fire protection		• Pa	y cable					
	•Burglar protection			, y cable-add'l ch	annel				
	Installation: Residential			e protection					•••••••
	• First set	99.99		rglar protection					
	Additional set(s)	15.00-29.00		•					
	\ /					29.00			•
	• FM radio (if separate rate)		• Ne	connect		23.00			
	 FM radio (if separate rate) Converter 	10.50		connect connect		23.00			
		10.50	• Dis	connect					
		10.50	• Dis • Ou		ess	15.00-29.00			

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Hame	MEDIACOM SOUTHEA	AST LLC (ZEIGLER, IL)		24
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations ca	t (1) stations carried only on a part-ti he carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stati	ime basis under ams [sections tions carried on a
-	basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a	les, regulations, or authorizations: in space G—but do list it in space I (th	he Special Statement and Program L	_og)—if the
	basis. For further information Column 1: List each station'	n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	, see page (v) of the general instruction program services such as HBO, ESP	ons. N, etc. Identify each
	Column 2: Give the channel of license. For example, WF Column 3: Indicate in each educational station, by enter	ne form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o	station, an independent station, or a (for network multicast), "I" (for indepe	noncommercial endent), "I-M"
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of th	uctions in the paper SA1-2 form. t the community to which the station i he community with which the station	is licensed by the is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBSI/KBSI(HD) FOX	22	I	CAPE GIRARDEAU, MO
	ſ			
	KBSI-DT3 Comet	22.3	I-M	CAPE GIRARDEAU, MO
Rows as Necessary	KBSI-DT3 Comet KETC PBS	22.3 39	i-M E	
Rows as Necessary				CAPE GIRARDEAU, MO
Rows as Necessary	KETC PBS	39 12	E	CAPE GIRARDEAU, MO ST LOUIS, MO
Rows as Necessary	KETC PBS KFVS/KFVS(HD) CBS	39 12	E	CAPE GIRARDEAU, MO ST LOUIS, MO CAPE GIRARDEAU, MO
Rows as Necessary	KETC PBS KFVS/KFVS(HD) CBS KFVS-DT2/KFVS-DT2 (HD) CV	39 12 12.2	E N I-M	CAPE GIRARDEAU, MO ST LOUIS, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO
Rows as Necessary	KETC PBS KFVS/KFVS(HD) CBS KFVS-DT2/KFVS-DT2 (HD) CV KFVS-DT3 GRIT	39 12 12.2 12.3	E N I-M I-M	CAPE GIRARDEAU, MO ST LOUIS, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO
Rows as Necessary	KETC PBS KFVS/KFVS(HD) CBS KFVS-DT2/KFVS-DT2 (HD) CV KFVS-DT3 GRIT WDKA/WDKA (HD) MyNET	39 12 12.2 12.3 49	E	CAPE GIRARDEAU, MO ST LOUIS, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY
I Rows as Necessary	KETC PBS KFVS/KFVS(HD) CBS KFVS-DT2/KFVS-DT2 (HD) CV KFVS-DT3 GRIT WDKA/WDKA (HD) MyNET WDKA-DT2 Charge	39 12 12.2 12.3 49 49.2	E	CAPE GIRARDEAU, MO ST LOUIS, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY
l Rows as Necessary	KETC PBS KFVS/KFVS(HD) CBS KFVS-DT2/KFVS-DT2 (HD) CV KFVS-DT3 GRIT WDKA/WDKA (HD) MyNET WDKA-DT2 Charge WDKA-DT3 TBD	39 12 12.2 12.3 49 49.2 49.3	E N I-M I I I-M I-M	CAPE GIRARDEAU, MO ST LOUIS, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY
l Rows as Necessary	KETC PBS KFVS/KFVS(HD) CBS KFVS-DT2/KFVS-DT2 (HD) CV KFVS-DT3 GRIT WDKA/WDKA (HD) MyNET WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium HD	39 12 12.2 12.3 49 49.2 49.3 49.4	E	CAPE GIRARDEAU, MO ST LOUIS, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY
l Rows as Necessary	KETC PBS KFVS/KFVS(HD) CBS KFVS-DT2/KFVS-DT2 (HD) CV KFVS-DT3 GRIT WDKA/WDKA (HD) MyNET WDKA-DT2 Charge WDKA-DT2 Charge WDKA-DT4 Stadium HD WDKA-DT4 Stadium HD	39 12 12.2 12.3 49 49.2 49.3 49.3 49.4 32	E N I-M I-M I-M I-M I-M I-M I-M I-M N	CAPE GIRARDEAU, MO ST LOUIS, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY
l Rows as Necessary	KETC PBS KFVS/KFVS(HD) CBS KFVS-DT2/KFVS-DT2 (HD) CV KFVS-DT3 GRIT WDKA/WDKA (HD) MyNET WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT3 TBD WDKA-DT4 Stadium HD WPSD/WPSD(HD) NBC WPSD-DT2 This TV	39 12 12.2 12.3 49 49.2 49.3 49.4 32 32.2	E	CAPE GIRARDEAU, MO ST LOUIS, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY
d Rows as Necessary	KETC PBS KFVS/KFVS(HD) CBS KFVS-DT2/KFVS-DT2 (HD) CV KFVS-DT3 GRIT WDKA/WDKA (HD) MyNET WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium HD WPSD/WPSD(HD) NBC WPSD-DT2 This TV WPSD-DT3 Antenna TV	39 12 12.2 12.3 49 49.2 49.3 49.4 32 32.2 32.3	E N I-M	CAPE GIRARDEAU, MO ST LOUIS, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY
Rows as Necessary	KETC PBS KFVS/KFVS(HD) CBS KFVS-DT2/KFVS-DT2 (HD) CV KFVS-DT3 GRIT WDKA-WDKA (HD) MyNET WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT3 TBD WDKA-DT4 Stadium HD WPSD/WPSD(HD) NBC WPSD-DT2 This TV WPSD-DT3 Antenna TV WSIL/WSIL (HD) ABC	39 12 12.2 12.3 49 49.2 49.3 49.4 32 32.2 32.3 34	E N	CAPE GIRARDEAU, MO ST LOUIS, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY
Rows as Necessary	KETC PBS KFVS/KFVS(HD) CBS KFVS-DT2/KFVS-DT2 (HD) CV KFVS-DT3 GRIT WDKA/WDKA (HD) MyNET WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT3 TBD WDKA-DT4 Stadium HD WPSD/WPSD(HD) NBC WPSD-DT2 This TV WPSD-DT3 Antenna TV WSIL/WSIL (HD) ABC WSIL-DT2 H&I	39 12 12.2 12.3 49 49.2 49.3 49.4 32 32.3 34.2	E N	CAPE GIRARDEAU, MO ST LOUIS, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY
l Rows as Necessary	KETC PBS KFVS/KFVS(HD) CBS KFVS-DT2/KFVS-DT2 (HD) CV KFVS-DT3 GRIT WDKA/WDKA (HD) MyNET WDKA-DT2 Charge WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium HD WPSD/WPSD(HD) NBC WPSD-DT2 This TV WPSD-DT3 Antenna TV WSIL/WSIL (HD) ABC WSIL-DT2 H&I WSIL-DT3 Justice Network	39 12 12.2 12.3 49 49.2 49.3 49.4 32 32.2 32.3 34 34.3	E N I-M	CAPE GIRARDEAU, MO ST LOUIS, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL HARRISBURG, IL
d Rows as Necessary	KETC PBS KFVS/KFVS(HD) CBS KFVS-DT2/KFVS-DT2 (HD) CV KFVS-DT3 GRIT WDKA/WDKA (HD) MyNET WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT3 TBD WDKA-DT4 Stadium HD WPSD/WPSD(HD) NBC WPSD-DT2 This TV WPSD-DT2 This TV WSD-DT3 Antenna TV WSIL/WSIL (HD) ABC WSIL-DT2 H&I WSIL-DT2 H&I WSIL-DT4 Court TV WSIU/WSIU (HD) PBS	39 12 12.2 12.3 49 49.2 49.3 49.4 32 32.3 34.3 34.4 8	E N	CAPE GIRARDEAU, MO ST LOUIS, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL HARRISBURG, IL HARRISBURG, IL
d Rows as Necessary	KETC PBS KFVS/KFVS(HD) CBS KFVS-DT2/KFVS-DT2 (HD) CV KFVS-DT3 GRIT WDKA-WDKA (HD) MyNET WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT3 TBD WDKA-DT4 Stadium HD WPSD/WPSD(HD) NBC WPSD-DT2 This TV WPSD-DT3 Antenna TV WSIL/WSIL (HD) ABC WSIL-DT3 Justice Network WSIL-DT3 Justice Network WSIL-DT4 Court TV WSIU/WSIU (HD) PBS WSIU-DT2 PBS WORLD	39 12 12.2 12.3 49 49.4 49.3 49.4 32 32.2 32.3 34 34.2 34.3 34.4 8 8.2	E N N I-M	CAPE GIRARDEAU, MO ST LOUIS, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KI PADUCA
d Rows as Necessary	KETC PBS KFVS/KFVS(HD) CBS KFVS-DT2/KFVS-DT2 (HD) CV KFVS-DT3 GRIT WDKA/WDKA (HD) MyNET WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT3 TBD WDKA-DT4 Stadium HD WPSD/WPSD(HD) NBC WPSD-DT2 This TV WPSD-DT2 This TV WPSD-DT3 Antenna TV WSIL/WSIL (HD) ABC WSIL-DT3 Justice Network WSIL-DT4 Court TV WSIL/DT4 Court TV WSIU/WSIU (HD) PBS WSIU-DT2 PBS WORLD WSIU-DT3 PBS CREATE	39 12 12.2 12.3 49 49.2 49.3 49.4 32 32.3 34.3 34.3 34.4 8 8.2 8.3	E NMMMMMM .	CAPE GIRARDEAU, MO ST LOUIS, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL HARRISBURG, IL HARRISBURG, IL HARRISBURG, IL CARBONDALE, IL CARBONDALE, IL
d Rows as Necessary	KETC PBS KFVS/KFVS(HD) CBS KFVS-DT2/KFVS-DT2 (HD) CV KFVS-DT3 GRIT WDKA-WDKA (HD) MyNET WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT3 TBD WDKA-DT4 Stadium HD WPSD/WPSD(HD) NBC WPSD-DT2 This TV WPSD-DT3 Antenna TV WSIL/WSIL (HD) ABC WSIL-DT3 Justice Network WSIL-DT3 Justice Network WSIL-DT4 Court TV WSIU/WSIU (HD) PBS WSIU-DT2 PBS WORLD	39 12 12.2 12.3 49 49.4 49.3 49.4 32 32.2 32.3 34 34.2 34.3 34.4 8 8.2	E N N I-M	CAPE GIRARDEAU, MO ST LOUIS, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KI PADUCA

counting Period:	2019/2			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	MEDIACOM SOUTHEA	AST LLC (ZEIGLER, IL)		2428			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable system	n during the accounting period, excep	translator stations and low power tele of (1) stations carried only on a part-tim the carriage of certain network program	ne basis under			
Primary	5	· · · · · ·	61(e)(2) and (4))]; and (2) certain static				
Transmitters:		s explained in the next paragraph.					
Television		. ,	arried by your cable system on a subs	titute program			
		les, regulations, or authorizations:	the One siel Statement and Dreament I	an) if the			
	• Do <i>not</i> 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 <i>only</i> 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						
	 List the station here, and also in space 1, 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. 						
		0	program services such as HBO, ESPN				
	multicast stream associated	with a station according to its over-th	e-air designation. For example, report	tmultistream			
	"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						
	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.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
		LI D ONOT OTRAILLE NOMBER					

EGAL NAME OI			C (ZEIGLER, IL)					SYSTEM 242
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of 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 rm. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	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. on is AM or FM. nal 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 par ed by the cable s e station is licens	adend, and (2 anna, during ca ge (v) of the g ystem as a se sed by the FC0) it can ertain st eneral in parate 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	
		-,-				5,0		

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM SOUTHE	AST LLC (ZEIGLER, II	∟)				24289
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO)G			
I	In General: In space I, ident							
	substitute basis during the a explanation of the programm							
Substitute Carriage:					ne general in		i tile paper d	DA 1-2 101111.
Special	1. SPECIAL STATEMEN					4 1 - 4 - 1		
Statement and	• During the accounting pe	•	ur cable syster	n carry, on a substitute ba	asis, any noni	network tei	evision prog	
Program Log	broadcast by a distant sta	ition?				l	YES	X NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	must comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if t	heir meanin	g is
	clear. If you need more spa					la a 4 al	41	4 ¹
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter				
				asting the substitute progr the community to which th		censed by	the ECC or	in
	the case of Mexican or Cal						uie i 00 0i,	
				stem carried the substitute			ls, with the r	month
	first. Example: for May 7 gi							
				ogram was carried by you				
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example: a	a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.n	n. snould be	
						t vour ovet		• I
	Column 7: Enter the let	ter "R" if the	e listed program	n was substituted for prod	ramming that	i vour sysi	em was <i>reu</i> l	urea
	Column 7: Enter the let to delete under FCC rules							
	to delete under FCC rules was substituted for program	and regulati	ions in effect d	luring the accounting perio	od; enter the	letter "P" if	the listed pr	
	to delete under FCC rules	and regulati	ions in effect d	luring the accounting perio	od; enter the	letter "P" if	the listed pr	
	to delete under FCC rules was substituted for program	and regulati	ions in effect d	luring the accounting perio	od; enter the l der FCC rules	letter "P" if and regul	the listed pr ations in	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulati mming that <u>y</u>	ions in effect o your system w	luring the accounting peric as permitted to delete unc	bd; enter the der FCC rules	letter "P" if s and regul	the listed pr lations in	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulati	ions in effect o your system w E PROGRAM	luring the accounting periods as permitted to delete unc	bd; enter the der FCC rules WHE CARRI	letter "P" if s and regul N SUBST AGE OCC	the listed pr lations in	ogram
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Accounting Period:	2019/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (ZEIGLER, IL)			S	YSTEM ID# 24289
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and t all amounts (gross receipts) paid to your cable system by subscribers for the syst (as identified in space E) during the accounting period. For a further explanation of 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	stem's sec of how to	ondary transm compute this a	ission service amount, see	9,662.59 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 but • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more info	it less thar	n \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty for accounting period is \$52.00				
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines	s 1 and 2.			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS				
	1. Base amount under statutory formula \$	\$	263,800.00	,	
	2. Enter amount of gross receipts from space K		219,662.59		
	3. Subtract line 2 from line 1 \$		44,137.41		
	Enter the amount of gross receipts from space K			219,662.59	
	5. Enter the amount from line 3	-		44,137.41	
	6. Subtract line 5 from line 4	-		75,525.18	
	7. Multiply line 6 by .005 (enter figure here)	-			877.63
	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 an	nd 8		\$	877.63
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	800 (but le	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula		263,800.00		
	Subtract line 2 from line 1				
	4. Multiply line 3 by .01				
	 Wolupy line 5 by .01 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,	5, and 6			
	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)	·····	\$	877.63	
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			\$	897.63
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		hts!

Namo	Accounting Period:	2019/2			FORM SA1-2E. PAGE 7
N Instructions: You must give (1) the number of clasmoid of number of activitied channels during the accounting period. 1: But includes, and (2) the calle system is that number of activitied channels during the accounting period. 24 2: Enter the total number of activities interactions. 73 N monotonic during the number of activities interactions. 73 N monotonic during the number of activities interactions. 73 N monotonic during the number of activities interactions. 73 N monotonic during the number of activities interactions. 73 N monotonic during the number of activities interactions. 73 N monotonic during the number of activities interactions. 73 N monotonic during the number of activities interactivities i	Name			R, IL)	SYSTEM ID# 24289
and moderandcade services. IV Individual to Be Contacted functionation Model to BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact adout this statement of account.) Number of participants Name Kenneth J, Kohrs Number of participants Telephone 845.443-2762. Address One Mediacom Way (buttle: state, and adout this statement of account.) Mediacom Park, NY 19918 Mediacom Contact adout the statement of account must be certified and signed in accordance with Copyright Office regulators) Contribution Copyrights@mediacomec.com Fax (optional) Image Image Copyrights@mediacomec.com Fax (optional) Image Image Image Image Image Image Image Image Image Image Image		Instructions: You mu to its subscribers, and 1. Enter the total numl system carried televi 2. Enter the total numl	(2) the cable system's ber of channels on whic ision broadcast stations ber of activated channel	total number of activated channels during the accounting period.	
we can contact about this statement of account.) we can contact about this statement of account.) we can contact about this statement of account. Name Kenneth J. Kohrs Teleptone 845.443.2752 Name Kenneth J. Kohrs Teleptone 845.443.2752 Name Kenneth J. Kohrs Kenneth J. Koh			-		73
Information Address One Mediacom Way (Whether steer hands september of sale banks) Mediacom Park, NY 10918 (City, town, sale, ze) Mediacom Park, NY 10918 (City, town, sale, ze) Email Copyrights@mediacomcc.com Fax (optional) Certification Fax (optional) Image: Second S	Individual to Be Contacted	we can contact about	this statement of accou	nt.)	Telephone 845-443-2762
Mediacom Park, NY 10918 (Cry, toom, state, 30) Email Copyrights@mediacomcc.com Fax (optional) Contribution Certification Certification Control of the copyrights@mediacomcc.com Fax (optional) Certification Certification Certification Control of the copyrights@mediacomcc.com Fax (optional) Certification Certification Control of the copyrights@mediacomcc.com Fax (Agent of owner other than corporation or partnership) I am the duly authorized agent of the cowner of the cable system as identified in line 1 of space B, or Control of the cop partnership I am on officer (if a coporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system Control of the cop partnership I am an officer (if a coporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system as identified in line 1 of space B. Control of the coperation I am an officer (if a coporation, and belief, and are made in good faith. Control of the coperation I am on officer (if a coporation, and belief, and are made in good faith. Control of the coperation I am on officer (if a coporation or partner (if a partner ship) is partner (if a partner ship) is grature (if a, a, for bonn th)				· · · ·	
O CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , 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; or • (Officer or partner) I am an officer (if a corporation or partnership) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein in line 1 of space B. • 1 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 failth. (B U.S.C., Section 1001(1986))		Me	diacom Park, NY		
O Certification • I, the undersigned, hereby certify that (Check one.but only one, of the boxes.) Image: Complete intervention of partnership) I am the owner of the cable system as identified in line 1 of space B; or Image: Complete intervention 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 Image: Complete intervention Image: Complete intervention Image: Complete intervention Image: Complete interventinterve		Email	Copyrights@m	ediacomcc.com Fax (optional)	
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)	-	 I, the undersigned, he (Owner other othe	ereby certify that (Check er than corporation or p wner other than corpor of space B and that the partner) I am an officer of space B. statement of account and correct to the best of m	one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable system as identified in line ration or partnership) I am the duly authorized agent of the owner of owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the legal entity iden I hereby declare under penalty of law that all statements of fact conta y knowledge, information, and belief, and are made in good faith.	1 of space B; or f the cable system as identified tified as owner of the cable system
			Title: (Title of o	Enter signature using an "/s/ signature" (e.g., /s/ John Smith) d name: Kenneth J. Kohrs Vice President, Financial Reporting Official position held in corporation or partnership)	nt.
			ບຊເຮ.	2110/2020	

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.

unting Period: 2019/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DIACOM SOUTHEAST LLC (ZEIGLER, IL)	242
 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? NO 	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
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 Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x davs	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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