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	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	COOM TING PERIOD COVERED BY THIS STATEMENT. (TTTT/(Fellow))	
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	Barcode Data Filing Period (optional - see instructions)	
Accounting Period		
	Instructions:	
В	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner	List any other name or names under which the owner conducts the business of the cable system.	
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	MEDIACOM SOUTHEAST LLC (PENSACOLA N.A.S., FL)	
	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	ISTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless	
	ames already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	<u> </u>
System	IDENTIFICATION OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC	
	MEDIACOM SOUTHEAST LLC MAILING ADDRESS OF CABLE SYSTEM:	
	4425 CIII E DDEETE DADKWAY	
	2 (Number, street, rural route, apartment, or suite number)	
	GULF BREEZE, FL 32561 (City, town, state, zip code)	
	(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.

Accounting Period	,-	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	MEDIACOM SOUTHEAST LLC (PENSACOLA N.A.S., FL)	27201						
	Instructions: List each separate community served by the cable system. A							
D	"a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known of filings.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First	PENSACOLA N.A.S.	FL						
Community								
Add Rows as Necessary								
	0.00.00.00.00.00.00.00.00.00.00.00.00.0							

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

#SYSTEM ID 27201

MEDIACOM SOUTHEAST LLC (PENSACOLA N.A.S., FL)

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	152	30.95-48.54					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	0	30.95-48.54					
Converter							
Residential							
Non-residential							

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	79.49
 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# 27201

MEDIACOM SOUTHEAST LLC (PENSACOLA N.A.S., FL)

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
WALA/WALA(HD) FOX	9		MOBILE, AL
WALA-DT2 CoziTV	9.2	I-M	MOBILE, AL
WAWD IND/WAWD IND (HD)	49	<u>l</u>	FORT WALTON BEACH, FL
WDPM DT/WDPM (HD) Daysta	23	<u> </u>	MOBILE, AL
WEAR/WEAR(HD) ABC	17	N	PENSACOLA, FL
WEAR-DT2 TBD	17.2	I-M	PENSACOLA, FL
WEAR-DT3 Charge!	17.2	I-M	PENSACOLA, FL
WFBD-DT IND	48.2	I-M	DESTIN, FL
WFGX/WFGX MyNet(HD)	50	<u>l</u>	FORT WALTON BEACH, FL
WFGX-DT2 getTV	50.2	I-M	FORT WALTON BEACH, FL
WFNA/WFNA(HD) CW	25	<u> </u>	GULF SHORES, AL
WFNA-DT2 BounceTV	25.2	I-M	GULF SHORES, AL
WHBR/WHBR (HD) (CTN)	34	<u> </u>	PENSACOLA, FL
WJTC/WJTC(HD) IND	45	<u> </u>	PENSACOLA, FL
WJTC-DT2 Grit	45.2	I-M	PENSACOLA, FL
WKRG/WKRG(HD) CBS	27	N	MOBILE, AL
WKRG-DT3 MeTv (HD)	27.3	I-M	MOBILE, AL
WMPV (TBN)	20	<u> </u>	MOBILE, AL
WPMI/WPMI(HD) NBC	15	N	MOBILE, AL
WPMI-DT2 WeatherNation	15.2	I-M	MOBILE, AL
WSRE/WSRE(HD) PBS	31	E	PENSACOLA, FL
WSRE-DT2 PBS World	31.2	E-M	PENSACOLA, FL
WSRE-DT3 PBS Plus /Fl. Kno	31.3	E-M	PENSACOLA, FL
WSRE-DT4 PBS Create	31.4	E-M	PENSACOLA, FL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM SOUTHEAST LLC (PENSACOLA N.A.S., FL)

27201

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
							
							
	 						
							
	 						
							
							
	T						
						l	
	T						
	T						
						<u> </u>	

ccounting Boris	nd: 2019/2						EOD	M SA1-2E DACE E
ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	M SA1-2E. PAGE 5 SYSTEM ID#
Name	MEDIACOM SOUTHEA			A N.A.S., FL)				27201
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
I	In General: In space I, ident substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, d	or authorizatio	ns. For a further
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Statement and	0.		ur cable syster	n carry, on a substitute ba	sis, any nonr	ietwork te		
Program Log	broadcast by a distant sta						YES	NO
	Note: If your answer is "No	o", leave the	rest of this pa	ige blank. If your answer is	s "Yes," you r	nust com	plete the proo	_j ram
	log in block 2. 2. LOG OF SUBSTITUTION	E DROGR	\MS					
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs.	ace, please of every no distant sta egulations, ries like "mo Bulls."	add additional onnetwork tele tion and that y or authorization ovies" or "bask	rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the ge	e program") the ted for the pro neral instruct am titles, for e	nat, durin ogrammir ions for fu	g the account ng of another urther informa	ting station ation.
	Column 3: Give the call Column 4: Give the broat the case of Mexican or Cal Column 5: Give the mo	sign of the adcast stati nadian stati nth and day	station broadd on's location (toons, if any, the	asting the substitute progr the community to which th	ram. e station is lic e station is id	entified).		
	to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules	es when th . Example: ter "R" if the and regulat	a program car e listed prograr ions in effect d	n was substituted for prog luring the accounting perio	l:15 p.m. to 6 ramming that od; enter the l	:28:30 p.i your sys etter "P" i	m. should be tem was <i>requ</i> if the listed pr	uired
	was substituted for prograr effect on October 19, 1976	•	your system w	as permitted to delete und	ier FCC rules	and regu	Jiations in	ı
	s	UBSTITUT	E PROGRAM	1		N SUBS	TITUTE CURRED	7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>	
							_	
							_	
							_	
								·
								4

Accounting Period:	2019/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (PENSACOLA N.A.S., FL)			S	YSTEM ID# 27201
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s' (as identified in space E) during the accounting period. For a further explanation 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.	ystem's se on of how t	condary transm o compute this a	ission service amount, see	9,271.12 pss receipts)
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 the use block 3 if the amount of gross receipts in space K is more than \$263,800 the page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	y fee that y	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 lin	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	199,271.12		
	3. Subtract line 2 from line 1	\$	64,528.88		
	4. Enter the amount of gross receipts from space K		. \$ 1	199,271.12	
	5. Enter the amount from line 3		. \$	64,528.88	
	6. Subtract line 5 from line 4		\$	134,742.24	
	7. Multiply line 6 by .005 (enter figure here)			\$	673.71
	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		\$	673.71
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula	\$	263,800.00	•	
	3. Subtract line 2 from line 1	<u> </u>	200,000.00	•	
	4. Multiply line 3 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				
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	673.71	
Due	2. Filling 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			\$	693.71
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		_		hts!

Accounting Period:	: 2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (PENSACOLA N.A.S., FL)	SYSTEM ID# 27201
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.	
Ondiniers	Enter the total number of channels on which the cable system carried television broadcast stations	35
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	70
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)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as id in line 1 of space B and that the owner is not a corporation or partnership; or	entified
	(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 cain 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: 2/18/2020	

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ounting Period: 2019/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
DIACOM SOUTHEAST LLC (PENSACOLA N.A.S., FL)	27201
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11	sic le sub- Special Statement
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 transmis made by satellite carriers to satellite dish owners? X NO	sions
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 underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	uays
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 contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	please
** 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, plist below the owner, address, first community served, ID number, and accounting period as given in the original file.	
Owner	
Address	
ID number	
ID number First community served	
Accounting period	

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