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

STATEME	ENT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
Cable Syste	ms (Short Form)		\$	For additional information,
	ctions are located	08/28/20		contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this workbook		ALLOCATION NUMBER	
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - s	see instructions)	
Accounting				

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional - see instructions)	
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.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM SOUTHEAST LLC (EUREKA, KS)	
		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 E	
System	4	IDENTIFICATION OF CABLE SYSTEM:	
	1	MEDIACOM SOUTHEAST LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	115 NORTH INDUSTRIAL PARK ROAD (Number, street, rural route, apartment, or suite number)	
		EXCELSIOR SPRINGS, MO 64024	
	1		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	MEDIACOM SOUTHEAST LLC (EUREKA, KS)	2426
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filir	t you list will serve as a form of system identification hereafter know
Area	Note: Entities and properties such as hotels, apartments, condominiums, or m	
Served	identified city.	
	CITY OR TOWN	STATE
First	Eureka	KS
Community		
d Rows as Necessary		
iu Rows as necessary		
		1911-1911 01 01 01 01 01 01 01 01 01 01 01 01 0

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-	TEM ID	
Name	MEDIACOM SOUTHEAS			KS)					2426	
	SECONDARY TRANSMISSION		IBSCRI		TES					
E	In General: The information in s					y transmission	service of t	he cable		
	system, that is, the retransmission	on of television	and rac	lio broadcasts b	y your sy	stem to subscri	bers. Give	information		
Secondary	about other services (including p	, , ,	,		,		those exist	ing on the		
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	·				,	blo cyctom	brokon		
scribers and	down by categories of secondar	•								
Rates	each category by counting the n					•				
	separately for the particular serv									
	Rate: Give the standard rate of	-	-	•			-			
	unit in which it is generally billed category, but do not include disc	· ·	,		iy standa	rd rate variation	s within a	particular rate		
	Block 1: In the left-hand block				es of sec	ondary transmis	sion servi	ce that cable		
	systems most commonly provide									
	that applies to your system. Not			-		-				
	categories, that person or entity subscriber who pays extra for ca					•••	•			
	first set" and would be counted of									
	Block 2: If your cable system					service that are	different f	rom those		
	printed in block 1 (for example, t	iers of services	s that inc	clude one or mo	re secon	dary transmissi	ons), list th	em, together		
	with the number of subscribers a	and rates, in th	e right-h	and block. A tw	o- or thre	e-word descript	ion of the s	service is		
	sufficient. BLOCK 1						BLOCK	(2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI	
	Residential:	CODOCIND	LINO	TUTE	0/11		(INCE	CODOCINIDENCO	TUTT	
	Service to first set		142	74.49						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		0	74.49						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC			SIONS: RATES	3					
F	In General: Space F calls for ra	te (not subscril	per) info	rmation with res	spect to a	ll your cable sys	stem's serv	vices that were		
F	not covered in space E, that is, t					,	,			
Services	service for a single fee. There and furnished at cost or (2) services		,		0		0.			
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0 /		
ransmissions:	Block 1: Give the standard rate									
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-				
	brief (two- or three-word) descrip		·							
		BLO						BLOCK 2		
	CATEGORY OF SERVICE	RATE	1	ORY OF SERV	/ICE	RATE	CATEGO	DRY OF SERVICE	RATE	
	Continuing Services:		Installa	tion: Non-resi	dential					
	• Pay cable	PP	• Mot	el, hotel			Family	Cable	83.9	
	• Pay cable—add'l channel	PP	• Cor	nmercial						
	Fire protection		• Pay	cable						
	•Burglar protection		• Pay	cable-add'l cha	annel					
	Installation: Residential		• Fire	protection						
	• First set	99.99	• Bur	glar protection						
	 Additional set(s) 	15.00-49.00	Other s	services:						
	• FM radio (if separate rate)		• Rec	connect		49.00				
	• Converter	10.50	• Dise	connect						
	1		1							
			 Out 	let relocation		15.00-49.00				
			_	let relocation ve to new addre	SS	15.00-49.00				

ounting Period:	-			FORM SA1-2E. P/
Name	LEGAL NAME OF OWNER OF			SYSTEN 24
		AST LLC (EUREKA, KS)		24
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ntify every television station (including n during the accounting period, <i>excep</i> , n effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations ca- les, regulations, or authorizations: a in space G—but do list it in space I (th a substitute basis. Ilso in space I, if the station was carrier n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the he form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), or rms, see page (iv) of the general instru- n of each station. For U.S. stations, list	t (1) stations carried only on a part- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program u Log)—if the so on some other tions. :PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	FCC. For Mexican or Canad	 dian stations, if any, give the name of the stations of the stations. B'CAST CHANNEL NUMBER 	he community with which the statio 3. TYPE OF STATION	n is identified. 4. LOCATION OF STATION
	KAKE/KAKE(HD) ABC	10	N	WICHITA, KS
	KMTW-DT/KMTW-DT(HD) Myl	19.1	I-M	HUTCHINSON, KS
Rows as Necessary	KMTW-DT2 GetTV	19.2	I-M	HUTCHINSON, KS
nons as necessary	KMTW-DT3 Charge!	19.3	I-M	HUTCHINSON, KS
	KSAS/KSAS (HD) FOX	29		WICHITA, KS
	KSAS-DT2 TBD	29.2	I-M	WICHITA, KS
	KSAS-DT3 COMET	29.3	I-M	WICHITA, KS
	KSCW/KSCW (HD) CW	12	 I	WICHITA, KS
	KSCW-DT2 DECADES	12.2	I-M	WICHITA, KS
	KSCW-DT3 Antenna TV	12.3	I-M	WICHITA, KS
	KSNW/KSNW(HD) NBC	45	 N	WICHITA, KS
	KTWU/KTWU(HD) PBS		E	TOPEKA, KS
	KTWU DT2 PBS KIDS/MHz W		E-M	TOPEKA, KS
	KTWU DT3 Create/PBS ENCO		E-M	TOPEKA, KS
	KWCH/KWCH(HD) CBS	18	N	HUTCHINSON, KS
	KWCH-STORM TEAM 12	20		HUTCHINSON, KS
	KWCH-DT4 Circle	20.4	I-M	HUTCHINSON, KS
		13	M	TOPEKA, KS
		15	<u>N</u>	
	WIBW CBS			

Accounting Period:	2020/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	MEDIACOM SOUTHEA	ST LLC (EUREKA, KS)		24269
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	during the accounting period, except	translator stations and low power tele t (1) stations carried only on a part-tin he carriage of certain network program	ne basis under
Primary Transmitters:	76.59(d)(2) and (4) , 76.61(e) substitute program basis, as	(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	arried by your cable system on a subs	ons carried on a
Television	basis under specific FCC rule	es, regulations, or authorizations: in space G—but do list it in space I (i	he Special Statement and Program Lo	
	• List the station here, and al basis. For further information Column 1: List each station'	so in space I, if the station was carrie concerning substitute basis stations s call sign. <i>Do not</i> report origination	d both on a substitute basis and also o , see page (v) of the general instruction program services such as HBO, ESPN	ns. I, etc. Identify each
	"WETA-2" as the same on the Column 2: Give the channel of license. For example, WR	e form. number the FCC assigned to the tele C is channel 4 in Washington, D.C.	e-air designation. For example, report evision station for broadcasting over th	e air in its community
	educational station, by enteri (for independent multicast), " For the meaning of these ter	ng the letter "N" (for network), "N-M" E" (for noncommercial educational), ms, see page (iv) of the general instr	station, an independent station, or a n (for network multicast), "I" (for indepen or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is	ndent), "I-M" nal multicast).
	FCC. For Mexican or Canadi	an stations, if any, give the name of	he community with which the station is	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

all-band basis whose signals were generally receivable by your cable system during the accounting period. Prime 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, Prime Transm Transm	SYSTEM 24					C (EUREKA, KS)		OWNER OF C	
 Transmin Race To detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. Transmin Race Transmin Race Transmin Race Transmin Race To detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. To detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. To detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. To detailed information about the Station carried. To dum Race The radio station's location (the community to which the station is licensed by the FCC or, in the case of Maximum Ale (the transmitted instructions, if any, the community with which the station is identified). 	н						tation ca	every radio s	n General: List
CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATION IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Primary ransmitters Radio	e expected, ted intervals. structions in the. nd discrete) it can b ertain sta eneral in parate a	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FC0	the system's he ystem's FM anten his point, see par ed by the cable s e station is licens	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 processo (mark in the "S/D" column. on (the community to which th	y the syst be receivent t the Co sign of e he statio ion's sign g a check n's locatio	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive the station	eceivable if (1) on the basis of l For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G
		LOCATION OF STATION	S/D	AM or FM	CALL SIGN	LOCATION OF STATION	S/D	AM or FM	CALL SIGN
			0,0		ONEL OION		0,0		CALL SIGH
Normal sectorNormal									
Image: state s									
Image: section of the section of th									
Image: section of the section of th									
Image: section of the section of th									
Image: Section of the section of th									
Image: Second									
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Accounting Perio	/u. 2020/1							FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:						SYSTEM ID#
Name	MEDIACOM SOUTHEA	AST LLC (E	UREKA. K	S)					24269
			,,						21200
	SUBSTITUTE CARRIAG	E: SPECIAL		NT AND PROGRAM LC)G				
I						tion that .			
•	In General: In space I, ident substitute basis during the a								
Substitute	explanation of the programm	• •		•					
Carriage:		-			and general in	Structions			
Special	1. SPECIAL STATEMEN								
Statement and	 During the accounting per 	riod, did your	r cable syster	n carry, on a substitute ba	asis, any noni	network te	levisio	n progr	
Program Log	broadcast by a distant sta	ition?					Y	(ES	× NO
	Note: If your anower in "No	" loove the r	root of this no	an blank. If your anower i	a "Vaa " vau v	must som	alata th		
	Note: If your answer is "No	, leave the h	rest of this pa	ige blank. If your answer i	s res, your	must com	biete tr	ie prog	ram
	log in block 2.								
	2. LOG OF SUBSTITUTI								
	In General: List each subs				s wherever p	ossible, if	their m	neaning	j is
	clear. If you need more spa								
	period, was broadcast by a			vision program ("substitut					
	under certain FCC rules, re								
	Do not use general categor								
	"NBA Basketball: 76ers vs.			etbull. Elet oppolitio progre		skampio,	1 2010	Laby	
			cast live, ente	er "Yes." Otherwise enter	"No."				
				asting the substitute prog					
	Column 4: Give the broa	adcast statior	n's location (t	the community to which th	ne station is li		the F	CC or, i	in
	the case of Mexican or Car								
			when your sy	stem carried the substitute	e program. U	se numera	als, wit	th the m	nonth
	first. Example: for May 7 gi					1.1.1			
				ogram was carried by you					ately
	to the nearest five minutes, stated as "6:00–6:30 p.m."		program can	led by a system from 6.0	1:15 p.m. to c	5.26:30 p.r	n. shou	uid be	
	stateu as 0.00–0.30 p.m.						omwa		irad
	Column 7: Enter the left	ter "R" if the li	listed program	n was substituted for prod	iramming that	t vour svsi			
	Column 7: Enter the lett								
	to delete under FCC rules	and regulatio	ons in effect d	uring the accounting period	od; enter the	letter "P" i	f the lis	sted pro	
		and regulation mming that yo	ons in effect d	uring the accounting period	od; enter the	letter "P" i	f the lis	sted pro	
	to delete under FCC rules a was substituted for program	and regulation mming that yo	ons in effect d	uring the accounting period	od; enter the	letter "P" i	f the lis	sted pro	
	to delete under FCC rules a was substituted for program	and regulation mming that yo	ons in effect d	uring the accounting period	od; enter the l der FCC rules	letter "P" i	f the lis lations	sted pro	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulation mming that yo	ons in effect d our system w	uring the accounting period as permitted to delete und	d; enter the der FCC rules	letter "P" i s and regu	f the lis lations	sted pro	ogram 7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulation nming that yo UBSTITUTE	ens in effect d our system w PROGRAM 3. STATION'S	uring the accounting period	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBS	f the lis lations	sted prosin s in E ED	ogram
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulation nming that yo UBSTITUTE	ons in effect d our system w	uring the accounting period as permitted to delete und	d; enter the der FCC rules WHE CARRI	N SUBS	f the lis lations	sted prosin s in E ED	ogram 7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulation nming that yo UBSTITUTE	ens in effect d our system w PROGRAM 3. STATION'S	uring the accounting period	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCC	f the lis lations TITUTE CURRI TIMES	sted prosin E ED	ogram 7. REASON FOR
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	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulation nming that yo UBSTITUTE	ens in effect d our system w PROGRAM 3. STATION'S	uring the accounting period	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCC	f the lis lations TITUTE CURRI TIMES	sted prosin E ED	ogram 7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulation nming that yo UBSTITUTE	ens in effect d our system w PROGRAM 3. STATION'S	uring the accounting period	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCC	f the lis lations TITUTE CURRI TIMES	sted prosin E ED	ogram 7. REASON FOR
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	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulation nming that yo UBSTITUTE	ens in effect d our system w PROGRAM 3. STATION'S	uring the accounting period	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCC	f the lis lations TITUTE CURRI TIMES	sted prosin E ED	ogram 7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulation nming that yo UBSTITUTE	ens in effect d our system w PROGRAM 3. STATION'S	uring the accounting period	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCC	f the lis lations TITUTE CURRI TIMES	sted prosin E ED	ogram 7. REASON FOR
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	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulation nming that yo UBSTITUTE	ens in effect d our system w PROGRAM 3. STATION'S	uring the accounting period	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCC	f the lis lations TITUTE CURRI TIMES	sted prosin E ED	ogram 7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulation nming that yo UBSTITUTE	ens in effect d our system w PROGRAM 3. STATION'S	uring the accounting period	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCC	f the lis lations TITUTE CURRI TIMES	sted prosin E ED	ogram 7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulation nming that yo UBSTITUTE	ens in effect d our system w PROGRAM 3. STATION'S	uring the accounting period	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCC	f the lis lations TITUTE CURRI TIMES	sted prosin E ED	ogram 7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulation nming that yo UBSTITUTE	ens in effect d our system w PROGRAM 3. STATION'S	uring the accounting period	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCC	f the lis lations TITUTE CURRI TIMES	sted prosin E ED	ogram 7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulation nming that yo UBSTITUTE	ens in effect d our system w PROGRAM 3. STATION'S	uring the accounting period	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCC	f the lis lations TITUTE CURRI TIMES	sted prosin E ED	ogram 7. REASON FOR
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Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (EUREKA, KS)	S	YSTEM ID# 24269
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	1,852.80 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	¢	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	<u>.</u>	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2		52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula	,	
	2. Enter amount of gross receipts from space K	-	
	3. Subtract line 2 from line 1	-	
	4. Enter the amount of gross receipts from space K	-	
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	-	
	2. Base amount under statutory formula	-	
	3. Subtract line 2 from line 1	-	
	4. Multiply line 3 by .01		
	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 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	ı
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (EUREKA, KS)	SYSTEM ID# 24269
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	s 25 28
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		ne 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 regulation I, 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained he 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)] 	ice B; or ble system as identified owner of the cable system
	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: 8/11/2020	

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.

		FORM SA1-2E. PA
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Saleille form Viewer Act of 1983 amended Tile 17, section 111(q)(1)(A), of the Copyright Act by adding the following secondary transmissions of primary broadcast transmitters, the system shall not include sub-screers and amounts collected from subcarbines receiving secondary transmissions of primary broadcast transmitters, the system shall not include sub-screers and amounts collected from subcarbines receiving secondary transmissions for the basic screers and amounts collected from subcarbines receiving secondary transmissions for the paper SA1-2 form. P Special State Concentring Q for Secondary transmissions for the basic screers and amounts collected from subcarbines receiving secondary transmissions made by satellite carriers to satellite dish owners? No Y No Y No Y No Y Y	IL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
The Stallist Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following anethecia: anvice of providing sectordary transmissions of primary bracedast transmitters. The system shall no include sub- scribers and amounts collected from subscribers and the gross amounts paid to the cable system of the basic scribers and amounts collected from subscribers are the note on page (vii) of the general instructions located in the paper SA1-2 form. The Test Test Test Control Test Form of the table system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? To the total here and list the satellite carrier(s) below. The TESE TASSESSMENT You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Ever 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. Line 2 Multiply line 1 by the interest rate" and enter the sum here	DIACOM SOUTHEAST LLC (EUREKA, KS)	24
Name Name Mailing Address Mailing Address INTEREST ASSESSMENT 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. Interest Assess Line 1 Enter the amount of late payment or underpayment. x	 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 scribers 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 transmission made by satellite carriers to satellite dish owners? X NO 	c sub- 2" Concerning Gro Receipts Exclusion
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. Image: 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. Image: 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. Image: 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. Image: Complete this worksheet comparison of interest assessment for a late payment or underpayment. The assess the payment or underpayment or underpayment. The submitted as a result of a late payment or underpayment. The assessment for one day late. Image: Comparison of Compression of Compression of Compression of Compression of Compression of Comparison of Comparess, first community served, ID number, and accountin	YES. Enter the total here and list the satellite carrier(s) below	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of Comparison of Comparison of Comparison of Comparison of Comparison of Interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of		
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Line 1 Enter the amount of late payment or underpayment. x	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaym	
x	Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line 1 by the interest rate* 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 <u>\$</u>	x	days
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	······	-
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	x 0.00274	<u> </u>
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 ID number	x 0.00274 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	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number	x 0.00274 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	
Address ID number	x 0.00274 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	
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	x 0.00274 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 plicontact 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, ple list below the owner, address, first community served, ID number, and accounting period as given in the original filin Owner	ease
	x 0.00274 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 pl 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, ple list below the owner, address, first community served, ID number, and accounting period as given in the original filin Owner Address	ease
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