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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	08/28/20	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2020/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
• •		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MCC Georgia, LLC (Thomasville, GA)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM ONE MEDIACOM WAY
		(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	MCC Georgia, LLC (Thomasville, GA)	24850
	Instructions: List each separate community served by the cable system. A "commu	
_	"a separate and distinct community or municipal entity (including unincorporated	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	
		I list will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobil	e home parks should be reported in parentheses below the
Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	Thomasville	GA
Community	Cairo	GA
	Grady County	GA
Rows as Necessary	Thomas County	GA

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						-2E. PAGE
Name	MCC Georgia, LLC (The								2485
			,,,						
Е	SECONDARY TRANSMISSION								
_	In General: The information in s system, that is, the retransmission	•		U U		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period							U	
Service: Sub-	Number of Subscribers: Both						•		
scribers and Rates	down by categories of secondar each category by counting the n								
Rates	separately for the particular serv							scharged	
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc	· ·	,		iy standa	rd rate variatior	is within a	particular rate	
	Block 1: In the left-hand block				es of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide	e to their subso	ribers. C	Give the numbe	r of subse	cribers and rate	for each li	sted category	
	that applies to your system. Not			0		•			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of						idel Selvi		
	Block 2: If your cable system					service that are	e different	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A tw	o- or thre	e-word descrip	tion of the	service is	
		DCK 1					BLOCK	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		1,456	0-89.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		3	0-89.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS						
-	In General: Space F calls for ra					II your cable sy	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 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the					0		C	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that			,					
Rales	listed in block 1 and for which a	• •			-	-	-		
	brief (two- or three-word) descrip		•						
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERV	'ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-resi	dential			- · ·	
	• Pay cable	PP		el, hotel			Family	Cable	83.9
	• Pay cable—add'l channel	PP	-	nmercial					
	Fire protection		-	cable					
	•Burglar protection		-	cable-add'l cha	annel				
	Installation: Residential	00.00		protection					
	First set	99.99		glar protection					
	Additional set(s) EM radio (if separate rate)	15.00-49.00		connect		40.00			
	 FM radio (if separate rate) Converter 	10.50		connect		49.00			
	COnverter	10.50		let relocation		15.00-49.00			
			Joul			10.00-40.00			
				/e to new addre	SS				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM	
Name	MCC Georgia, LLC (Th	nomasville, GA)		24	
	PRIMARY TRANSMITTERS:	TELEVISION			
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 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	n during the accounting period, except n effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (f a substitute basis. Iso in space I, if the station was carrien n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the 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 ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr-	translator stations and low power tele of (1) stations carried only on a part-tir the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati earried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	WABW/WABW(HD) PBS	6	E	Pelham, GA	
	WABW-DT2 PBS Create	6.2	E-M	Pelham, GA	
Rows as Necessary	WABW-DT3 PBS Knowledge	6.3	E-M	Pelham, GA	
	WABW-DT4 PBS KIDS	6.4	E-M	Pelham, GA	
	WALB/WALB(HD) NBC	10	N	Albany, GA	
	WALB-DT2/WALB-DT2 (HD) A	10.2	N-M	Albany, GA	
	WALB-DT3 BounceTV	10.3	I-M	Albany, GA	
	WALB-DT5 Circle	10.5	I-M	Albany, GA	
	WCTV/WCTV(HD) CBS	46	N	Thomasville, GA	
	WCTV-DT2 MY NET	46.2	I-M	Thomasville, GA	
	WCTV-DT3 Circle	46.3	I-M	Thomasville, GA	
	WFSU/WFSU(HD) PBS	32	E	Tallahassee, FL	
				T-U-L FI	
	WFSU-DT2 FL CHAN	32.2	E-M	Tallahassee, FL	
	WFSU-DT2 FL CHAN WFSU-DT3 CREATE	32.2 32.3	E-M	Tallahassee, FL	
	WFSU-DT3 CREATE	32.3	E-M	Tallahassee, FL	
	WFSU-DT3 CREATE WFSU-DT4 PBS Kids	32.3 32.4	E-M E-M	Tallahassee, FL Tallahassee, FL	
	WFSU-DT3 CREATE WFSU-DT4 PBS Kids WFXL/WFXL(HD)FOX	32.3 32.4 12	E-M E-M I	Tallahassee, FL Tallahassee, FL ALBANY, GA	
	WFSU-DT3 CREATE WFSU-DT4 PBS Kids WFXL/WFXL(HD)FOX WFXL-DT2 TBD	32.3 32.4 12 12.2	E-M E-M I I	Tallahassee, FL Tallahassee, FL ALBANY, GA ALBANY, GA	
	WFSU-DT3 CREATE WFSU-DT4 PBS Kids WFXL/WFXL(HD)FOX WFXL-DT2 TBD WFXL-DT3 COMET	32.3 32.4 12 12.2 12.3	E-M E-M I I-M I-M	Tallahassee, FL Tallahassee, FL ALBANY, GA ALBANY, GA ALBANY, GA	
	WFSU-DT3 CREATE WFSU-DT4 PBS Kids WFXL/WFXL(HD)FOX WFXL-DT2 TBD WFXL-DT3 COMET WFXL-DT4 Charge!	32.3 32.4 12 12.2 12.3 12.4	E-M E-M I I I-M I-M I-M	Tallahassee, FL Tallahassee, FL ALBANY, GA ALBANY, GA ALBANY, GA ALBANY, GA	
	WFSU-DT3 CREATE WFSU-DT4 PBS Kids WFXL/WFXL(HD)FOX WFXL-DT2 TBD WFXL-DT3 COMET WFXL-DT4 Charge! WSST MyNet	32.3 32.4 12 12.2 12.3 12.4 51	E-M E-M I I I-M I-M I-M I	Tallahassee, FL Tallahassee, FL ALBANY, GA ALBANY, GA ALBANY, GA ALBANY, GA CORDELE, GA	
	WFSU-DT3 CREATE WFSU-DT4 PBS Kids WFXL/WFXL(HD)FOX WFXL-DT2 TBD WFXL-DT3 COMET WFXL-DT4 Charge! WSST MyNet WSWG/WSWG(HD) CBS	32.3 32.4 12 12.2 12.3 12.4 51 43	E-M E-M I I I-M I-M I-M I I N	Tallahassee, FL Tallahassee, FL ALBANY, GA ALBANY, GA ALBANY, GA ALBANY, GA CORDELE, GA VALDOSTA, GA	

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM I			
Name	MCC Georgia, LLC (Th	omasville, GA)			248			
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable system	tify every television station (including the during the accounting period, <i>except</i>	(1) stations carried only on a par	t-time basis under				
Primary	•	effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.61						
ansmitters:	substitute program basis, as	explained in the next paragraph.						
Television		With respect to any distant stations can es, regulations, or authorizations:	ried by your cable system on a s	ubstitute program				
		in space G—but do list it in space I (the	e Special Statement and Prograr	n Log)—if the				
	station was carried only on a	a substitute basis.						
		so in space I, if the station was carried						
		n concerning substitute basis stations, s s call sign. <i>Do not</i> report origination pr						
		with a station according to its over-the-	0					
	"WETA-2" as the same on th							
		number the FCC assigned to the telev C is channel 4 in Washington, D.C.	ision station for broadcasting ove	er the air in its community				
		U	tation, 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"							
	educational station, by enteri	ing the letter "N" (for network), "N-M" (for	or network multicast), "I" (for inde	pendent), "I-M"				
	(for independent multicast), "	E" (for noncommercial educational), or	"E-M" (for noncommercial educa					
	(for independent multicast), " For the meaning of these term	'E" (for noncommercial educational), or ms, see page (iv) of the general instruc	"E-M" (for noncommercial educations in the paper SA1-2 form.	ational multicast).				
	(for independent multicast), " For the meaning of these ten Column 4: Give the location	'E" (for noncommercial educational), or ms, see page (iv) of the general instruc of each station. For U.S. stations, list t	"E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the static	itional multicast). In is licensed by the				
	(for independent multicast), " For the meaning of these ten Column 4: Give the location	'E" (for noncommercial educational), or ms, see page (iv) of the general instruc	"E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the static	itional multicast). In is licensed by the				
	(for independent multicast), " For the meaning of these ten Column 4: Give the location	'E" (for noncommercial educational), or ms, see page (iv) of the general instruc of each station. For U.S. stations, list t	"E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the static	itional multicast). In is licensed by the				
	(for independent multicast), " For the meaning of these ten Column 4: Give the location	'E" (for noncommercial educational), or ms, see page (iv) of the general instruc of each station. For U.S. stations, list t	"E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the static	itional multicast). In is licensed by the	ATION			
	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadi	E" (for noncommercial educational), or ms, see page (iv) of the general instruc of each station. For U.S. stations, list t ian stations, if any, give the name of the	"E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the static e community with which the static	tional multicast). In is licensed by the In is identified.	TATION			
	(for independent multicast), " For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN	E" (for noncommercial educational), or ms, see page (iv) of the general instruc of each station. For U.S. stations, list t ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	"E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION	tional multicast). on is licensed by the on is identified. 4. LOCATION OF ST	ATION			
	(for independent multicast), " For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WTLH-DT2 CW/WTLH-DT2(Ht	E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list t ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 50.2	"E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION I-M	tional multicast). on is licensed by the on is identified. 4. LOCATION OF ST Bainbridge, GA	TATION			
	(for independent multicast), " For the meaning of these ten Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WTLH-DT2 CW/WTLH-DT2(HI WTLH-DT3 COMET	E" (for noncommercial educational), or ms, see page (iv) of the general instruc- of each station. For U.S. stations, list t ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 50.2 50.3	"E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION I-M I-M	ational multicast). on is licensed by the on is identified. 4. LOCATION OF ST Bainbridge, GA Bainbridge, GA	ATION			
	(for independent multicast), " For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WTLH-DT2 CW/WTLH-DT2(HI WTLH-DT3 COMET WTWC/WTWC(HD) NBC	E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list t ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 50.2 50.3 40	"E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION I-M I-M N	Ational multicast). on is licensed by the on is identified. 4. LOCATION OF ST Bainbridge, GA Bainbridge, GA Tallahassee, FL	TATION			
	(for independent multicast), " For the meaning of these ten Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WTLH-DT2 CW/WTLH-DT2(HI WTLH-DT3 COMET WTWC/WTWC(HD) NBC WTWC-DT2/WTWC-DT2(HD)F	E" (for noncommercial educational), or ms, see page (iv) of the general instruc- of each station. For U.S. stations, list t ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 50.2 50.3 40 40.2	"E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION I-M I-M N I-M	Ational multicast). In is licensed by the pon is identified. 4. LOCATION OF ST Bainbridge, GA Bainbridge, GA Tallahassee, FL Tallahassee, FL	TATION			
	(for independent multicast), " For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WTLH-DT2 CW/WTLH-DT2(HI WTLH-DT3 COMET WTWC/WTWC(HD) NBC WTWC-DT2/WTWC-DT2(HD)F WTWC-DT3 Charge!	E" (for noncommercial educational), or ms, see page (iv) of the general instruc- of each station. For U.S. stations, list t ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 50.2 50.3 40 40.2 40.3	"E-M" (for noncommercial educations in the paper SA1-2 form. he community to which the static e community with which the static 3. TYPE OF STATION I-M I-M I-M I-M	Ational multicast). on is licensed by the on is identified. 4. LOCATION OF ST Bainbridge, GA Bainbridge, GA Tallahassee, FL Tallahassee, FL Tallahassee, FL	ATION			
	(for independent multicast), " For the meaning of these ten Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WTLH-DT2 CW/WTLH-DT2(HI WTLH-DT3 COMET WTWC/WTWC(HD) NBC WTWC-DT2/WTWC-DT2(HD)F WTWC-DT3 Charge! WTXL/WTXL(HD) ABC	E" (for noncommercial educational), or ms, see page (iv) of the general instruc- of each station. For U.S. stations, list t ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 50.2 50.3 40 40.2 40.3 27	"E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION I-M I-M I-M I-M I-M I-M I-M	Ational multicast). In is licensed by the on is identified. 4. LOCATION OF ST Bainbridge, GA Bainbridge, GA Tallahassee, FL Tallahassee, FL Tallahassee, FL Tallahassee, FL	TATION			
	(for independent multicast), " For the meaning of these ten Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WTLH-DT2 CW/WTLH-DT2(HI WTLH-DT3 COMET WTWC/WTWC(HD) NBC WTWC-DT2/WTWC-DT2(HD)F WTWC-DT3 Charge! WTXL/WTXL(HD) ABC	E" (for noncommercial educational), or ms, see page (iv) of the general instruc- of each station. For U.S. stations, list t ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 50.2 50.3 40 40.2 40.3 27	"E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION I-M I-M I-M I-M I-M I-M I-M	Ational multicast). In is licensed by the on is identified. 4. LOCATION OF ST Bainbridge, GA Bainbridge, GA Tallahassee, FL Tallahassee, FL Tallahassee, FL Tallahassee, FL	ATION			
	(for independent multicast), " For the meaning of these ten Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WTLH-DT2 CW/WTLH-DT2(HI WTLH-DT3 COMET WTWC/WTWC(HD) NBC WTWC-DT2/WTWC-DT2(HD)F WTWC-DT3 Charge! WTXL/WTXL(HD) ABC	E" (for noncommercial educational), or ms, see page (iv) of the general instruc- of each station. For U.S. stations, list t ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 50.2 50.3 40 40.2 40.3 27	"E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION I-M I-M I-M I-M I-M I-M I-M	Ational multicast). In is licensed by the on is identified. 4. LOCATION OF ST Bainbridge, GA Bainbridge, GA Tallahassee, FL Tallahassee, FL Tallahassee, FL Tallahassee, FL	ATION			

WCC Georg	ia, LLC (Th	omasv	ille, GA)					SYSTEM 248
	t every radio s	tation ca	arried on a separate and discrence of the second					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: Column 4: Colum	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stat this by placing Sive the station	y the sys be receint t the Co sign of the he static ion's sign g a chech h's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k 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 this point, see pa ed by the cable s re station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	ertain st ertain st eneral in eparate 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	
OALL OIGH		5,0	LOOATION OF STATION	UNLL JIGIN		5,0	LOOATION OF STATION	
						·		
						·		

Accounting Perio	od: 2020/1						FORM	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MCC Georgia, LLC (Th	nomasvill	e, GA)					24856
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		G			
	In General: In space I, ident	-	-			tion that you	r cable sve	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network telev	ision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	-		root of this no	an block if your opower i	- "V " vou i		-	
	Note: If your answer is "No	, leave the	e rest of this pa	ige blank. If your answer i	s res, your	must comple	te the prog	Iram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible if the	eir meaning	nis
	clear. If you need more spa				e mierer p			5.0
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			1 1 5	,	1 /	,	
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		consod by th	e ECC or	in
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day		stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi					1.		
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program car		1. 10 p.m. to c	.20.00 p.m. s		
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w	as permitted to delete unit		s and regulat		
						N SUBSTIT		7. REASON FOR
	5	2. LIVE?	E PROGRAM			AGE OCCU 6. TIN		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -		
						_		
						_		
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Accounting Period:	2020/1			FORM S	6A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Georgia, LLC (Thomasville, GA)			\$	8YSTEM ID# 24856
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (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	stem's sec n of how to	condary transmi compute this a	ssion service mount, see \$ 34	
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 bl • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bl See page (vi) of the general instructions located in the paper SA1-2 form for more in	ut less tha	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00				
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add line				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	re than \$137,1	00)	
	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 a	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	349,114.03		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	85,314.03		
	4. Multiply line 3 by .01		\$	853.14	
	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 .	······	\$	2,172.14
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)			2,172.14	
	2. Filing 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			\$	2,192.14
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-		-		ghts!
l					

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Georgia, LLC (Thomasville, GA)		SYSTEM ID# 24856
M Channels	 CHANNELS Instructions: You must give (1) the number of channels of to its subscribers, and (2) the cable system's total number 1. Enter the total number of channels on which the cable system carried television broadcast stations	tations	44 74
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORM we can contact about this statement of account.)	IATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Kenneth J. Kohrs	Telephone	845-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite r Mediacom Park, NY 10918 (City, town, state, zip) Email Copyrights@mediacomcc.		
O Certification	 I, the undersigned, hereby certify that (Check one, but only in (Owner other than corporation or partnership) X (Agent of owner other than corporation or partnership) X (Agent of owner other than corporation or partnership) X (Agent of owner other than corporation or partnership) X (Agent of owner other than corporation or partnership) X (Agent of owner other than corporation or partnership) X (Agent of owner other than corporation or partnership) X (Agent of owner other than corporation or partnership) X (Agent of owner other than corporation or partnership) X (Agent of owner other than corporation or partnership) X (Agent of owner other than corporation or partnership) X (Agent of owner other than corporation or partnership) X (Agent of owner other than corporation or partnership) X (Agent of owner other than corporation or partnership) X (Agent of owner other than corporation or partnership) X (Agent of owner other than corporation or partnership) X (Officer or partner) I am an officer (if a corporation in line 1 of space B. I have examined the statement of account and hereby deck are true, complete, and correct to the best of my knowledge, [18 U.S.C., Section 1001(1986)] X / Enter an electron example. X / Enter an electron example. X / Enter signat X / Yice Pression 	I am the owner of the cable system as identified in line 1 of space mership) I am the duly authorized agent of the owner of the cable a corporation or partnership; or on) or a partner (if a partnership) of the legal entity identified as ow are under penalty of law that all statements of fact contained herei	system as identified vner of the cable system
	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.

ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
C Georgia, LLC (Thomasville, GA)	2485
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	n n n
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
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmer
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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