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.

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

08/28/20

AMOUNT

ALLOCATION NUMBER

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate 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
		(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:
		MEDIACOM SOUTHEAST LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	4435 GULF BREEZE PARKWAY
	2	(Number, street, rural route, apartment, or suite number)
		GULF BREEZE, FL 32561
	1	(City, town, state, zip code)
	a. Castia	

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 ID
	MEDIACOM SOUTHEAST LLC (PENSACOLA N.A.S., FL)	2720'
_	Instructions: List each separate community served by the cable system. A "communit" a separate and distinct community or municipal entity (including unincorporated con	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	
	as the "first community." Please use it as the first community on all future filings.	
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Area Served	identified city.	
		STATE
First Community	PENSACOLA N.A.S.	FL
Community		
dd Rows as Nosossan		
dd Rows as Necessary		
		-

	LEGAL NAME OF OWNER OF C							FORM SA1-	2E. PAGE
Name					ELV			313	2720
	MEDIACOM SOUTHEAS		NJAC	OLA N.A.3.,	FL)				
Е	SECONDARY TRANSMISSION								
	In General: The information in s system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	·				,		0	
Service: Sub-	Number of Subscribers: Both	•					,		
scribers and Rates	down by categories of secondar each category by counting the n			•		•			
Nates	separately for the particular serv			0,0		•		charged	
	Rate: Give the standard rate of	-						-	
	unit in which it is generally billed				ny standa	ard rate variatior	is within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	condary transmi	ssion servi	ce that cable	
	systems most commonly provide			•					
	that applies to your system. Not	e: Where an ir	ndividua	al or organization	ı is receiv	ing service that	falls under	different	
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted of					d in the count ui	nder "Servi	ce to the	
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in th	e right-	hand block. A tw	o- or thre	e-word descript	tion of the s	service is	
	sufficient.	DCK 1		П			BLOCK	(2	
		NO. OF		D 1 T T				NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Service to first set		119	30.95-53.04					
	Service to additional set(s)		113	30.95-53.04					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	30.95-53.04					
	Converter		.						
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra	•	,		-	• •			
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services		,		0		0.		
Other Than	amount of the charge and the ur		usuall	y billed. If any rai	tes are cl	harged on a var	iable per-p	rogram basis,	
Secondary	enter only the letters "PP" in the		ho oob	lo avetem for ag	ob of the	appliaghla agri	and listed		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a				0	•	•		
	brief (two- or three-word) descrip	otion and inclue	de the i	rate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	/ICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-resi	dential				
	• Pay cable	PP	• Mo	otel, hotel			Family	Cable	83.9
	 Pay cable—add'l channel 	PP		ommercial					
	Fire protection			iy cable					
				iy cable-add'l cha	annel				
	•Burglar protection								
	Installation: Residential			e protection					
	Installation: Residential • First set	99.99	• Bu	irglar protection					
	Installation: Residential • First set • Additional set(s)	99.99 15.00-49.00	• Bu Other	irglar protection services:					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	15.00-49.00	• Bu Other • Re	rglar protection services: econnect		49.00			
	Installation: Residential • First set • Additional set(s)		• Bu Other • Re • Dis	rglar protection services: econnect sconnect					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	15.00-49.00	• Bu Other • Re • Dis • Ou	rglar protection services: econnect		49.00 15.00-49.00			

MEDIACOM SOUTHER	AST LLC (PENSACOLA N.A.S.,	FL)	21
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, <i>exception</i> offect on June 24, 1981, permitting the perfect on June 24, 1981, permitting the permitting the second second second second second with respect to any distant stations can es, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations, is call sign. <i>Do not</i> report origination privation 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 ing the letter "N" (for network), "N-M" ("E" (for noncommercial educational), coms, see page (iv) of the general instru- to of each station. For U.S. stations, list	(1) stations carried only on a part the carriage of certain network prog 1(e)(2) and (4))]; and (2) certain si arried by your cable system on a sine Special Statement and Program d both on a substitute basis and al see page (v) of the general instru- program services such as HBO, ES e-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde or "E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial pendent), "I-M" ational multicast). in is licensed by the
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WALA/WALA(HD) FOX	9	I	MOBILE, AL
WALA-DT2 CoziTV	9.2	I-M	MOBILE, AL
WALA-DT3 Laff	9.3	I-M	MOBILE, AL
WALA-DT4 Court TV Mystery	9.4	I-M	MOBILE, AL
WALA-DT5 Circle	9.5	I-M	MOBILE, AL
WAWD IND/WAWD IND (HD)	49	I	FORT WALTON BEACH, FL
WDPM DT/WDPM (HD) Daysta	23	I	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	I	FORT WALTON BEACH, FL
WFGX-DT2 getTV	50.2	I-M	FORT WALTON BEACH, FL
WFNA/WFNA(HD) CW	25	I	GULF SHORES, AL
WFNA-DT2 BounceTV	25.2	I-M	GULF SHORES, AL
WHBR/WHBR (HD) (CTN)	34	Ι	PENSACOLA, FL
WJTC/WJTC(HD) IND	45	I	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	I	MOBILE, AL
WPMI/WPMI(HD) NBC	15	N	MOBILE, AL
		I-M	MOBILE, AL
	In General: In space G, ider 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 a • 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 FCC. For Mexican or Canad 1. CALL SIGN WALA-DT3 CoziTV WALA-DT3 Laff WALA-DT4 Court TV Mystery WALA-DT5 Circle WAWD IND/WAWD IND (HD) WDPM DT/WDPM (HD) Daysta WEAR-DT2 TBD WEAR-DT3 Charge! WFBD-DT IND WFGX/WFGX MyNet(HD) WFGX/WFGX MyNet(HD) WFGX/WFGX MyNet(HD) WFGX/WFGX MyNet(HD) WJTC/DT2 getTV WHBR/WHBR (HD) (CTN) WJTC/DT2 Grit WKRG-DT3 MeTv (HD) WMPV (TBN)	carried by your cable system during the accounting period, except FCC rules and regulations in effect on June 24, 1981, permitting th 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.6 substitute paragraph. Substitute Basis Stations: With respect to any distant stations or basis under specific FCC rules, regulations, or authorizations: - Do not list the station here in space G—but do list it in space 1 (th station was carried only on a substitute basis. - List the station here, and also in space 1, if the station was carried basis. For further information concerning substitute basis stations, Column 1: List each station's call sign. <i>Do not</i> report origination p multicast stream associated with a station according to its over-the "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the tele of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network educational station, by entering the letter "N" (for network), "N-M" ((for independent multicast), "E" (for noncommercial educational), c For the meaning of these terms, see page (iv) of the general instru Column 4: Give the location of each station. For U.S. stations, list FCC. For Mexican or Canadian stations, if any, give the name of the MALA-DT3 Laff 9.3 WALA-DT3 Laff 9.3 WALA-DT3 Laff 9.3 WALA-DT3 CozITV 9.4 WALA-DT3 Circle 9.5 WAWD IND/WAWD IND (HD) 49 WDPM DT/WDPM (HD) Dayst 2.3 WEAR-VT2 TBD 17.2 WEAR-DT3 Charge! 17.2 WEAR-DT3 Charge! 17.2 WEAR-DT3 Charge! 17.2 WEAR-DT3 Charge! 17.2 WFRD-DT IND 48.2 WFGX/WFGX MyNet(HD) 50 WFGX-DT2 getTV 50.2 WFNA-MFNA(HD) CW 25 WFNA-DT2 BounceTV 25.2 WHRA-DT2 BounceTV 25.2 WHRA-DT2 CozIT 45.2 WKRG-DT3 MeTv (HD) 27.3 WMVC (FDN) 27.3 WMVC (FDN) 20	In General: In space G, identify every television station (including translator stations and low power carried by your cable system during the accounting period, except (1) stations carried only on a par FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network prog 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 s 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 s basis under specific FCC rules, regulations, or authorizations: - to nor list the station here, and also in space I, the station was carried only on a substitute basis. - List the station here, and also in space I, the station was carried by our cable system on a s basis inder specific FCC rules, regulations, or authorizations: - Usit the station here, and also in space I, the station was carried by one and station column 1: List each station's call sign. <i>Do or report</i> origination program services such as HBO, ES multicast stream associated with a station according to its over-the-air designation. For example, VWETA-2' as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over dicense. For example, WKC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or educational station, by entering the letter 'N' (for network), 'N-M' (for network multicast), 'T' (for inde (for independent multicast), 'E' (for noncommercial educat 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. station 4. C.C. For Mexican or Canadian stations, if any, give the name of the community to which the statio FCC. For Mexican or Canadian stations, if any, give the name of the community to which the statio FCC. For Mexican or Canadian stati

counting Period:	2020/1			FORM SA1-2E. PAG
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I
Name	MEDIACOM SOUTHEA	ST LLC (PENSACOLA N.A.S	., FL)	272
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable system FCC rules and regulations in	ntify every television station (including a during the accounting period, <i>excep</i> a effect on June 24, 1981, permitting f (2) and (4), or 76.63 (referring to 76.1	ot (1) stations carried only on a part-t the carriage of certain network progra	ime basis under ams [sections
Transmitters: Television	1 0 /	explained in the next paragraph. With respect to any distant stations of	carried by your cable system on a sub	ostitute program
Television	basis under specific FCC rul	es, regulations, or authorizations: in space G—but do list it in space I (
		lso in space I, if the station was carrie	ed both on a substitute basis and also	o on some other
		n concerning substitute basis stations		
		s call sign. <i>Do not</i> report origination with a station according to its over-th		
	"WETA-2" as the same on th	ne form.	c	
		I number the FCC assigned to the tel RC is channel 4 in Washington, D.C.	evision station for broadcasting over	the air in its community
	Column 3: Indicate in each	case whether the station is a network	•	
		ing the letter "N" (for network), "N-M"		
		'E" (for noncommercial educational), ms, see page (iv) of the general instr		onal multicast).
	Column 4: Give the location	of each station. For U.S. stations, lis	t the community to which the station	
	FCC. For Mexican or Canad	ian stations, if any, give the name of	the community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WSRE-DT2 PBS World	31.2	E-M	PENSACOLA, FL
	WSRE-DT3 PBS Plus /Fl. Kno	31.3	E-M	PENSACOLA, FL

EGAL NAME O			C (PENSACOLA N.A.S.,	FL)				SYSTEM 272
	t every radio s	station ca	rried on a separate and discronnerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	i it is carried b monitoring, to ormation abou rm. dentify the call state whether f the radio stat this by placing Sive the station	y the sys be recei at the Co I sign of e the static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s le station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D		CALL SIGN	AM or FM	S/D		
CALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	

	od: 2020/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM SOUTHE	AST LLC (PENSACOL	-A N.A.S., FL)				27201
	SUBSTITUTE CARRIAG							
•	In General: In space I, ident							
Substitute	substitute basis during the a explanation of the programm							
Substitute Carriage:					ne general in			
Special	1. SPECIAL STATEMEN							
Statement and			ur cable syster	m carry, on a substitute ba	sis, any noni	network tei	evision prog	
Program Log	broadcast by a distant sta	ation?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	nust comp	lete the prog	gram
	log in block 2.			• •				-
	2. LOG OF SUBSTITUT	E PROGRA	AMS					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if t	heir meanin	g is
	clear. If you need more spa							
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.				,,	······	,	
				er "Yes." Otherwise enter '				
				asting the substitute progr				
	the case of Mexican or Car			the community to which th			the FCC or,	in
				stem carried the substitute			ls with the r	month
	first. Example: for May 7 gi		When you by		program. o			
	Column 6: State the tim	es when the		ogram was carried by you				ately
	to the nearest five minutes		a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m	. should be	
	stated as "6:00–6:30 p.m."		listed program	n waa aubatitutad far prog	romming that	t vour ovet	m waa ragi	ired
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976	-	, ,	1		5		
								1
						N SUBST		
	s	1	E PROGRAM		CARRI	AGE OCC	URRED	7. REASON FOR DELETION
	S 1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	7. REASON FOR DELETION
		1			CARRI	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC	URRED	

Accounting Period:	2020/1		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 and the amall amounts (gross receipts) paid to your cable system by subscribers for the system's s (as identified in space E) during the accounting period. For a further explanation of how 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.	econdary transm to compute this a	ission service amount, see	7,253.04 oss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less th • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more information	nan \$527,600 n.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00	you must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m			
	1. Base amount under statutory formula\$	263,800.00		
	2. Enter amount of gross receipts from space K	167,253.04	-	
	3. Subtract line 2 from line 1 \$	96,546.96	-	
	4. Enter the amount of gross receipts from space K	\$	167,253.04	
	5. Enter the amount from line 3	\$	96,546.96	
	6. Subtract line 5 from line 4		70,706.08	
	7. Multiply line 6 by .005 (enter figure here)		\$	353.53
	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		\$	353.53
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	t 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	200,000.00	-	
	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			
	 TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	353.53	
Due	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		\$	373.53
	Important: Your remittance must be in the form of an electronic payment pay. See page i of the general instructions in the paper SA1-2 form fo	-		hts!

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: DUTHEAST LLC (PENSACOLA N.A.S., FL)	SYSTEM ID# 27201
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable television broadcast stations I number of activated channels able system carried television broadcast stations cast services	38 70
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Kenneth J. Kohrs Telephone 845-4	43-2762
	Address 	One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip) Copyrights@mediacomcc.com Fax (optional)	
O	I, the undersigned (Owned) (Owned) X (Agentic) (Office) in 1 I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, but only one, of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified agent of the owner of the cable system as identified as owner of the space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the in of space B. erer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in or space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)] \mathcal{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) Thereship	
		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.

unting Period: 2020/1	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DIACOM SOUTHEAST LLC (PENSACOLA N.A.S., FL)	272
 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 sub 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 transmissions made by satellite carriers to satellite dish owners? NO 	Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q
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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	Interest Assessme
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