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

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

08/28/20

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	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		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. (BRUNSWICK, MO)
		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	1	IDENTIFICATION OF CABLE SYSTEM:
		MEDIACOM SOUTHEAST LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	P.O. BOX 249 (Number, street, rural route, apartment, or suite number)
	_	EXCELSIOR SPRINGS, MO 64024
		(City, town, state, zip code)
Briveou Act Notic	e Soctio	n 111 of title 17 of the United States Cade outbarizes the Conversity Offee to collect the personally identifying information (DII) requested on this

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#
Humo	MEDIACOM SOUTHEAST LLC. (BRUNSWICK, MO)	537
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat 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 filin Note: Entities and properties such as hotels, apartments, condominiums, or mo	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	BRUNSWICK	MO
Community	SALISBURY	MO
dd Rows as Necessary		

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C							515	TEM ID 53
	MEDIACOM SOUTHEAS	ST LLC. (BR	UNS	NICK, MO)					55
-	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCR	BERS AND R	ATES				
E	In General: The information in s	•		-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period	, ,	,		,				
Service: Sub-	Number of Subscribers: Bot	•							
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				ny standa	rd rate variation	is within a	particular rate	
	Block 1: In the left-hand block				ries of sec	ondary transmis	ssion 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	once again und	ler "Ser	vice to addition	al set(s)."				
	Block 2: If your cable system printed in block 1 (for example, t	•							
	with the number of subscribers a								
	sufficient.	,	5			·			
	BLO	DCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI
	Residential:								
	Service to first set		117	30.49-54.04					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel		~						
	Commercial Converter		0	30.49-54.04					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for ra	•	'		•				
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services	•			•		0 (,	
Other Than	amount of the charge and the ur		usually	y billed. If any ra	ates are cl	narged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cab	le system for ea	ach of the	applicable servi	ces listed		
Rates	Block 2: List any services that	• •				••		t were not	
	listed in block 1 and for which a		·		shed. List	these other ser	vices in th	e form of a	
	brief (two- or three-word) descrip	otion and includ	de the r	ate for each.			T		
		BLO	-					BLOCK 2	
		RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	CATEGORY OF SERVICE								
	Continuing Services:			ation: Non-res			Family		83.0
	Continuing Services: • Pay cable	PP	• Mo	otel, hotel			Family		83.9
	Continuing Services:		• Mo • Co				Family		83.9
	Continuing Services: • Pay cable • Pay cable—add'l channel	PP	• Mo • Co • Pa	otel, hotel mmercial			Family		83.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	PP	• Mo • Co • Pa • Pa	otel, hotel mmercial y cable			Family		83.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	PP	• Mo • Co • Pa • Pa • Fir	otel, hotel mmercial y cable y cable-add'l ch			Family		83.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	PP PP	• Mo • Co • Pa • Pa • Fir • Bu	tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection			Family		83.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	PP PP 99.99	• Mo • Co • Pa • Pa • Fir • Bu Other	tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection		49.00	Family		83.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	PP PP 99.99	• Mo • Co • Pa • Pa • Fir • Bu Other • Re	tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:		49.00	Family		83.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	PP PP 99.99 15.00-49.00	• Mc • Co • Pa • Pa • Fir • Bu • Bu • Re • Dis	tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect		49.00			83.9

counting Period: 2	2020/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
	MEDIACOM SOUTHEA	AST LLC. (BRUNSWICK, MO)		537
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as	ntify every television station (including n during the accounting period, <i>excep</i> 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 c	<i>bt</i> (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat	ime basis under Ims [sections tions carried on a
	 Do not list the station here station was carried only on a List the station here, and a 	lso in space I, if the station was carrie	ed both on a substitute basis and also	o on some other
	Column 1: List each station multicast stream associated	n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	program services such as HBO, ESP	N, etc. Identify each
		ne form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over	the air in its community
		case whether the station is a network ring the letter "N" (for network), "N-M"	•	
	(for independent multicast), ' For the meaning of these ter Column 4: Give the location	"E" (for noncommercial educational), "ms, see page (iv) of the general instru- of each station. For U.S. stations, lis lian stations, if any, give the name of t	or "E-M" (for noncommercial education uctions in the paper SA1-2 form. It the community to which the station	onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCPT PBS	18	E	KANSAS CITY, MO
		29	N	KANSAS CITY, MO
Add Rows as Necessary	KMIZ/KMIZ(HD) ABC	17	N	
	KMIZ-DT2 (MeTV)	17.2	I-M	COLUMBIA, MO
	KMIZ-DT3 MyNet	17.3	I-M	COLUMBIA, MO
	KMOS/KMOS(HD) PBS	15	E	SEDALIA, MO
	KMOS-DT2 PBS CREATE	15.2	E-M	SEDALIA, MO
	KMOS-DT3 PBS MHz Worldview	15.3	E-M	SEDALIA, MO
	KMOS-DT4 PBS WORLD	15.4	E-M	SEDALIA, MO
	KNLJ CTN	20	I	JEFFERSON CITY, MO
	KOMU/KOMU(HD) NBC	8	N	COLUMBIA, MO
	KOMU-DT3/KOMU-DT3 (HD) (CW	8.3	I-M	COLUMBIA, MO
	KQFX/KQFX(HD) FOX	22	l	COLUMBIA, MO
	KRCG/KRCG(HD) CBS	12	N	JEFFERSON CITY, MO
	KRCG-DT2 COMET	12.2	I-M	JEFFERSON CITY, MO
	KRCG-DT3 Charge!	12.3	I-M	JEFFERSON CITY, MO
	KRCG-DT4 TBD	12.4	I-M	JEFFERSON CITY, MO
	WDAF FOX	34	I	KANSAS CITY, MO

EGAL NAME OF			YSTEM: C. (BRUNSWICK, MO)					SYSTEM I
								;
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein the Co sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at wed 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 his point, see pa ed by the cable s re station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
•••								
							·	

Accounting Perio	Ju: 2020/1							FORM	/I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:						SYSTEM ID#
Name	MEDIACOM SOUTHEA	AST LLC. (E	BRUNSWIG	СК, МО)					537
		-		-					
-	SUBSTITUTE CARRIAG	E: SPECIAL	L STATEME	NT AND PROGRAM LO)G				
	In General: In space I, ident	tify every nonr	network televi	<i>ision program,</i> broadcast by	y a <i>distant</i> sta	tion, that y	our c	cable syst	tem carried on a
	substitute basis during the a								
Substitute	explanation of the programm	ning that must	t be included	in this log, see page (v) of t	the general ins	structions	in the	e paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE					
Special Statement and	 During the accounting per 	riod, did your	r cable syster	n carry, on a substitute ba	asis, any noni	network te	levis	ion prog	ram
	broadcast by a distant sta	ition?						YES	× NO
	Note: If your answer is "No	»" leave the r	rest of this na	ae blank. If your answer is		must com	nloto	the prod	
	-	, leave the f	rest of this pa	ige blank. If your answer is	s res, your	nust com	piete	the prog	Ian
	log in block 2.		MO						
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Lise abbreviation	s wherever p	ossible if	thair	meaning	n ie
	clear. If you need more spa				s wherever p	0331010, 11	uieii	meaning	<i>y</i> 15
				vision program ("substitute	e program") t	hat, during	g the	account	ing
	period, was broadcast by a	a distant statio	on and that y	our cable system substitut	ted for the pro	ogrammin	g of a	another s	station
	under certain FCC rules, re								
	Do not use general categor		vies" or "bask	etball." List specific progra	am titles, for e	example, '	'I Lov	ve Lucy"	or
	"NBA Basketball: 76ers vs.		cast live ent	er "Yes." Otherwise enter '	"No "				
				asting the substitute progr					
				the community to which th		censed by	the	FCC or,	in
	the case of Mexican or Car								
			when your sy	stem carried the substitute	e program. U	se numera	als, v	vith the m	nonth
	first. Example: for May 7 gi		aubatituta pr	arram was carried by you	r achla aveta	m. Lietthe			stoly.
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:01					atery
	stated as "6:00–6:30 p.m."	. Example: a	program our						
					remainer the	t vour eve	tem v		ine d
	Column 7: Enter the lett	ter R If the I	listed prograr	n was substituted for prog	ramming ina	i your sys		was requ	irea
	to delete under FCC rules	and regulatio	ons in effect d	uring the accounting perio	od; enter the	letter "P" i	f the	listed pro	
	to delete under FCC rules a was substituted for program	and regulation mming that yo	ons in effect d	uring the accounting perio	od; enter the	letter "P" i	f the	listed pro	
	to delete under FCC rules	and regulation mming that yo	ons in effect d	uring the accounting perio	od; enter the	letter "P" i	f the	listed pro	
	to delete under FCC rules a was substituted for program	and regulation mming that yo	ons in effect d	uring the accounting perio	od; enter the l der FCC rules	letter "P" i s and regu	f the Ilatio	listed pro	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulatio nming that yc	ons in effect d our system w	luring the accounting period as permitted to delete und	bd; enter the der FCC rules	letter "P" i s and regu	f the Ilation	listed pro ns in TE	ogram
	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	luring the accounting period as permitted to delete und	bd; enter the der FCC rules WHE CARRI	N SUBST	f the Ilation	listed pro ns in TE RED	
	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	luring the accounting period as permitted to delete und	bd; enter the der FCC rules	N SUBST	f the Ilation	listed pro ns in TE RED	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. (BRUNSWICK, MO)	S	YSTEM ID# 537
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (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	0,633.12 ss 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 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 t 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		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	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	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			
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	1
	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 informati		nts!

Accounting Period:	2020/1			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: OUTHEAST LLC. (BRUNS)	WICK, MO)	SYSTEM ID# 537
M Channels	to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the c	s, and (2) the cable system's to I number of channels on which I television broadcast stations I number of activated channels able system carried television	5	24 61
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accourt	ER INFORMATION IS NEEDED (Identify an individual to whom it.)	
for Further Information	Name	Kenneth J. Kohrs	Telephor	ne 845-443-2762
	Address 	One Mediacom Way (Number, street, rural route, apartr Mediacom Park, NY (City, town, state, zip) Copyrights@ms	10918	
O Certification	I, the undersign (Owned) X (Ageninin (Official in I have examine	eed, hereby certify that (Check of er other than corporation or p at of owner other than corpora- line 1 of space B and that the of cer or partner) I am an officer (line 1 of space B. d the statement of account and te, and correct to the best of my ion 1001(1986)] Typed or printect Title:	artnership) I am the owner of the cable system as identified in line 1 of span ation or partnership) I am the duly authorized agent of the owner of the cab where is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified as hereby declare under penalty of law that all statements of fact contained here knowledge, information, and belief, and are made in good faith. 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)	ce B; or le system as identified owner of the cable system
		Date:	8/12/2020	

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. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
DIACOM SOUTHEAST LLC. (BRUNSWICK, MO)	53
 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 Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
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