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	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		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM
		MEDIACOM SOUTHEAST LLC (ARCHIE, MO)
		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)
•	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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 (ARCHIE, MO)
		MAILING ADDRESS OF CABLE SYSTEM:
	2	P.O. BOX 249
	-	(Number, street, rural route, apartment, or suite number) EXCELSIOR SPRINGS, MO 64024
	1	(City, town, state, zip code)
	0	

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.

Neme	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	MEDIACOM SOUTHEAST LLC (ARCHIE, MO)	9032
	Instructions: List each separate community served by the cable system. A "com	
-	"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 filin	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or me	oblie nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	ARCHIE	MO
Community		
ommunity		
vs as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-				
Name	MEDIACOM SOUTHEAS			MO)					903			
	SECONDARY TRANSMISSION		IBSCB		TES							
E	In General: The information in s					y transmission	service of	the cable				
	system, that is, the retransmission											
Secondary	about other services (including p	, , ,	,		,		hose exis	ting on the				
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	·				,	hle system	broken				
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	· ·		, .	y stanua		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 once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those										
	printed in block 1 (for example, t	Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together										
	with the number of subscribers a	and rates, in the	e right-	hand block. A two	o- or thre	e-word descript	ion of the	service is				
	sufficient.	DCK 1		П			BLOCK	(2				
		NO. OF		DATE	0.1.7			NO. OF	DAT			
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT			
	Service to first set		28	29.95-54.04								
	Service to additional set(s)		20	29.95-54.04								
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		0	29.95-54.04								
	Converter		v	23.33-34.04								
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SSIONS: RATES								
F	In General: Space F calls for ra											
I	not covered in space E, that is, t service for a single fee. There a											
Services	furnished at cost or (2) services											
Other Than	amount of the charge and the ur											
Secondary	enter only the letters "PP" in the											
ransmissions:	Block 1: Give the standard rate							wore not				
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a											
	brief (two- or three-word) description and include the rate for each.											
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE		GORY OF SERVI	CE	RATE	CATEG	ORY OF SERVICE	RATI			
	Continuing Services:		Install	ation: Non-resid	ential							
	• Pay cable	PP	• Mc	otel, hotel			Family	TV	83.9			
	 Pay cable—add'l channel 	PP	• Co	ommercial								
	Fire protection		•Pa	y cable								
	 Burglar protection 		•Pa	y cable-add'l cha	nnel							
	Installation: Residential		• Fir	e protection								
	• First set	99.99	• Bu	rglar protection								
	 Additional set(s) 	15.00-49.00	Other	services:								
	• FM radio (if separate rate)		•Re	connect		49.00						
	• Converter	10.50	• Dis	sconnect								
			1				1					
			• Ou	Itlet relocation		15.00-49.00						
			-	itlet relocation	s	15.00-49.00						

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
Name	MEDIACOM SOUTHE	AST LLC (ARCHIE, MO)		<u> </u>					
	PRIMARY TRANSMITTERS:	TELEVISION							
G		ntify every television station (including							
0		n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t							
Primary	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a								
Transmitters: Television	substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
	basis under specific FCC rules, regulations, or authorizations:								
		• Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis.							
		Iso in space I, if the station was carrie							
		n concerning substitute basis stations 's call sign. <i>Do not</i> report origination							
		with a station according to its over-th	e-air designation. For example, repo	rt multistream					
	"WETA-2" as the same on the Column 2: Give the channe	ne form. I number the FCC assigned to the tel	evision station for broadcasting over t	the air in its community					
		RC is channel 4 in Washington, D.C.	station on independent station or a	noncommercial					
		case whether the station is a network ing the letter "N" (for network), "N-M"	•						
	(for independent multicast),	"E" (for noncommercial educational),	or "E-M" (for noncommercial education						
	5	rms, see page (iv) of the general instr of each station. For U.S. stations, lis		is licensed by the					
	FCC. For Mexican or Canad	lian 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					
		2. D GAGT CHANNEL NUMBER							
	KCPT/KCPT(HD) PBS	18	E	KANSAS CITY, MO					
	KCPT-DT2 PBS Encore	18.2	E-M	KANSAS CITY, MO					
	KCPT-DT3 Create	18.3	I-M	KANSAS CITY, MO					
	KCPT-DT4 PBS KIDS	18.4	E-M	KANSAS CITY, MO					
	KCTV/KCTV(HD) CBS	24	N	KANSAS CITY, MO					
	KCTV-DT2 COMET	24.2	I-M	KANSAS CITY, MO					
	KCTV-DT3 This TV	24.3	I-M	KANSAS CITY, MO					
	KCTV-DT4 Quest	24.4	I-M	KANSAS CITY, MO					
Add Rows as Necessary	KCWE/KCWE CW (HD)	31	1	KANSAS CITY, MO					
,	KCWE-DT2 Justice Network	31.2	I-M	KANSAS CITY, MO					
	KMBC/KMBC(HD) ABC	29	N	KANSAS CITY, MO					
	KMBC-DT2 MeTV	29.2	I-M	KANSAS CITY, MO					
	KMCI/KMCI (HD) IND	41	1	LAWRENCE, KS					
	KMCI-DT2 BOUNCE TV	41.2	I-M	LAWRENCE, KS					
		41.2	1-141						
	KMCI-DT3 Court TV Mystery	41.2	I-M	LAWRENCE, KS					
	KMCI-DT3 Court TV Mystery KMCI-DT4 Court TV								
		41.3	I-M	LAWRENCE, KS					
	KMCI-DT4 Court TV KOAM CBS	41.3 41.4 7	I-M I-M	LAWRENCE, KS LAWRENCE, KS PITTSBURG, KS					
	KMCI-DT4 Court TV KOAM CBS KPXE/KPXE ION (HD)	41.3 41.4 7 51	I-M I-M N I	LAWRENCE, KS LAWRENCE, KS PITTSBURG, KS KANSAS CITY, MO					
	KMCI-DT4 Court TV KOAM CBS KPXE/KPXE ION (HD) KPXE-DT2 qubo	41.3 41.4 7 51 51.2	I-M N I I I-M	LAWRENCE, KS LAWRENCE, KS PITTSBURG, KS KANSAS CITY, MO KANSAS CITY, MO					
	KMCI-DT4 Court TV KOAM CBS KPXE/KPXE ION (HD) KPXE-DT2 qubo KPXE-DT3 ION Plus	41.3 41.4 7 51 51.2 51.3	I-M I-M I I I-M I-M	LAWRENCE, KS LAWRENCE, KS PITTSBURG, KS KANSAS CITY, MO KANSAS CITY, MO					
	KMCI-DT4 Court TV KOAM CBS KPXE/KPXE ION (HD) KPXE-DT2 qubo	41.3 41.4 7 51 51.2	I-M N I I I-M	LAWRENCE, KS LAWRENCE, KS PITTSBURG, KS KANSAS CITY, MO KANSAS CITY, MO					
	KMCI-DT4 Court TV KOAM CBS KPXE/KPXE ION (HD) KPXE-DT2 qubo KPXE-DT3 ION Plus	41.3 41.4 7 51 51.2 51.3	I-M I-M I I I-M I-M	LAWRENCE, KS LAWRENCE, KS PITTSBURG, KS KANSAS CITY, MO KANSAS CITY, MO					
	KMCI-DT4 Court TV KOAM CBS KPXE/KPXE ION (HD) KPXE-DT2 qubo KPXE-DT3 ION Plus KSHB/KSHB(HD) NBC	41.3 41.4 7 51 51.2 51.3 41	I-M I-M N I I-M I-M N	LAWRENCE, KS LAWRENCE, KS PITTSBURG, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					
	KMCI-DT4 Court TV KOAM CBS KPXE/KPXE ION (HD) KPXE-DT2 qubo KPXE-DT3 ION Plus KSHB/KSHB(HD) NBC KSHB-DT2 Grit	41.3 41.4 7 51 51.2 51.3 41 41 41.2	I-M I-M N I I I-M I-M N I-M	LAWRENCE, KS LAWRENCE, KS PITTSBURG, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					
	KMCI-DT4 Court TV KOAM CBS KPXE/KPXE ION (HD) KPXE-DT2 qubo KPXE-DT3 ION Plus KSHB/KSHB(HD) NBC KSHB-DT2 Grit KSHB-DT3 LAFF	41.3 41.4 7 51 51.2 51.3 41 41.2 41.3	I-M I-M N I I I-M I-M I-M I-M	LAWRENCE, KS LAWRENCE, KS PITTSBURG, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					
	KMCI-DT4 Court TV KOAM CBS KPXE/KPXE ION (HD) KPXE-DT2 qubo KPXE-DT3 ION Plus KSHB/KSHB(HD) NBC KSHB-DT2 Grit KSHB-DT3 LAFF KSMO/KSMO (HD) MYNET	41.3 41.4 7 51 51.2 51.3 41 41.2 41.3 43	I-M I-M N I I I-M I-M I-M I-M I I	LAWRENCE, KS LAWRENCE, KS PITTSBURG, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					
	KMCI-DT4 Court TV KOAM CBS KPXE/KPXE ION (HD) KPXE-DT2 qubo KPXE-DT3 ION Plus KSHB/KSHB(HD) NBC KSHB-DT3 Crit KSHB-DT3 LAFF KSMO/KSMO (HD) MYNET KSMO-DT3 LABL	41.3 41.4 7 51 51.2 51.3 41 41.2 41.3 43 43 43.2 43.3	I-M I-M N I I I-M I-M I-M I I I I-M I-M	LAWRENCE, KS LAWRENCE, KS PITTSBURG, KS KANSAS CITY, MO KANSAS CITY, MO					
	KMCI-DT4 Court TV KOAM CBS KPXE/KPXE ION (HD) KPXE-DT2 qubo KPXE-DT3 ION Plus KSHB/KSHB(HD) NBC KSHB-DT2 Grit KSHB-DT3 LAFF KSMO/KSMO (HD) MYNET KSMO-DT2 Light TV	41.3 41.4 7 51 51.2 51.3 41 41 41.2 41.3 43 43	I-M I-M N I I I-M I-M I-M I I I I I I-M	LAWRENCE, KS LAWRENCE, KS PITTSBURG, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					

unting Period:	: 2020/1			FORM SA1-2E. PAG					
N	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM I					
Name	MEDIACOM SOUTHE	AST LLC (ARCHIE, MO)		90					
	PRIMARY TRANSMITTERS:	PRIMARY TRANSMITTERS: TELEVISION							
G	carried by your cable system	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t	t (1) stations carried only on a part-	time basis under					
Primary		e)(2) and (4), or 76.63 (referring to 76.6							
ransmitters:		s explained in the next paragraph.							
Television		: With respect to any distant stations of	carried by your cable system on a si	ubstitute program					
		Iles, regulations, or authorizations: e in space G—but do list it in space I (i	the Special Statement and Program	l og)—if the					
	station was carried only on								
	• List the station here, and a	also in space I, if the station was carrie	ed both on a substitute basis and al	so on some other					
		basis. For further information concerning substitute basis stations, see page (v) of the general instructions.							
	Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each								
	multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.								
	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community								
	of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial								
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"								
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).								
	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the								
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WDAF/WDAF(HD) FOX	34	I	KANSAS CITY, MO					
	WDAF-DT2 ANTENNA	34.2	I-M	KANSAS CITY, MO					
	WDAF-DT3 Court TV	34.3	I-M	KANSAS CITY, MO					
	WDAF-DT4 TBD	34.4							

EGAL NAME OF			C (ARCHIE, MO)					SYSTEM I 90
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					Н
	0	Ũ		, ,		• •		
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: Io Column 2: S Column 3: If	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati	y the sys be recei t the Cc sign of e he static ion's sign	I-Band FM Carriage: Under C item whenever it is received a wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process	t the system's he system's FM ante his point, see pa	adend, and (2 enna, during c ge (v) of the g	2) it can ertain st jeneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: G	ive the statior	n's locati	k mark in the "S/D" column. on (the community to which th the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
							·	
							·	

	od: 2020/1							FORM	/I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:						SYSTEM ID#
Name	MEDIACOM SOUTHEA	AST LLC (A	ARCHIE, MO	C)					9032
		-		-					
-	SUBSTITUTE CARRIAG	E: SPECIAI	L STATEME	NT AND PROGRAM LO	G				
	In General: In space I, ident	tify every noni	network televi	s <i>ion program,</i> broadcast by	a distant 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 tl	he general in:	structions i	in the	e paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCERI	NING SUBS	TITUTE CARRIAGE					
Special Statement and	 During the accounting per 	riod, did your	r cable syster	n carry, on a substitute ba	sis, any noni	network te	levis	ion progr	ram
	broadcast by a distant sta	ition?						YES	× NO
	Note: If your answer is "No	»" leave the r	reet of this na	ae blank. If your answer is		nuet com	nloto	-	
	-	, leave the l	rest of this pa	ige blank. If your answer is	s res, your	nust com	piele	the prog	Ian
	log in block 2.		MO						
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Use abbreviations	wherever n	ossible if	thair	meaning	n ie
	clear. If you need more spa				s wherever p		uieii	meaning	J 15
				vision program ("substitute	e program") t	hat, during	g the	accounti	ing
	period, was broadcast by a	distant statio	on and that y	our cable system substitut	ed for the pr	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.		Icast live ent	er "Yes." Otherwise enter '	'No "				
				asting the substitute progr					
				the community to which the		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, w	vith the m	nonth
	first. Example: for May 7 gi		aubatituta pr	arran was corriad by you	r achla avata	na liattha			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						
		ter "R" if the I	listed prograr	n was substituted for prog	ramming that	t your syst	tem v	was requ	ired
	to delete under FCC rules i			contra a Alexa in a successful a constant	d. ontor the	etter "P" i	f the	listed pro	oram
	to delete under FCC rules a								Sgram
	was substituted for program	nming that yo							Sgram
		nming that yo							Sgram
	was substituted for program	nming that yo			ler FCC rules	and regu	Ilatio	ns in	
	was substituted for progran effect on October 19, 1976	mming that yo	our system w	as permitted to delete und	ler FCC rules WHE	and regu	Ilation	ns in TE	7. REASON FOR
	was substituted for program effect on October 19, 1976 Si	UBSTITUTE	our system w	as permitted to delete und	ler FCC rules WHE CARRI	and regun N SUBST	Ilation	ns in TE RED	
	was substituted for progran effect on October 19, 1976	UBSTITUTE	our system w	as permitted to delete und	ler FCC rules WHE	and regun N SUBST	Ilation	ns in TE RED	7. REASON FOR
	was substituted for program effect on October 19, 1976 Si	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TITU CUR	TE RED S	7. REASON FOR
	was substituted for program effect on October 19, 1976 Si	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TITU CUR	TE RED S	7. REASON FOR
	was substituted for program effect on October 19, 1976 Si	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TITU CUR	TE RED S	7. REASON FOR
	was substituted for program effect on October 19, 1976 Si	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TITU CUR	TE RED S	7. REASON FOR
	was substituted for program effect on October 19, 1976 Si	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TITU CUR	TE RED S	7. REASON FOR
	was substituted for program effect on October 19, 1976 Si	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TITU CUR	TE RED S	7. REASON FOR
	was substituted for program effect on October 19, 1976 Si	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TITU CUR	TE RED S	7. REASON FOR
	was substituted for program effect on October 19, 1976 Si	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TITU CUR	TE RED S	7. REASON FOR
	was substituted for program effect on October 19, 1976 Si	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TITU CUR	TE RED S	7. REASON FOR
	was substituted for program effect on October 19, 1976 Si	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TITU CUR	TE RED S	7. REASON FOR
	was substituted for program effect on October 19, 1976 Si	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TITU CUR	TE RED S	7. REASON FOR
	was substituted for program effect on October 19, 1976 Si	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TITU CUR	TE RED S	7. REASON FOR
	was substituted for program effect on October 19, 1976 Si	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TITU CUR	TE RED S	7. REASON FOR
	was substituted for program effect on October 19, 1976 Si	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	TITU CUR	TE RED S	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 (ARCHIE, MO)	S	YSTEM ID# 9032
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	7,204.59 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	this six-mon	
	accounting period is \$52.00 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			
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	
	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		, MO)			SYSTEM ID# 9032
M Channels	 to its subscribers, and (2) 1. Enter the total number system carried television 2. Enter the total number on which the cable system 	2) the cable system's t r of channels on which on broadcast stations r of activated channels tem carried television	total number of h the cable s broadcast st	of activated channels during th		42
N Individual to Be Contacted	we can contact about thi	is statement of accour		ATION IS NEEDED (Identify		
for Further Information		neth J. Kohrs			Telephon	e 845-443-2762
	(Numbe Medi	Mediacom Way ar, street, rural route, apartu iacom Park, NY wn, state, zip)	ment, or suite nu	umber)		
	Email	Copyrights@m	ediacomcc.c	com	Fax (optional)	
O Certification	 I, the undersigned, herei (Owner other (Agent of own in line 1 of (Officer or pa in line 1 of I have examined the sta 	by certify that (Check of than corporation or p her other than corpora space B and that the of artner) I am an officer (space B. tement of account and orrect to the best of my	one, <i>but only c</i> partnership) I ation or partn owner is not a (if a corporatic I hereby decla	one, of the boxes.) am the owner of the cable systemership) I am the duly authoriz corporation or partnership; or on) or a partner (if a partnership	with Copyright Office regulations stem as identified in line 1 of space ed agent of the owner of the cable o) of the legal entity identified as a statements of fact contained her a made in good faith.	e B; or le system as identified owner of the cable system
			Enter an elec	s/ Kenneth J. Kohrs ctronic signature on the line abo ure using an "/s/ signature" (e.g.		-
		Typed or printed Title: (Title of o	Vice Pre	Kenneth J. Kohrs sident, Financial Repo	orting	
		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 (ARCHIE, MO)	90
 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? NO 	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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