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

Return completed workbook by email to:

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 AMOUNT 3/1/2021 \$ ALLOCATION NUMBER

coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2020/2 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.	15071
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM SOUTHEAST LLC (WAVELAND, MS)	
		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)	
	INCTO	LICTIONS, In line 1, give any business or tode names used to identify the business and exercise of the system	unloss those
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MEDIACOM SOUTHEAST LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	5973 HWY. 90 W. (Number, street, rural route, apartment, or suite number)	
		THEODORE, AL 36582	
		(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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM SOUTHEAST LLC (WAVELAND, MS)	15071
	Instructions: List each separate community served by the cable system. A "community	" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorporated com	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	will serve as a form of system identification hereafter known
	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 mobile hor	me parks should be reported in parentheses below the
Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	WAVELAND	MS
Community	BAY ST. LOUIS	MS
	HANCOCK County	MS
	JORDON RIVER SHORE	
dd Rows as Necessary		MS
	WIGGINGS	MS
	STONE COUNTY	MS

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM IC	
Name	MEDIACOM SOUTHEAS		VELA	ND. MS)				010	1507	
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission o	service of	the cable		
-	system, that is, the retransmission	-		-		•				
Secondary	about other services (including p									
Transmission	last day of the accounting period	•				,				
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•								
Rates	each category by counting the n			0 / 1						
	separately for the particular serv							g		
	Rate: Give the standard rate of	-						-		
	unit in which it is generally billed category, but do not include disc					rd rate variation	s within a	particular rate		
	Block 1: In the left-hand block					ondarv transmis	sion servi	ce that cable		
	systems most commonly provide	e to their subsc	ribers.	Give the numb	er of subs	cribers and rate	for each li	sted category		
	that applies to your system. Not			-		-				
	categories, that person or entity						•			
	subscriber who pays extra for ca first set" and would be counted of					a în the count un	der Servi	ce to the		
	Block 2: If your cable system	0			()	service that are	different f	from those		
	printed in block 1 (for example, t									
	with the number of subscribers a	and rates, in the	e right-	hand block. A t	wo- or thre	e-word descript	on of the	service is		
	sufficient.	OCK 1					BLOCK	(2		
		NO. OF						NO. OF		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT	
	Service to first set		1 060	40.49-74.49						
	Service to additional set(s)		1,000	40.45-74.45						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		1	40.49-74.49						
	Converter									
	Residential									
	Non-residential									
_	SERVICES OTHER THAN SEC In General: Space F calls for rai					II your cable sys	tem's serv	vices that were		
F	not covered in space E, that is, t	•	,		-	• •				
	service for a single fee. There are	•			•		• •	,		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		usuali	y blied. If arry f	ales ale ci	larged on a van	able pei-p	logram basis,		
	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
ransmissions:		Block 2: List any services that your cable system furnished or offered during the accounting period that were not								
-	Block 2: List any services that	t your cable sys		irnished or offe	red during	the accounting				
ransmissions:	Block 2: List any services that listed in block 1 and for which a	t your cable sys separate charg	je was	rnished or offe made or establ	red during	the accounting				
ransmissions:	Block 2: List any services that	t your cable sys separate charg ption and includ	je was de the r	rnished or offe made or establ	red during	the accounting		e form of a		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	t your cable system separate chargo ption and includ BLOO	je was de the r CK 1	rnished or offe made or establ rate for each.	red during lished. List	the accounting p these other ser	vices in the	e form of a BLOCK 2	PAT	
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	t your cable system separate chargo ption and includ BLOC	je was de the r CK 1 CATE	Irnished or offe made or establ rate for each. GORY OF SEF	red during lished. List	the accounting	vices in the	e form of a	RATE	
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	t your cable sys separate charg otion and includ BLOO RATE	je was de the r CK 1 CATE Install	Irnished or offe made or establ rate for each. GORY OF SER ation: Non-res	red during lished. List	the accounting p these other ser	CATEG	e form of a BLOCK 2 DRY OF SERVICE		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	t your cable sys separate charg otion and includ BLOC RATE PP	ge was de the r CK 1 CATE Install • Mo	rrnished or offe made or establ rate for each. GORY OF SEF ation: Non-res otel, hotel	red during lished. List	the accounting p these other ser	vices in the	e form of a BLOCK 2 DRY OF SERVICE		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	t your cable sys separate charg otion and includ BLOO RATE	ge was de the r CK 1 CATE Install • Mo • Co	rrnished or offe made or establ rate for each. GORY OF SEF ation: Non-res otel, hotel mmercial	red during lished. List	the accounting p these other ser	CATEG	e form of a BLOCK 2 DRY OF SERVICE	RATE 83.9	
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	t your cable sys separate charg otion and includ BLOC RATE PP	de was de the r CK 1 CATE Install • Mo • Co • Pa	Irnished or offe made or establ rate for each. GORY OF SER ation: Non-res otel, hotel ommercial y cable	red during lished. List RVICE sidential	the accounting p these other ser	CATEG	e form of a BLOCK 2 DRY OF SERVICE		
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ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	t your cable sys separate charg otion and includ BLOO RATE PP PP PP	Je was de the r CK 1 CATE Install • Mo • Co • Pa • Pa • Fir • Bu	Irnished or offe made or establ rate for each. GORY OF SEF ation: Non-reso otel, hotel ommercial y cable y cable e protection	red during lished. List <u>RVICE</u> sidential	the accounting p these other ser	CATEG	e form of a BLOCK 2 DRY OF SERVICE		
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ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	t your cable sys separate charg otion and includ BLOC RATE PP PP PP 99.99 15.00-49.00	e was de the r CK 1 CATE(Install • Ma • Co • Pa • Pa • Fir • Bu Other • Re • Dis	arnished or offe made or establ rate for each. GORY OF SEF ation: Non-reso otel, hotel ommercial y cable y cable-add'l cl e protection rglar protection services: econnect	red during lished. List <u>RVICE</u> sidential	the accounting p these other service RATE	CATEG	e form of a BLOCK 2 DRY OF SERVICE		

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PRIMARY TRANSMITTERS: TILLVISION In Generat: In space 6, licentify very television station (including translator stations, a cardied only on a particulation is in effect on June 24, 1985, parmiting the carriage of certain network programs (sections and the System Carlos Sections) and the system of the section of the system of the system carlos (section 14, the 24, 1985, parmiting the carriage of certain network programs (sections and the system) and sections and the system of the system of the substitute program basis under people TCP culse, regulations, or authorizations. - To not list the station here in space (bud do list in space (bud do list in space 0, the system on a substitute program basis. - To not list the station here in space (bud do list in space 0, the system on a substitute program basis. - List the station here in space (bud do list in space 0, the system on a substitute basis and also on some other basis. - List the station here in space (bud do list in space 0, the system) and also in one other basis. - List the station here in space (bud do list in space 0, the substitute basis and also on some other basis. - List the station here in space (bud do list in space 0, the substitute basis and sec on some other basis. - List the station here in space (bud do list in space 0, the substitute basis and sec on some other basis. - List the station here in space (bud do list in space 0, the substitute basis and sec on some other basis. - List the station here in space (bud do list in space 0, the substitute). Column 3: folder the data on a substitute basis and sec on some other basis. - List the station here in space (bud do list in space 0, the substitute). Column 3: folder the number the FCC and basis on the data on an other basis. - List the station here in the station is basis on the data on a substitute basis and the substitute). Column 3: folderethan substitute basis where the statin in the space 3A-2 form.	Name				51512
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WMAH/WMAH(HD) PBS19EBILOXI, MSWNOL (CW)15INEW ORLEANS, LAWPXL/WPXL(HD) ION49INEW ORLEANS, LAWUPL My Net24INEW ORLEANS, LAWVUE/WVUE(HD) FOX29INEW ORLEANS, LAWVUE/DT2 Bounce TV29.2I-MNEW ORLEANS, LAWVUE-DT3 Circle29.3I-MNEW ORLEANS, LAWVUE-DT4 Court TV Mystery29.4I-MNEW ORLEANS, LAWVUE-DT5 Grit29.5I-MNEW ORLEANS, LAWVUE-DT5 Grit36NNEW ORLEANS, LAWXX/WXXV(HD) FOX48IGULFPORT, MSWXXV-DT3 CW48.3I-MGULFPORT, MS		WLOX-DT2/WLOX-DT2 (HD) C	13.2	N-M	BILOXI, MS
WNOL (CW)15INEW ORLEANS, LAWPXL/WPXL(HD) ION49INEW ORLEANS, LAWUPL My Net24INEW ORLEANS, LAWUUE/WVUE(HD) FOX29INEW ORLEANS, LAWVUE-DT2 Bounce TV29.2I-MNEW ORLEANS, LAWVUE-DT3 Circle29.3I-MNEW ORLEANS, LAWVUE-DT3 Circle29.3I-MNEW ORLEANS, LAWVUE-DT3 Circle29.3I-MNEW ORLEANS, LAWVUE-DT3 Circle29.3I-MNEW ORLEANS, LAWVUE-DT4 Court TV Mystery29.4I-MNEW ORLEANS, LAWVUE-DT5 Grit29.5I-MNEW ORLEANS, LAWVUE-DT5 Grit29.5I-MNEW ORLEANS, LAWXXV/WXXV(HD) FOX48IGULFPORT, MSWXXV-DT2/WXXV-DT2 HD (N48.3I-MGULFPORT, MSWXXV-DT3 CW48.3I-MGULFPORT, MS		WLOX-DT3 Bounce	13.3	N-M	BILOXI, MS
WPXL/WPXL(HD) ION49INEW ORLEANS, LAWUPL My Net24INEW ORLEANS, LAWVUE/WVUE(HD) FOX29INEW ORLEANS, LAWVUE-DT2 Bounce TV29.2I-MNEW ORLEANS, LAWVUE-DT3 Circle29.3I-MNEW ORLEANS, LAWVUE-DT4 Court TV Mystery29.4I-MNEW ORLEANS, LAWVUE-DT5 Grit29.5I-MNEW ORLEANS, LAWVUE-DT5 Grit29.5I-MNEW ORLEANS, LAWVUE-DT5 Grit29.5I-MNEW ORLEANS, LAWXXV/WXXV(HD) FOX48IGULFPORT, MSWXXV-DT2/WXXV-DT2 HD (N48N-MGULFPORT, MSWXXV-DT3 CW48.3I-MGULFPORT, MS		WMAH/WMAH(HD) PBS	19	E	BILOXI, MS
WUPL My Net24INEW ORLEANS, LAWUUE/MVUE(HD) FOX29INEW ORLEANS, LAWVUE-DT2 Bounce TV29.2I-MNEW ORLEANS, LAWVUE-DT3 Circle29.3I-MNEW ORLEANS, LAWVUE-DT4 Court TV Mystery29.4I-MNEW ORLEANS, LAWVUE-DT5 Grit29.5I-MNEW ORLEANS, LAWVUE-DT5 Grit29.5I-MNEW ORLEANS, LAWVLWWL(HD) CBS36NNEW ORLEANS, LAWXXV/WXXV(HD) FOX48IGULFPORT, MSWXXV-DT2/WXXV-DT2 HD (N48N-MGULFPORT, MSWXXV-DT3 CW48.3I-MGULFPORT, MS		WNOL (CW)	15	1	NEW ORLEANS, LA
WVUE/WVUE(HD) FOX29INEW ORLEANS, LAWVUE-DT2 Bounce TV29.2I-MNEW ORLEANS, LAWVUE-DT3 Circle29.3I-MNEW ORLEANS, LAWVUE-DT4 Court TV Mystery29.4I-MNEW ORLEANS, LAWVUE-DT5 Grit29.5I-MNEW ORLEANS, LAWVUE-DT5 Grit29.5I-MNEW ORLEANS, LAWVUE-DT5 Grit29.5I-MNEW ORLEANS, LAWXL/WWL(HD) CBS36NNEW ORLEANS, LAWXXV/WXXV(HD) FOX48IGULFPORT, MSWXXV-DT2/WXXV-DT2 HD (N48.3I-MGULFPORT, MS		WPXL/WPXL(HD) ION	49	I	NEW ORLEANS, LA
WVUE-DT2 Bounce TV29.2I-MNEW ORLEANS, LAWVUE-DT3 Circle29.3I-MNEW ORLEANS, LAWVUE-DT4 Court TV Mystery29.4I-MNEW ORLEANS, LAWVUE-DT5 Grit29.5I-MNEW ORLEANS, LAWVL-WWL(HD) CBS36NNEW ORLEANS, LAWXXV/WXXV(HD) FOX481GULFPORT, MSWXXV-DT2/WXXV-DT2 HD (N48.3I-MGULFPORT, MSWXXV-DT3 CW48.3I-MGULFPORT, MS		WUPL My Net	24	I	NEW ORLEANS, LA
WVUE-DT3 Circle29.3I-MNEW ORLEANS, LAWVUE-DT4 Court TV Mystery29.4I-MNEW ORLEANS, LAWVUE-DT5 Grit29.5I-MNEW ORLEANS, LAWWL/WWL(HD) CBS36NNEW ORLEANS, LAWXXV/WXXV(HD) FOX48IGULFPORT, MSWXXV-DT2/WXXV-DT2 HD (N48.3I-MGULFPORT, MSWXXV-DT3 CW48.3I-MGULFPORT, MS		WVUE/WVUE(HD) FOX	29	1	NEW ORLEANS, LA
WVUE-DT4 Court TV Mystery29.4I-MNEW ORLEANS, LAWVUE-DT5 Grit29.5I-MNEW ORLEANS, LAWWL/WWL(HD) CBS36NNEW ORLEANS, LAWXXV/WXXV(HD) FOX48IGULFPORT, MSWXXV-DT2/WXXV-DT2 HD (N48N-MGULFPORT, MSWXXV-DT3 CW48.3I-MGULFPORT, MS		WVUE-DT2 Bounce TV	29.2	I-M	NEW ORLEANS, LA
WVUE-DT5 Grit29.5I-MNEW ORLEANS, LAWWL/WWL(HD) CBS36NNEW ORLEANS, LAWXXV/WXXV(HD) FOX48IGULFPORT, MSWXXV-DT2/WXXV-DT2 HD (N)48N-MGULFPORT, MSWXXV-DT3 CW48.3I-MGULFPORT, MS		WVUE-DT3 Circle	29.3	I-M	NEW ORLEANS, LA
WWL/WWL(HD) CBS36NNEW ORLEANS, LAWXXV/WXXV(HD) FOX48IGULFPORT, MSWXXV-DT2/WXXV-DT2 HD (N48N-MGULFPORT, MSWXXV-DT3 CW48.3I-MGULFPORT, MS		WVUE-DT4 Court TV Mystery	29.4	I-M	NEW ORLEANS, LA
WXXV/WXXV(HD) FOX 48 I GULFPORT, MS WXXV-DT2/WXXV-DT2 HD (NI 48 N-M GULFPORT, MS WXXV-DT3 CW 48.3 I-M GULFPORT, MS		WVUE-DT5 Grit	29.5	I-M	NEW ORLEANS, LA
WXXV-DT2/WXXV-DT2 HD (N 48 N-M GULFPORT, MS WXXV-DT3 CW 48.3 I-M GULFPORT, MS		WWL/WWL(HD) CBS	36	N	NEW ORLEANS, LA
WXXV-DT3 CW 48.3 I-M GULFPORT, MS		WXXV/WXXV(HD) FOX	48	I	GULFPORT, MS
		WXXV-DT2/WXXV-DT2 HD (N	48	N-M	GULFPORT, MS
WYES/WYES(HD) PBS 11 E NEW ORLEANS, AL					
			48.3	I-M	GULFPORT, MS
		WXXV-DT3 CW			

counting Period:	2020/2			FORM SA1-2E. PAGE			
Nama	LEGAL NAME OF OWNER OF O	CABLE SYSTEM:		SYSTEM ID			
Name	MEDIACOM SOUTHEA	ST LLC (WAVELAND, MS)		1507			
	PRIMARY TRANSMITTERS: 1	TELEVISION					
G	carried by your cable system	during the accounting period, excep	translator stations and low power tele ((1) stations carried only on a part-tim ne carriage of certain network program	e basis under			
Primary Transmitters:	76.59(d)(2) and (4), 76.61(e) substitute program basis, as	(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain statio	ns carried on a			
Television	basis under specific FCC rule	es, regulations, or authorizations: in space G—but do list it in space I (t	arried by your cable system on a subsi he Special Statement and Program Lo	1 0			
	• List the station here, and also in space I, if the station was carried both on a substitute basis and also 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. <i>Do not</i> 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 Canadi	an stations, if any, give the name of t	he community with which the station is	identified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

MEDIACOM	SOUTHEA	ST LLC	C (WAVELAND, MS)					SYSTEM 150
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of i for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be receivent to the Co sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. hal was electronically processe c 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 pay ed by the cable s e station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC) it can l ertain st eneral ir parate a	be expected, ated intervals. Instructions 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	
		2,2				2,2		
		 			·			

Accounting Perio	od: 2020/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM SOUTHE	AST LLC	(WAVELANI	D, MS)				15071
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME)G			
I I	In General: In space I, ident					tion that w	our coble ave	tom corriad on a
•	substitute basis during the a	, ,		1 0 /	<i>,</i>	· .	,	
Substitute	explanation of the programn							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	-			asis, anv noni	network tel	evision proa	ram
Statement and	broadcast by a distant sta	-			,,	[
Program Log						L	YES	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you ı	must comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs clear. If you need more spa				s wnerever p	ossidie, it t	neir meaning	g is
				vision program ("substitute	e program") t	hat, during	the account	ing
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs.		deact live ont	er "Yes." Otherwise enter	"No "			
				casting the substitute prog				
				the community to which th		censed by	the FCC or,	in
	the case of Mexican or Car							
			y when your sy	stem carried the substitute	e program. U	se numera	ls, with the n	nonth
	first. Example: for May 7 gi		o oubstituto pr	ogram was corried by you	r apple aveta	m list the	timos coour	atalı
	to the nearest five minutes			ogram was carried by you ried by a system from 6:0:				atery
	stated as "6:00-6:30 p.m."	. Example.	a program oar		1.10 p.m. to c			
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	t your syste	em was <i>requ</i>	ired
	to delete under FCC rules	and regulat	tions in effect o	luring the accounting perio	od; enter the	letter "P" if	the listed pr	ogram
	was substituted for program		your system w	as permitted to delete und	der FCC rules	s and regul	ations in	
	effect on October 19, 1976							
					WHF	N SUBST	TUTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM	TIMES — TO	DELETION
		100 01 110	ONLEE OFOIT			THOM	10	
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Accounting Period:	2020/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (WAVELAND, MS)				SYSTEM ID# 15071
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	/stem's see	condary transm compute this a	ission service amount, see \$50	
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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in BLOCK 1: GROSS RECEIPTS OF \$137	out less than Information	an \$527,600	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	ou 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 lin-	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	ore 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				
	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 l	ess than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	502,317.71		
	2. Base amount under statutory formula		263,800.00		
			238,517.71		
	- 4. Multiply line 3 by .01			2,385.18	
	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 .		\$	3,704.18
	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)		\$	3,704.18	
246	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			\$	3,724.18
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-				ghts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (WAVELAND, MS)	SYSTEM ID# 15071
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	34 76
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Kenneth J. Kohrs	845-443-2762
Information	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip) Email Copyrights@mediacomcc.com	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	system as identified vner of the cable system
	X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting Title of official position held in corporation or partnership) 2/15/2021	

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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

ounting Period: 2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC (WAVELAND, MS)	1507
 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	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
First community served Accounting period	

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 th 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.