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))	
		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.	24031
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM	
		MEDIACOM SOUTHEAST LLC (MORGANTOWN,KY)	
		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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given ir	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	1	MEDIACOM SOUTHEAST LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	P.O. BOX 428	
	<u> </u>	(Number, street, rural route, apartment, or suite number)	
		BROWNSVILLE, KY 42210 (City, town, state, zip code)	

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

Manar	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	MEDIACOM SOUTHEAST LLC (MORGANTOWN,KY)	2403
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	ommunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	nobile home parks should be reported in parentheses below the
F ire (CITY OR TOWN MORGANTOWN	STATE KY
First Community	BUTLER CO.	KY
,	BROWNSVILLE	KY
Add Rows as Necessary	EDMONSON CITY	κγ
ida nons as necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM ID
Name	MEDIACOM SOUTHEAS	T LLC (MO	RGAN	ITOWN,KY)					2403
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Bott down by categories of secondar 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 Block 1: In the left-hand block systems most commonly provide that applies to your system. Not	SERVICE: SI pace E should on of television pay cable) in sp (June 30 or E n blocks in span y transmission umber of billing ice at the rate tharged for each (Example: "\$ counts allowed in space E, the to their subsc e: Where an ir	JBSCR cover and ra bace F, becemb ce E ca service gs in th indicate 20/mth for adv e form cribers. adividua	RIBERS AND R all categories o idio broadcasts not here. All th er 31, as the ca all for the numb e. In general, yo at category (the ed—not the num gory of service. '). Summarize a vance payment. lists the categor Give the numb al or organizatio	of secondar by your sy he facts you ase may be re of subsection on can com- e number of section include be any standar ories of section or is received	stem to subscri u state must be a). cribers to the ca pute the number of persons or or ts receiving service rd rate variation condary transmis cribers and rate ing service that	bers. Give those exis ble systen er of subso ganizations vice). of the char s within a ssion servi for each li falls unde	e information ting on the n, broken cribers in s charged ge and the particular rate ice that cable sted category r different	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	able service to once again unc has rate categ iers of services and rates, in th	addition ler "Sei ories fo s that ir	nal sets would l vice to addition or secondary tra nclude one or m	be included nal set(s)." ansmission nore secon	d in the count un service that are dary transmission	nder "Serv e different ons), list th ion of the	ice to the from those nem, together service is	
	BLC	DCK 1 NO. OF	:	1			BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEE	RVICE	SUBSCRIBERS	RATE
	Residential: • Service to first set		267	40.49-53.04					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	40.49-53.04					
	Converter								
	 Residential Non-residential 								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscril hose services re two exceptic or facilities furn hit in which it is rate column. te charged by f t your cable sy separate charge btion and inclue	ber) info that are ons: you nished usuall the cab stem fu ge was de the u	ormation with re e not offered in u do not need to to nonsubscribo y billed. If any r le system for e urnished or offer made or establ	espect to a combination o give rate ers. Rate in rates are ch ach of the red during	on with any seco information con nformation shou narged on a vari applicable servi the accounting	ondary trai cerning (1 ld include able per-p ces listed. period tha	nsmission) services both the program basis, t were not e form of a	
		BLO		0001/05		D + T =	0	BLOCK 2	D /-
	CATEGORY OF SERVICE	RATE		GORY OF SER ation: Non-res		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services: Pay cable	PP		otel, hotel	sidentiai		Family	Cable	85.9
	Pay cable—add'l channel	PP		ommercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l cl	hannel				
	Installation: Residential		• Fir	e protection					
	• First set	99.99	• Bu	rglar protection	ı				
	 Additional set(s) 	15.00-49.00	Other	services:					
	• FM radio (if separate rate)		• Re	connect		49.00			
			I				1		
	Converter	10.50	• Dis	sconnect					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name		AST LLC (MORGANTOWN,KY)	1	24
	PRIMARY TRANSMITTERS:	· · · · ·	·	
G Primary ransmitters: 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 rule • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station' multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WR Column 3: Indicate in each of educational station, by enter (for independent multicast), " For the meaning of these ter Column 4: Give the location	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-the	t (1) stations carried only on a part-ti- he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructi- program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	Ime basis under Ims [sections itons carried on a postitute program Log)—if the pon some other ons. PN, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBKO/WBKO (HD) ABC	13	N	BOWLING GREEN, KY
	WBKO-DT2/WBKO-DT2 (HD)	13.2	I-M	BOWLING GREEN, KY
d Rows as Necessary	WBKO-DT3 CW	13.3	I-M	BOWLING GREEN, KY
	• · · · · · · · · · · · · · · · · · · ·			•
	WKGB/WKGB(HD) PBS	48	E	BOWLING GREEN, KY
	WKGB/WKGB(HD) PBS WKGB-DT2 KET2	48 48.2	E I-M	BOWLING GREEN, KY CHICAGO, IL
	WKGB-DT2 KET2	48.2	I-M	CHICAGO, IL
	WKGB-DT2 KET2 WKGB-DT3 KY3	48.2 48.3	I-M I-M	CHICAGO, IL CHICAGO, IL
	WKGB-DT2 KET2 WKGB-DT3 KY3 WKGB-DT4 KET PBS Kids	48.2 48.3 48.4	I-M I-M E-M	CHICAGO, IL CHICAGO, IL CHICAGO, IL
	WKGB-DT2 KET2 WKGB-DT3 KY3 WKGB-DT4 KET PBS Kids WKYU/WKYU(HD) PBS	48.2 48.3 48.4 18	I-M I-M E-M E	CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL
	WKGB-DT2 KET2 WKGB-DT3 KY3 WKGB-DT4 KET PBS Kids WKYU/WKYU(HD) PBS WKYU-DT2 Create	48.2 48.3 48.4 18 18.2	I-M I-M E-M E I-M	CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL
	WKGB-DT2 KET2 WKGB-DT3 KY3 WKGB-DT4 KET PBS Kids WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar	48.2 48.3 48.4 18 18.2 18.3	I-M I-M E-M E I-M I-M	CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL
	WKGB-DT2 KET2 WKGB-DT3 KY3 WKGB-DT4 KET PBS Kids WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WNKY/WNKY(HD) NBC	48.2 48.3 48.4 18 18.2 18.3 16	I-M I-M E-M E I-M I-M N	CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL BOWLING GREEN, KY
	WKGB-DT2 KET2 WKGB-DT3 KY3 WKGB-DT4 KET PBS Kids WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) (48.2 48.3 48.4 18 18.2 18.3 16 16.2	I-M I-M E-M E I-M I-M N I-M	CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL BOWLING GREEN, KY
	WKGB-DT2 KET2 WKGB-DT3 KY3 WKGB-DT4 KET PBS Kids WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) (WPBM IND	48.2 48.3 48.4 18 18.2 18.3 16 16.2 46	I-M I-M E-M E I-M I-M I-M I-M I-M	CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL BOWLING GREEN, KY BOWLING GREEN, KY
	WKGB-DT2 KET2 WKGB-DT3 KY3 WKGB-DT4 KET PBS Kids WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) (WPBM IND WSMV NBC	48.2 48.3 48.4 18 18.2 18.3 16 16 16.2 46 10	I-M I-M E-M E I-M I-M I-M I N I-M I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL BOWLING GREEN, KY BOWLING GREEN, KY SCOTTSVILLE, KY NASHVILLE, TN
	WKGB-DT2 KET2 WKGB-DT3 KY3 WKGB-DT4 KET PBS Kids WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) (WPBM IND WSMV NBC	48.2 48.3 48.4 18 18.2 18.3 16 16 16.2 46 10	I-M I-M E-M E I-M I-M I-M I N I-M I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL BOWLING GREEN, KY BOWLING GREEN, KY SCOTTSVILLE, KY NASHVILLE, TN
	WKGB-DT2 KET2 WKGB-DT3 KY3 WKGB-DT4 KET PBS Kids WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) (WPBM IND WSMV NBC	48.2 48.3 48.4 18 18.2 18.3 16 16 16.2 46 10	I-M I-M E-M E I-M I-M I-M I N I-M I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL BOWLING GREEN, KY BOWLING GREEN, KY SCOTTSVILLE, KY NASHVILLE, TN
	WKGB-DT2 KET2 WKGB-DT3 KY3 WKGB-DT4 KET PBS Kids WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) (WPBM IND WSMV NBC	48.2 48.3 48.4 18 18.2 18.3 16 16 16.2 46 10	I-M I-M E-M E I-M I-M I-M I N I-M I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL BOWLING GREEN, KY BOWLING GREEN, KY SCOTTSVILLE, KY NASHVILLE, TN
	WKGB-DT2 KET2 WKGB-DT3 KY3 WKGB-DT4 KET PBS Kids WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) (WPBM IND WSMV NBC	48.2 48.3 48.4 18 18.2 18.3 16 16 16.2 46 10	I-M I-M E-M E I-M I-M I-M I N I-M I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL BOWLING GREEN, KY BOWLING GREEN, KY SCOTTSVILLE, KY NASHVILLE, TN
	WKGB-DT2 KET2 WKGB-DT3 KY3 WKGB-DT4 KET PBS Kids WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) (WPBM IND WSMV NBC	48.2 48.3 48.4 18 18.2 18.3 16 16 16.2 46 10	I-M I-M E-M E I-M I-M I-M I N I-M I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL BOWLING GREEN, KY BOWLING GREEN, KY SCOTTSVILLE, KY NASHVILLE, TN
	WKGB-DT2 KET2 WKGB-DT3 KY3 WKGB-DT4 KET PBS Kids WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) (WPBM IND WSMV NBC	48.2 48.3 48.4 18 18.2 18.3 16 16 16.2 46 10	I-M I-M E-M E I-M I-M I-M I N I-M I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL BOWLING GREEN, KY BOWLING GREEN, KY SCOTTSVILLE, KY NASHVILLE, TN
	WKGB-DT2 KET2 WKGB-DT3 KY3 WKGB-DT4 KET PBS Kids WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WNKY/WNKY(HD) NBC WNKY-DT2/WNKY-DT2 (HD) (WPBM IND WSMV NBC	48.2 48.3 48.4 18 18.2 18.3 16 16 16.2 46 10	I-M I-M E-M E I-M I-M I-M I N I-M I N	CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL BOWLING GREEN, KY BOWLING GREEN, KY SCOTTSVILLE, KY NASHVILLE, TN

ounting Period:	-			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF O			SYSTEM ID
	MEDIACOM SOUTHEA	ST LLC (MORGANTOWN,KY)		2403
	PRIMARY TRANSMITTERS: T	ELEVISION		
•	In General: In space G, iden	tify every television station (including	translator stations and low power tele	vision stations)
G	carried by your cable system	during the accounting period, excep	t (1) stations carried only on a part-tim	e basis under
	FCC rules and regulations in	effect on June 24, 1981, permitting t	he carriage of certain network program	ns [sections
Primary			61(e)(2) and (4))]; and (2) certain static	ns carried on a
Fransmitters:		explained in the next paragraph.		
Television			arried by your cable system on a subs	titute program
		es, regulations, or authorizations:	he Created Statement and Dragram La	a) if the
	station was carried <i>only</i> on a		he Special Statement and Program Lo	g)—ii the
			d both on a substitute basis and also o	on some other
			, see page (v) of the general instruction	
			program services such as HBO, ESPN	
			e-air designation. For example, report	•
	"WETA-2" as the same on the	0	3	
	Column 2: Give the channel	number the FCC assigned to the tele	evision station for broadcasting over th	e air in its community
		C is channel 4 in Washington, D.C.		
			station, an independent station, or a n	
			(for network multicast), "I" (for indepen	
			or "E-M" (for noncommercial education	al multicast).
		ns, see page (iv) of the general instru		Recorded by the
			t the community to which the station is	
	FCC. For Mexican or Canadia	an stations, if any, give the name of t	he community with which the station is	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

MEDIACOM	SOUTHEA	ST LLC	C (MORGANTOWN,KY)					SYSTEM I 240
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) n the basis of r or 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 stat this by placing ive the statior	y the sys be receivent t the Co sign of e he station ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried. In is AM or FM. hal was electronically processes of mark in the "S/D" column. on (the community to which the the community with which the	the system's hear system's FM anten his point, see page ed by the cable s e station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se ved by the FC0) it can l ertain sta 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	
		5,0		C, LE OIGH	, OI T W	0,0		

Accounting Perio	od: 2020/2						FORM	SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM SOUTHEA	AST LLC	(MORGANT	OWN,KY)				24031
	SUBSTITUTE CARRIAG)G			
1						4: +h+	able such	
•	In General: In space I, iden substitute basis during the a							
Substitute	explanation of the program							
Carriage:	1. SPECIAL STATEMEN				<u> </u>			
Special	During the accounting pe	-			sie anv non	notwork tolovis	ion progr	am
Statement and		•	ui cable system	in carry, on a substitute ba	isis, any nom		1	
Program Log	broadcast by a distant sta	ition ?					YES	X NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you ı	nust complete	the progr	am
	log in block 2.							
	2. LOG OF SUBSTITUT	E PROGR	AMS					
	In General: List each subs				s wherever p	ossible, if their	meaning	is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.			1 1 5	,	1 /	,	
				er "Yes." Otherwise enter				
				casting the substitute prog			F00 · ·	
	the case of Mexican or Cal			the community to which the			FCC or, I	n
				stem carried the substitute			vith the m	onth
	first. Example: for May 7 gi		,		o program o			
				ogram was carried by you				tely
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m. sh	ould be	
	stated as "6:00–6:30 p.m."	tor "D" if the	a listed program	n was substituted for prog	romming that	t your system	Nos requi	rod
	to delete under FCC rules							
	was substituted for program							gram
	effect on October 19, 1976			•		0		
					П			
						N SUBSTITU		
			E PROGRAM			AGE OCCUR 6. TIME		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM —	то	
						_		
						-		
						_		
						"		
						_		
						_		
						_		
1								
					· · · · · · · · · · · · · · · · · · ·			

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (MORGANTOWN,KY)	S	YSTEM ID# 24031
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 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	1,594.15 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		
	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 \$ 263,800.00		
	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	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		nts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (MORGANTOWN,KY)	SYSTEM ID# 24031
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	21 66
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 Fax (optional)	
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 hereia 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) 0/// // // // // // // // // // // // //	
	Date: 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 fling, a determination that would be made by a court of law.

	2020/2	FORM SA1-2E. PAGE
AL NAME OF OWN	NER OF CABLE SYSTEM:	SYSTEM
DIACOM SOU	JTHEAST LLC (MORGANTOWN,KY)	2403
The Satellite Ho lowing sentence "In deter service o scribers	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- re: rmining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." mation on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
During the acco	paper SA1-2 form. ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions ite carriers to satellite dish owners?	
X NO		
YES. Enter	r the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
	ASSESSMENT	
For an explana	olete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explana		Q Interest Assessme
For an explanat	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. he amount of late payment or underpayment	Q Interest Assessme
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