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	
		Para da Data Ellara Data d (antinesta ara lastanations)	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		la devide a se	
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.	26253
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM SOUTHEAST LLC	
		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 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:	
	1	MEDIACOM SOUTHEAST LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	_	ONE MEDIACOM WAY	
	2	(Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918 (City, town, state, zip code)	
		Iloity, town, state, 2p 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Nume	MEDIACOM SOUTHEAST LLC	2625
	Instructions: List each separate community served by the cable system. A "con	
D	"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	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	bile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	HENDERSON COUNTY	KY
Community	HENDERSON CITY	KY
dd Rows as Necessary		
ad nows as necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								010	2625
Е	SECONDARY TRANSMISSION								
_	In General: The information in s system, that is, the retransmission			-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	I (June 30 or D	ecemb	er 31, as the ca	ise may be	e).		C C	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary								
Rates	each category by counting the n separately for the particular serv							s charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed				iny standa	rd rate variatior	s within a	particular rate	
	category, but do not include disc								
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	able service to	additio	nal sets would b	e include	d in the count ur	nder "Serv	ice to the	
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		e ngn						
	BLC	DCK 1					BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRIB	EKS	RATE	CAT	EGORT OF SEI	VICE	SUBSCRIBERS	RAT
	Service to first set		10	75.95-74.49					
	Service to additional set(s)			73.33-74.43					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	75.95-74.49					
	Converter		v	75.95-74.49					
	Residential								
	Non-residential								
	• NOII-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATE	s				
-	In General: Space F calls for rat					Il your cable sy	stem's ser	vices that were	
F	not covered in space E, that is, t								
Comilana	service for a single fee. There ar furnished at cost or (2) services		,		0		0 (,	
Services Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.				-		regium bacio,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a brief (two- or three-word) descrip				isned. List	these other ser	vices in th	e form of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res			OATEO		
	Pay cable	PP		otel, hotel	laonnai		Family	Cable	78.9
	• Pay cable—add'l channel	PP		mmercial			. ay	04010	
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	49.99		rglar protection					
	Additional set(s)	49.99		services:					
	• FM radio (if separate rate)	10.00-+3.00		connect		49.00			
	• Converter			sconnect		43.00			
	Converter			itlet relocation		15.00-49.00			
						10.00-40.00			
				ove to new addr	000				

nting Period:				SVSTEM					
Name				SYSTEM 26					
	MEDIACOM SOUTHE	-		Lv					
	PRIMARY TRANSMITTERS:								
G	-	entify every television station (including t m during the accounting period, except	-						
-	FCC rules and regulations	in effect on June 24, 1981, permitting the	e carriage of certain network progr	rams [sections					
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								
ransmitters: 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.								
	• List the station here, and	also in space I, if the station was carried							
		on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination p							
		d with a station according to its over-the-	-	-					
	"WETA-2" as the same on		vision station for broadcasting over	r the cir in its community					
		el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.	vision station for broadcasting over	r the air in its community					
	Column 3: Indicate in each	n case whether the station is a network s	, , ,						
		ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), or							
	For the meaning of these to	erms, see page (iv) of the general instruc	ctions in the paper SA1-2 form.	,					
		on of each station. For U.S. stations, list	-						
	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					
		_							
	WEHT ABC	7	N	EVANSVILLE, IN					
	WENT ABC WEVV CBS	45	N N	EVANSVILLE, IN EVANSVILLE, IN					
ows as Necessary									
iws as Necessary	WEVV CBS	45	N	EVANSVILLE, IN					
ows as Necessary	WEVV CBS WFIE NBC	45 46	N N	EVANSVILLE, IN EVANSVILLE, IN					
ows as Necessary	WEVV CBS WFIE NBC WKMA PBS	45 46 42	N N E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY					
ows as Necessary	WEVV CBS WFIE NBC WKMA PBS WNIN PBS	45 46 42 9	N N E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN					
ows as Necessary	WEVV CBS WFIE NBC WKMA PBS WNIN PBS	45 46 42 9	N N E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN					
ows as Necessary	WEVV CBS WFIE NBC WKMA PBS WNIN PBS	45 46 42 9	N N E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN					
ows as Necessary	WEVV CBS WFIE NBC WKMA PBS WNIN PBS	45 46 42 9	N N E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN					
ows as Necessary	WEVV CBS WFIE NBC WKMA PBS WNIN PBS	45 46 42 9	N N E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN					
ows as Necessary	WEVV CBS WFIE NBC WKMA PBS WNIN PBS	45 46 42 9	N N E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN					
ows as Necessary	WEVV CBS WFIE NBC WKMA PBS WNIN PBS	45 46 42 9	N N E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN					
ows as Necessary	WEVV CBS WFIE NBC WKMA PBS WNIN PBS	45 46 42 9	N N E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN					
ows as Necessary	WEVV CBS WFIE NBC WKMA PBS WNIN PBS	45 46 42 9	N N E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN					
ows as Necessary	WEVV CBS WFIE NBC WKMA PBS WNIN PBS	45 46 42 9	N N E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN					
ows as Necessary	WEVV CBS WFIE NBC WKMA PBS WNIN PBS	45 46 42 9	N N E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN					
ows as Necessary	WEVV CBS WFIE NBC WKMA PBS WNIN PBS	45 46 42 9	N N E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN					
ows as Necessary	WEVV CBS WFIE NBC WKMA PBS WNIN PBS	45 46 42 9	N N E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN					
ows as Necessary	WEVV CBS WFIE NBC WKMA PBS WNIN PBS	45 46 42 9	N N E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN					
ows as Necessary	WEVV CBS WFIE NBC WKMA PBS WNIN PBS	45 46 42 9	N N E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN					
ows as Necessary	WEVV CBS WFIE NBC WKMA PBS WNIN PBS	45 46 42 9	N N E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN					
ows as Necessary	WEVV CBS WFIE NBC WKMA PBS WNIN PBS	45 46 42 9	N N E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN					
ows as Necessary	WEVV CBS WFIE NBC WKMA PBS WNIN PBS	45 46 42 9	N N E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN					
ows as Necessary	WEVV CBS WFIE NBC WKMA PBS WNIN PBS	45 46 42 9	N N E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN					

EGAL NAME OF								SYSTEM 262
	every radio s	tation 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: Id Column 2: S Column 3: If idgnal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. entify the call tate whether t the radio stati this by placing ive the station	/ the sys be recei t the Co sign of e he statio on's sign a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processor 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 e station is licens	adend, and (2 anna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,5		S. LE SIGN		3,0		
			·					

Accounting Perio	od: 2020/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM SOUTHEA	AST LLC						26253
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	ENT AND PROGRAM LC)G			
	In General: In space I, ident	tifv everv no	nnetwork telev	ision program broadcast by	v a distant sta	tion that v	our cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programn	ning that mu	ust be included	in this log, see page (v) of t	the general ins	structions i	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	riod. did vo	ur cable svster	m carrv. on a substitute ba	asis. anv nonr	network te	levision proa	ram
Statement and	broadcast by a distant sta	-	,	<i>,</i>	, ,			× NO
Program Log	-						YES	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	nust comp	plete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs				s wherever p	ossible, if	their meaning	g is
	clear. If you need more spa			vision program ("substitute	e program") ti	hat during	the account	ina
	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.				«••• •			
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by	the FCC or	in
	the case of Mexican or Car							
				stem carried the substitute			als, with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.r	n. should be	
	stated as "6:00–6:30 p.m."			n was substituted for prog	ramming that	vour svst	em was requ	uired
	Column 7. Enter the left	ier R ittne	e listed prodrar					
	Column 7: Enter the lett							
	Column 7: Enter the lett to delete under FCC rules was substituted for program	and regulat	tions in effect o	luring the accounting perio	od; enter the l	etter "P" if	f the listed pr	
	to delete under FCC rules	and regulat nming that	tions in effect o	luring the accounting perio	od; enter the l	etter "P" if	f the listed pr	
	to delete under FCC rules a was substituted for program	and regulat nming that	tions in effect o	luring the accounting perio	od; enter the l der FCC rules	etter "P" if and regu	f the listed pro lations in	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulat mming that	tions in effect o your system w	luring the accounting periodial periodial function of the second se	bd; enter the l der FCC rules WHE	etter "P" if and regu	f the listed pro- lations in	ogram
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that	tions in effect of your system w	during the accounting period	od; enter the l der FCC rules WHE CARRI	etter "P" if and regu N SUBST AGE OCC	f the listed pro- lations in	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulat mming that	tions in effect o your system w	during the accounting period	bd; enter the l der FCC rules WHE	etter "P" if and regu N SUBST AGE OCC	f the listed pro- lations in	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	Juring the accounting period vas permitted to delete und	bd; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" it and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	Juring the accounting period vas permitted to delete und	bd; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" it and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
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	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	Juring the accounting period vas permitted to delete und	bd; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
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	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	Juring the accounting period vas permitted to delete und	bd; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulat mming that UBSTITUT 2. LIVE?	tions in effect of your system w <u>FE PROGRAM</u> 3. STATION'S	Juring the accounting period vas permitted to delete und	bd; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	f the listed pro- lations in TITUTE CURRED TIMES	ogram 7. REASON FOR
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Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC	S	YSTEM ID#
			26253
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	1,432.46 iss 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 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 Free 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:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC	SYSTEM ID# 26253
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	6 47
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 <pre>(Number, street, rural route, apartment, or suite number)</pre> Mediacom Park, NY 10918 <pre>(City, town, state, zip)</pre> 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 on 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)	-
	Date: 2/23/2021	

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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC	2625
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 fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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?	
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 Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
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