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

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						

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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	ACCOUNTING I ENGLISHED BY THIS CIAILMENT (TTTN/Lichou))							
	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.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Mediacom Southeast, LLC (Ardmore, TN)							
	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	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space E							
System	IDENTIFICATION OF CABLE SYSTEM:							
	Mediacom Southeast, LLC (Ardmore, TN)							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 ONE MEDIACOM WAY (Number street rural route anartment or suite number)							
	(ramber) debug talah dada aparament di baha hamber)							
	MEDIACOM PARK, NY 10918 (City, town, state, zip code)							
1								

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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 1
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	Mediacom Southeast, LLC (Ardmore, TN)	6254
	Instructions: List each separate community served by the cable system. A "	
D	"a separate and distinct community or municipal entity (including unincorp	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t	
	as the "first community." Please use it as the first community on all future	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	r mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Ardmore	TN
Community	Ardmore	AL
	Braceville	IL .
d Rows as Necessary	East Brooklyn	IL
	Elkton	TN
	Essex	IL
	Giles County	TN
	Godley	IL
	Lincoln County	AL

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62544

Mediacom Southeast, LLC (Ardmore, TN)

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the 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, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	1,270	0-89.99				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	1	0-89.99				
Converter						
Residential						
Non-residential						
		T			l	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

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.

	BLOCK 2				
CATEGORY OF SERVICE	TEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Family Cable	83.99
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	99.99	Burglar protection			
Additional set(s)	15.00-49.00	Other services:			
• FM radio (if separate rate)		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-49.00		
		Move to new address			

Accounting Period: 2020/2 FORM SA1-2E, PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62544

4. LOCATION OF STATION

Huntsville, AL

Chicago, IL

Chicago, IL

Mediacom Southeast, LLC (Ardmore, TN)

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

WAAY/WAAY(HD) ABC

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under 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 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 not 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 only on a substitute basis.
- 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. 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.

2. B'CAST CHANNEL NUMBER

32

15

15.2

32.2 I-M Huntsville, AL WAAY-DT2 ION WAAY-DT3 DABL 32.3 I-M Huntsville, AL WAFF/WAFF(HD) NBC 48 Ν Huntsville, AL Huntsville, AL WAFF-DT2 BounceTV 48.2 I-M WAFF-DT3 Circle 48.3 I-M Huntsville, AL WAFF-DT4 Laff 48.4 I-M Huntsville, AL WAFF-DT5 Grit 48.5 I-M Huntsville, AL WBBM/WBBM(HD) CBS 12 CHICAGO, IL N 12.2 I-M WBBM-DT2 Start TV CHICAGO, IL WBBM-DT3 DABL 12.3 I-M CHICAGO, IL WCIU/WCIU (IND) 27 Chicago, IL WCIU-DT2 The U I-M Chicago, IL 27.2 WCIU-DT3 MeTV 27.3 I-M Chicago, IL WCIU-DT4 Heros & Icons 27.4 I-M Chicago, IL 27.5 I-M WCIU-DT5 BounceTV Chicago, IL WCPX/WCPX(HD) ION Chicago, IL WCPX-DT2 qubo 3.2 I-M Chicago, IL WCPX-DT3 ION Plus 3.3 I-M Chicago, IL WFLD/WFLD(HD) FOX 31 I Chicago, IL WFLD-DT2 Movies! 31.2 I-M Chicago, IL WFLD-DT3 BuzzR 31.3 I-M Chicago, IL WGBO/WGBO(HD) Univision ī

I-M

3. TYPE OF STATION

Ν

Add Rows as Necessary

WGBO-DT2 Laff

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62544

Mediacom Southeast, LLC (Ardmore, TN)

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under 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 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 *not* 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 *only* on a substitute basis.
- 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. *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
WGBO-DT3 getTV	15.3	I-M	Chicago, IL
WGBO-DT4 Justice Network	15.4	I-M	Chicago, IL
WGBO-DT5 Grit	15.5	I-M	Chicago, IL
WGN/WGN(HD) IND	19	<u>l</u>	Chicago, IL
WGN-DT2 Antenna	19.2	I-M	Chicago, IL
WGN-DT3 Court TV	19.3	I-M	Chicago, IL
WHDF/WHDF HD (CW)	14	l	Huntsville, AL
WHDF-DT2 Court TV	14.2	I-M	Huntsville, AL
WHIQ/WHIQ (HD)PBS	24	E	Huntsville, AL
WHIQ-DT2 PBS KIDS	24.2	E-M	Huntsville, AL
WHIQ-DT3 Create	24.3	E-M	Huntsville, AL
WHIQ-DT4 PBS World	24.4	E-M	Huntsville, AL
WHNT/WHNT(HD) CBS	19	N	Huntsville, AL
WHNT-DT2 IND(HD)	19.2	I-M	Huntsville, AL
WHNT-DT3 Antenna	19.3	I-M	Huntsville, AL
WLS/WLS(HD) ABC	7	N	Chicago, IL
WLS-DT2 (HD) (LWN)	7.1	I-M	Chicago, IL
WMAQ/WMAQ (HD)NBC	29	N	Chicago, IL
WMAQ-DT2 Cozi TV	29.2	I-M	Chicago, IL
WPWR/WPWR (HD) (MYNET)	51	l	Chicago, IL
WSMV (NBC)	10	N	Nashville, TN
WSNS Telemundo	45	I	CHICAGO, IL
WTTW/WTTW(HD) PBS	47	E	Chicago, IL
WTTW-DT3 PBS Create	47.3	E-M	Chicago, IL

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62544 Mediacom Southeast, LLC (Ardmore, TN) **PRIMARY TRANSMITTERS: TELEVISION** In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections Primary 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: 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 Television basis under specific FCC rules, regulations, or authorizations:

• Do *not* 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 *only* on a substitute basis.

 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. *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
WTTW-DT4 V-Me	47.4	E-M	Chicago, IL
WTZT (IND)	11	I	Athens, AL
WZDX/WZDX (HD) FOX	41	l	Huntsville, AL
WZDX-DT2 My Net	41.2	I-M	Huntsville, AL
WZDX-DT3 MeTV	41.3	I-M	Huntsville, AL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Mediacom Southeast, LLC (Ardmore, TN)

62544

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

0411 0101		0.5	LOCATION OF STATION		L ANA	0/5	LOGATION OF STATIST
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LUCATION OF STATION
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A	J. 2020/2					=	M 0 4 6 5 5 5 5 5
Accounting Perio	d: 2020/2 LEGAL NAME OF OWNER OF	CABLE SYS	STEM:			FOR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	Mediacom Southeast,						62544
 Substitute	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programr	tify every no	nnetwork televi period, under sp	ision program, broadcast b becific present and former F	y a <i>distant</i> sta FCC rules, reg	ulations, or authorization	ns. For a further
Carriage: Special Statement and Program Log	1. SPECIAL STATEMEN During the accounting per broadcast by a distant state of the	riod, did yo tition? ", leave the PROGRA titute prograce, please of every not distant stategulations, ries like "me Bulls." "m was broasign of the adcast statination and day ve "5/7." es when the Example: ter "R" if the and regulate	s "Yes," you is swherever pee program") to ted for the program titles, for a "No." I ram. I e station is like e station is ide program. Unit cable system 1:15 p.m. to a gramming that od; enter the	YES must complete the pro ossible, if their meanin hat, during the accoun ogramming of another cions for further informate example, "I Love Lucy" censed by the FCC or, lentified). se numerals, with the limits accurate in List the times accurate in List the List th	y NO gram g is ting station ation. or in month rately		
	effect on October 19, 1976			der FCC rules and regulations in WHEN SUBSTITUTE			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	1 4. STATION'S LOCATION	5. MONTH AND DAY	AGE OCCURRED 6. TIMES FROM — TO	7. REASON FOR DELETION

Accounting Period:	2020/2			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			,	SYSTEM ID#
	Mediacom Southeast, LLC (Ardmore, TN)				62544
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the second in the space (in the space of the space of the space) 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.	system's se on of how t	econdary transm to compute this a	ission service amount, see	
_	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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	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 li	nes 1 and 2	2	·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but me	ore than \$137,1	00)	
	Base amount under statutory formula	\$	263,800.00		
	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 \$26:	3,800 (but	less than \$527,	600)	
	Enter the amount of gross receipts from space K	\$	345,703.31		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	81,903.31		
	4. Multiply line 3 by .01		. \$	819.03	
	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	1, 5, and 6		\$	2,138.03
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,138.03	
Due	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			\$	2,158.03
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				ghts!

Accounting Period	2020/2							FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: utheast, LLC (Ardmore, TN	N)					SYSTEM ID# 62544
M Channels		ou must give (1) the number o s, and (2) the cable system's t					S	
		I number of channels on which television broadcast stations		68				
	on which the c	I number of activated channels able system carried television cast services	broadcast					77
N Individual to		D BE CONTACTED IF FURTH about this statement of accour		RMATION IS NEEDED (Identify an indi	vidual to whom		
for Further Information	Name	Kenneth J. Kohrs				Telepho	ne 845-443-276 2	2
	Address	One Mediacom Way (Number, street, rural route, aparts	tment, or suit	e number)				
		Mediacom Park, NY (City, town, state, zip)	10918					
	Email	Copyrights@m	ediacomo	c.com		Fax (optional)		
O Certification	I, the undersign (Owne	(This statement of account mined, hereby certify that (Check or other than corporation or part of owner other than corporation)	one, <i>but on</i> partnershi	y one, of the boxes.) b) I am the owner of the output	cable system as authorized age	s identified in line 1 of spa	ce B; or	ed
	(Office	line 1 of space B and that the coer or partner) I am an officer (line 1 of space B.				e legal entity identified as	owner of the cable s	ystem
		d the statement of account and te, and correct to the best of my ion 1001(1986)]					rein	
			X	/s/ Kenneth J. Ko	hrs		_	
				electronic signature on the nature using an "/s/ signat				
		Typed or printed	d name:	Kenneth J. Kohr	'S			
		Title: (Title of o		resident, Financia n held in corporation or partn		g		
		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 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.

ounting Period: 2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
diacom Southeast, LLC (Ardmore, TN)	62544
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
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	Interest Assessment
x	
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 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	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** 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	
ID number First community served Accounting period	

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