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				
08/28/20	\$ 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))							
		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						
		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)						
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these						
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B						
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		Mediacom Southeast LLC						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	ONE MEDIACOM WAY						
		(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918						
		(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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Mediacom Southeast LLC	2412
	Instructions: List each separate community served by the cable system. A "c	
D	"a separate and distinct community or municipal entity (including unincorpordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future find the Entities and properties such as hotels, apartments, condominiums, or including the second se	at you list will serve as a form of system identification hereafter know lings.
Area	identified city.	mobile nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Conway	NC
Community	Eastern Bertie County	NC
_	Jackson	NC
dd Rows as Necessary	Kelford	NC
au nows as recessary	Seaboard	NC
	Severn	NC
	Western	NC NC
	Woodland	NC NC
	Lewiston	NC
	Northampton	NC
	Rich Square	NC
	Roxobel	NC

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Mediacom Southeast LLC

8YSTEM ID# 24127

E

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		BLOCI	₹2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	722	30.95-53.04			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	0	30.95-53.04			
Converter					
Residential					
Non-residential					
		1		1	T

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	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	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: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24127

Mediacom Southeast LLC

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAVY/WAVY(HD) NBC	31	N	Portsmouth, VA
WCTI/WCTI(HD) ABC	12	N	New Bern, NC
WGNT CW	50	I	PORTSMOUTH, VA
WHRO (PBS)	16	E	Hampton, VA
WITN MyNET	32.2	I-M	Washington, DC
WITN/WITN(HD) NBC	32	N	Washington, DC
WITN-DT3 MeTV	32.3	I-M	Washington, DC
WITN-DT6 Circle	32.6	I-M	Washington, DC
WNCT/WNCT(HD) CBS	10	N	Greenville, SC
WNCT-DT2 CW	10.2	I-M	Greenville, SC
WNCT-DT3 getTV	10.3	I-M	Greenville, SC
WEPX/WEPX(HD) ION	12	<u>l</u>	Jacksonville, FL
WPXV/WPXV(HD) ION	46	1	NORFOLK, VA
WSKY/WSKY(HD) IND	9	<u>l</u>	Manteo, NC
WTKR/WTKR(HD) CBS	40	N	Norfolk, VA
WTVZ-DT4 TBD	33.3	I-M	NORFOLK, VA
WTVZ-MyNET	33	<u>l</u>	NORFOLK, VA
WUND/WUND(HD) PBS	20	E	Edenton, NC
WUND-DT2 PBS KIDS	20.2	E-M	Edenton, NC
WUND-DT3 Explorer Channel	20.3	E-M	Edenton, NC
WUND-DT4 NCCHL	20.4	E-M	Edenton, NC
WVBT/WVBT(HD) FOX	29	l	VIRGINIA BEACH, VA
WVEC/WVEC(HD) ABC	13	N	Hampton, VA
WYDO/WYDO(HD) FOX	47	1	Greenville, SC

builting reliou.	: 2020/1			FORM SA1-2E. PAGE 3			
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#			
Name	Mediacom Southeast	LLC		24127			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	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						
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as	heliect of oate 24, 1901, permitting to y(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations of	61(e)(2) and (4))]; and (2) certain stati	ions carried on a			
relevision	basis under specific FCC ru	les, regulations, or authorizations: e in space G—but do list it in space I (t	,	. •			
	List the station here, and a basis. For further information	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						

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Mediacom Southeast LLC

24127

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).

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CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
		 					
		 				 	
		 					
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od: 2020/1						FOR	M SA1-2E. PAGE 5.
	CABLE SYS	STEM:				1010	SYSTEM ID#
Mediacom Southeast	LLC						24127
SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2.	E: SPECIA tify every no accounting p ning that mu T CONCEF riod, did you tion?	nnetwork televi- nnetwork televi- neriod, under sp st be included RNING SUBS ur cable system e rest of this pa	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE m carry, on a substitute ba	or a distant sta CC rules, reg he general ins sis, any nonr	ulations, d structions network to	or authorization in the paper Selevision prog	stem carried on a ns. For a further SA1-2 form.
clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, red Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broothe case of Mexican or Calumn 5: Give the mon first. Example: for May 7 girls Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program	ace, please of every not distant stategulations, or ries like "mo Bulls." m was broat sign of the adcast statination and day ve "5/7." es when the Example: "er "R" if the and regulation in that and day the summer that and the summer that and regulation in that and regulation in that and regulation in that and regulation in that state of every new that the summer t	add additional connetwork teletion and that your authorization ovies" or "bask deast live, entite station broaddon's location (ons, if any, they when your sy e substitute pra program care listed programions in effect of	I rows to the tables. vision program ("substitute our cable system substitute ins. See page (v) of the general cer "Yes." Otherwise enter deasting the substitute programe community to which the community with which the stem carried the substitute or carried the substitute or carried by a system from 6:01 m was substituted for programing the accounting period	e program") the dofor the program instruct am titles, for each of the station is like a station is id a program. Using the cable system in the like a station is id a program. Using the cable system in the like a station is id a program. Using the system in the like a station is id a program. Using the system in the like a station is id a station in the like a station in t	hat, durin ogrammir ions for for example, censed by entified). se numer m. List the 5:28:30 p. t your sys letter "P"	g the accounng of another urther informa "I Love Lucy" y the FCC or, als, with the retimes accurum, should be tem was requif the listed pr	ting station stion. or in month ately
				WHE	N SUBS	TITUTE	
S				CARRIAGE OCCURRED 7. I			7. REASON FOR DELETION
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO	
	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programn 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograi Column 3: Give the call Column 4: Give the broad Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules; was substituted for prograr effect on October 19, 1976	Mediacom Southeast LLC SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every no substitute basis during the accounting pexplanation of the programming that mu 1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progreclear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant statunder certain FCC rules, regulations, to Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the Column 4: Give the broadcast statisthe case of Mexican or Canadian statistic Column 5: Give the month and day first. Example: State the times when the Column 5: Give the month and day first. Example: State the times when the case of Mexican or Canadian statistic Column 6: State the times when the case of Mexican or Canadian statistic Column 6: State the times when the case of Mexican or Cana	Mediacom Southeast LLC SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork telev substitute basis during the accounting period, under spexplanation of the programming that must be included 1. SPECIAL STATEMENT CONCERNING SUBS • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this particle in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork teleperiod, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bask" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, ent Column 3: Give the call sign of the station broadces and column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7." Column 6: State the times when the substitute proto the nearest five minutes. Example: a program car stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	Mediacom Southeast LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LO In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former F explanation of the programming that must be included in this log, see page (v) of the substitute basis during period, did your cable system carry, on a substitute basis during period, did your cable system carry, on a substitute basis broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the get under certain FCC rules, regulations, or authorizations. See page (v) of the get under certain FCC rules, regulations, or authorizations. See page (v) of the get Column 3: Give the call sign of the station broadcasting the substitute program Was Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter 'Column 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for program was substituted for program was substituted for programming that your system was permitted to delete undeffect on October 19, 1976.	Mediacom Southeast LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant sta substitute basis during the accounting period, under specific present and former FCC rules, reg explanation of the programming that must be included in this log, see page (v) of the general in: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any noni broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you read in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever prefear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") to period, was broadcast by a distant station and that your cable system substituted for the punder certain FCC rules, regulations, or authorizations. See page (v) of the general instruct Do not use general categories like "movies" or "basketball." List specific program titles, for a "NBA Basketball: Tõers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community with which the station is liethe case of Mexican or Canadian stations, if any, the community with which the station is liethe case of Mexican or Canadian stations, if any, the community with which the station is liethe case of Mexican or Canadian stations, if any, the community with which the station is liethe case of Mexican or Canadian stations, if any, the community with which the station is liethe case of Mexican or Canadian stations, if any, the community with which the station is liethe the nearest five minutes. Example: a program carried by a	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom Southeast LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable sysubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizatio explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper S. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television progbroadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the proging in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meanin clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the account period, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informe Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" "NBA Basketball: Ters vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community with which the station is identified). Column 5: Give the month and day when your system carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was p

Accounting Period:	2020/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom Southeast LLC			S	YSTEM ID# 24127
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (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. IMPORTANT: You must complete a statement in space P concerning gross re	ystem's se on of how t	condary transmi o compute this a	ission service amount, see	8,473.33 pss 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 the block 3 if the amount of gross receipts in space K is more than \$263,800 the page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for t	this six-mon	
	Line 1. Royalty fee for accounting period				
İ	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	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K	\$	178,473.33		
	3. Subtract line 2 from line 1	\$	85,326.67		
	Enter the amount of gross receipts from space K		. \$ 1	78,473.33	
	5. Enter the amount from line 3		. \$	85,326.67	
	6. Subtract line 5 from line 4		\$	93,146.66	
	7. Multiply line 6 by .005 (enter figure here)			\$	465.73
	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	••••••	\$	465.73
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527,	600)	
	Enter the amount of gross receipts from space K				
	Enter the amount of gross receipts from space \(\cdot\). 2. Base amount under statutory formula	•	263,800.00		
	·	Ψ	203,000.00		
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01			1 210 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			1,319.00 0.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	ΙE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	465.73	
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			\$	485.73
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		hts!

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom Southeast LLC	SYSTEM ID# 24127
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.	36
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	67
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Address One Mediacom Way	845-443-2762
	(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, but only one, 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 ow 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 hereir 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 rner 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: 8/11/2020	

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

counting Period: 2020/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ediacom Southeast LLC	24127
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.	P Special Statement Concerning Gross Receipts Exclusion
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	
Name Mailing Address 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 Assessment
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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