This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

Return completed workbook by email to:

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

DATE RECEIVED AMOUNT 3/1/2021 \$ ALLOCATION NUMBER

coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	27191
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM SOUTHEAST LLC (BUTLER, MO)	
		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)	
	INIOTO		
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System		IDENTIFICATION OF CABLE SYSTEM:	
	1	MEDIACOM SOUTHEAST LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	P.O. BOX 249 (Number, street, rural route, apartment, or suite number)	
		EXCELSIOR SPRINGS, MO 64024	
	1	(City, town, state, zip code)	
	1	$\mathbf{L}_{\mathbf{r},\mathbf{q}}$, $\mathbf{r}_{\mathbf{r},\mathbf{q}}$, $\mathbf{r}_{\mathbf{r},\mathbf{q}}$,	

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
Name	MEDIACOM SOUTHEAST LLC (BUTLER, MO)	2719
	Instructions: List each separate community served by the cable system. A "com	munity" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorporat	ed communities within unincorporated areas and including single,
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	you list will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filing	zs.
	Note: Entities and properties such as hotels, apartments, condominiums, or mo	bile home parks should be reported in parentheses below the
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	BUTLER	MO
Community		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ARI E SYSTEM						FORM SA1	TEM IC
Name			ΓLER.	MO)				010	2719
		•		•					
Е	SECONDARY TRANSMISSION In General: The information in s					ry transmission	service of	the cable	
-	system, that is, the retransmission	-		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	•				,			
Service: Sub- scribers and	Number of Subscribers: Both	•							
Rates	down by categories of secondar each category by counting the n			•		•			
	separately for the particular serv							g	
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc					ard rate variation	s within a	particular rate	
	Block 1: In the left-hand block					condarv transmis	sion servi	ce that cable	
	systems most commonly provide			-		•			
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of						ider Serv	ce to the	
	Block 2: If your cable system	0			()		different	from those	
	printed in block 1 (for example, t					,		, 0	
	with the number of subscribers a	and rates, in th	e right-	hand block. A t	wo- or thre	ee-word descript	ion of the	service is	
	sufficient.	OCK 1					BLOC	(2	
		NO. OF		DATE	0.17			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Service to first set		226	40.49-54.04					
	Service to additional set(s)		220	-00-0-0-0-					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	40.49-54.04					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC			SSIONS: RATE	s				•
-	In General: Space F calls for ra					all your cable sys	stem's ser	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.				C C		5 ,	
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) description		-						
	, , ,	BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	RVICE	RATE	CATEG	DRY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	sidential				
	• Pay cable	PP	• Mc	otel, hotel			Family	Cable	83.9
	Pay cable—add'l channel	PP	• Co	mmercial					
	Fire protection		•Pa	y cable					
	•Burglar protection		•Pa	y cable-add'l cł	hannel				
	Installation: Residential		• Fir	e protection					
	First set	99.99	• Bu	rglar protection	1				
	 Additional set(s) 	15.00-49.00	Other	services:					
						49.00			
	• FM radio (if separate rate)		• Re	connect		45.00			
		10.50	• Dis	sconnect		+9.00			
	• FM radio (if separate rate)	10.50	• Dis			43.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE
Name		AST LLC (BUTLER, MO)		2
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	Iso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part- ne carriage of certain network progr i1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct orogram services such as HBO, ESI e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat actions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each fort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCPT/KCPT(HD) PBS	18	E	KANSAS CITY, MO
	KCPT-DT2 PBS ENCORE	18.2	E-M	KANSAS CITY, MO
	KCPT-DT3 CREATE	18.3	E-M	KANSAS CITY, MO
	KCPT-DT4 PBS KIDS	18.4	E-M	KANSAS CITY, MO
	KCTV/KCTV(HD) CBS	24	N	KANSAS CITY, MO
	KCTV-DT2 COMET	24.2	I-M	KANSAS CITY, MO
	KCTV-DT3 This TV	24.3	I-M	KANSAS CITY, MO
	KCTV-DT4 Quest	24.4	I-M	KANSAS CITY, MO
Rows as Necessary				
	KCWE (CW)/ KCWE CW HD	31	I	KANSAS CITY, MO
	KCWE -DT2 Justice Network			
	KCWE -DT2 Justice Network	31.2	I-M	KANSAS CITY, MO
	KCWE -DT2 Justice Network KMBC/KMBC(HD) ABC	31.2 29	I-M N	KANSAS CITY, MO KANSAS CITY, MO
	KCWE -DT2 Justice Network KMBC/KMBC(HD) ABC KMBC-DT2 MeTV	31.2 29 29.2	I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
	KCWE -DT2 Justice Network KMBC/KMBC(HD) ABC KMBC-DT2 MeTV KMCI/KMCI (HD) (IND)	31.2 29 29.2 41	I-M N I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS
	KCWE -DT2 Justice Network KMBC/KMBC(HD) ABC KMBC-DT2 MeTV	31.2 29 29.2	I-M N I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
	KCWE -DT2 Justice Network KMBC/KMBC(HD) ABC KMBC-DT2 MeTV KMCI/KMCI (HD) (IND) KMCI-DT2 Bounce KMCI-DT3 Court TV Mystery	31.2 29 29.2 41 41.2 41.3	I-M N I-M I I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS
	KCWE -DT2 Justice Network KMBC/KMBC(HD) ABC KMBC-DT2 MeTV KMCI/KMCI (HD) (IND) KMCI-DT2 Bounce KMCI-DT3 Court TV Mystery KMCI-DT4 Court TV	31.2 29 29.2 41 41.2 41.3 41.4	I-M N I-M I I I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS
	KCWE -DT2 Justice Network KMBC/KMBC(HD) ABC KMBC-DT2 MeTV KMCI/KMCI (HD) (IND) KMCI-DT2 Bounce KMCI-DT3 Court TV Mystery KMCI-DT4 Court TV KOAM (CBS)	31.2 29 29.2 41 41.2 41.3 41.4 7	I-M N I-M I I-M I-M I-M N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS PITTSBURG, KS
	KCWE -DT2 Justice Network KMBC/KMBC(HD) ABC KMBC-DT2 MeTV KMCI/KMCI (HD) (IND) KMCI-DT2 Bounce KMCI-DT3 Court TV Mystery KMCI-DT4 Court TV KOAM (CBS) KPXE (ION)/ KPXE ION HD	31.2 29 29.2 41 41.2 41.3 41.4 7 51	I-M N I-M I I I-M I-M I-M I-M I I I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO
	KCWE -DT2 Justice Network KMBC/KMBC(HD) ABC KMBC-DT2 MeTV KMCI/KMCI (HD) (IND) KMCI-DT2 Bounce KMCI-DT3 Court TV Mystery KMCI-DT4 Court TV KOAM (CBS) KPXE (ION)/ KPXE ION HD KPXE -DT2 qubo	31.2 29 29.2 41 41.2 41.3 41.4 7 51 51.2	I-M N I-M I I I-M I-M I-M I I I I I I I I I I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS KANSAS CITY, MO
	KCWE -DT2 Justice Network KMBC/KMBC(HD) ABC KMBC-DT2 MeTV KMCI/KMCI (HD) (IND) KMCI-DT2 Bounce KMCI-DT3 Court TV Mystery KMCI-DT4 Court TV KOAM (CBS) KPXE (ION)/ KPXE ION HD KPXE -DT2 qubo KPXE-DT3 ION Plus	31.2 29 29.2 41 41.2 41.3 41.4 7 51	I-M N I-M I I I-M I-M I-M I I I I I I I I I I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS KANSAS CITY, MO
	KCWE -DT2 Justice Network KMBC/KMBC(HD) ABC KMBC-DT2 MeTV KMCI/KMCI (HD) (IND) KMCI-DT2 Bounce KMCI-DT3 Court TV Mystery KMCI-DT4 Court TV KOAM (CBS) KPXE (ION)/ KPXE ION HD KPXE -DT2 qubo	31.2 29 29.2 41 41.2 41.3 41.4 7 51 51.2 51.3	I-M N I-M I I I-M I-M I-M I I I I I I I I I I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS KANSAS CITY, MO
	KCWE -DT2 Justice Network KMBC/KMBC(HD) ABC KMBC-DT2 MeTV KMCI/KMCI (HD) (IND) KMCI-DT2 Bounce KMCI-DT3 Court TV Mystery KMCI-DT4 Court TV KOAM (CBS) KPXE (ION)/ KPXE ION HD KPXE -DT2 qubo KPXE-DT3 ION Plus KSHB/KSHB(HD) NBC	31.2 29 29.2 41 41.2 41.3 41.4 7 51 51.2 51.3 42	I-M N I-M I I I-M I-M I-M I I I I I I I N N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS NO KANSAS CITY, MO KANSAS CITY, MO

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:			SYSTEM
Name		EAST LLC (BUTLER, MO)			271
	PRIMARY TRANSMITTERS:	,			
G Primary ransmitters: Television	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a basis under specific FCC ri • Do not list the station he station was carried only of • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eac	entify every television station (including em during the accounting period, excep- in effect on June 24, 1981, permitting f (e)(2) and (4), or 76.63 (referring to 76.1 as explained in the next paragraph. s: With respect to any distant stations of rules, regulations, or authorizations: re in space G—but do list it in space I (in a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations on's call sign. <i>Do not</i> report origination ed with a station according to its over-the the form. hel number the FCC assigned to the tel VRC is channel 4 in Washington, D.C. h case whether the station is a network	of (1) stations carried only on a par- the carriage of certain network prog 61(e)(2) and (4))]; and (2) certain s carried by your cable system on a s the Special Statement and Program ed both on a substitute basis and al s, see page (v) of the general instru- program services such as HBO, Es ne-air designation. For example, re- evision station for broadcasting over a station, an independent station, or	t-time basis under grams [sections tations carried on a substitute program m Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial	
	(for independent multicast For the meaning of these t Column 4: Give the location), "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of	ructions in the paper SA1-2 form. It the community to which the statio	ational multicast). on is licensed by the	
	(for independent multicast For the meaning of these t Column 4: Give the location), "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis	or "E-M" (for noncommercial educa ructions in the paper SA1-2 form. at the community to which the statio	ational multicast). on is licensed by the	DF STATION
	(for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana), "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of	or "E-M" (for noncommercial educa ructions in the paper SA1-2 form. If the community to which the station the community with which the station	ational multicast). on is licensed by the on is identified.	OF STATION
	(for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN), "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER	or "E-M" (for noncommercial educa ructions in the paper SA1-2 form. It the community to which the station the community with which the station 3. TYPE OF STATION	ational multicast). on is licensed by the on is identified. 4. LOCATION C	OF STATION
	(for independent multicast For the meaning of these t Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV), "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER 47.2	or "E-M" (for noncommercial educa ructions in the paper SA1-2 form. It the community to which the station the community with which the station 3. TYPE OF STATION I-M	ational multicast). on is licensed by the on is identified. 4. LOCATION C KANSAS CITY, MO	OF STATION
	(for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL), "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER 47.2 47.3	or "E-M" (for noncommercial educa ructions in the paper SA1-2 form. It the community to which the station the community with which the station 3. TYPE OF STATION I-M I-M	ational multicast). on is licensed by the on is identified. 4. LOCATION C KANSAS CITY, MO KANSAS CITY, MO	DF STATION
	(for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL KSMO-DT4 Cozi TV), "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER 47.2 47.3 47.4	or "E-M" (for noncommercial educations in the paper SA1-2 form. State community to which the station the community with which the station 3. TYPE OF STATION I-M I-M	ational multicast). on is licensed by the on is identified.	OF STATION
	(for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle), "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER 47.2 47.3 47.4 47.5	or "E-M" (for noncommercial educa- ructions in the paper SA1-2 form. st the community to which the station the community with which the station 3. TYPE OF STATION I-M I-M I-M	ational multicast). on is licensed by the on is identified. 4. LOCATION C KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	DF STATION
	(for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle KSNF (NBC)), "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER 47.2 47.3 47.4 47.5 46	or "E-M" (for noncommercial educa- ructions in the paper SA1-2 form. It the community to which the station of the community with which the station 3. TYPE OF STATION I-M I-M I-M I-M N	ational multicast). on is licensed by the on is identified. 4. LOCATION C KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO JOPLIN, MO	DF STATION
	(for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle KSNF (NBC) WDAF/WDAF(HD) FOX), "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER 47.2 47.3 47.4 47.5 46 34	or "E-M" (for noncommercial educa- ructions in the paper SA1-2 form. It the community to which the station of the community with which the station 3. TYPE OF STATION I-M I-M I-M I-M I-M I-M	ational multicast). on is licensed by the on is identified. KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	OF STATION
	(for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle KSNF (NBC) WDAF/WDAF(HD) FOX WDAF-DT2 Antenna), "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER 47.2 47.3 47.4 47.5 46 34 34.2	or "E-M" (for noncommercial educa- ructions in the paper SA1-2 form. st the community to which the station the community with which the station 3. TYPE OF STATION I-M I-M I-M I-M I-M	ational multicast). on is licensed by the on is identified. KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO JOPLIN, MO KANSAS CITY, MO	DF STATION
	(for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle KSNF (NBC) WDAF/WDAF(HD) FOX WDAF-DT2 Antenna WDAF-DT3 Court TV), "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER 47.2 47.3 47.4 47.5 46 34 34.2 34.3	or "E-M" (for noncommercial educa- ructions in the paper SA1-2 form. It the community to which the station of the community with which the station of the community with which the station of the station I-M I-M I-M I-M I-M I-M I-M	ational multicast). on is licensed by the on is identified.	DF STATION
	(for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle KSNF (NBC) WDAF/WDAF(HD) FOX WDAF-DT2 Antenna WDAF-DT3 Court TV), "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER 47.2 47.3 47.4 47.5 46 34 34.2 34.3	or "E-M" (for noncommercial educa- ructions in the paper SA1-2 form. It the community to which the station of the community with which the station of the community with which the station of the station I-M I-M I-M I-M I-M I-M I-M	ational multicast). on is licensed by the on is identified.	OF STATION
	(for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle KSNF (NBC) WDAF/WDAF(HD) FOX WDAF-DT2 Antenna WDAF-DT3 Court TV), "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER 47.2 47.3 47.4 47.5 46 34 34.2 34.3	or "E-M" (for noncommercial educa- ructions in the paper SA1-2 form. It the community to which the station of the community with which the station of the community with which the station of the station I-M I-M I-M I-M I-M I-M I-M	ational multicast). on is licensed by the on is identified.	DF STATION
	(for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle KSNF (NBC) WDAF/WDAF(HD) FOX WDAF-DT2 Antenna WDAF-DT3 Court TV), "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER 47.2 47.3 47.4 47.5 46 34 34.2 34.3	or "E-M" (for noncommercial educa- ructions in the paper SA1-2 form. It the community to which the station of the community with which the station of the community with which the station of the station I-M I-M I-M I-M I-M I-M I-M	ational multicast). on is licensed by the on is identified.	DF STATION
	(for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSMO-DT2 Light TV KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle KSNF (NBC) WDAF/WDAF(HD) FOX WDAF-DT2 Antenna WDAF-DT3 Court TV), "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER 47.2 47.3 47.4 47.5 46 34 34.2 34.3	or "E-M" (for noncommercial educa- ructions in the paper SA1-2 form. It the community to which the station of the community with which the station of the community with which the station of the station I-M I-M I-M I-M I-M I-M I-M	ational multicast). on is licensed by the on is identified.	DF STATION

LEGAL NAME OF			YSTEM: C (BUTLER, MO)					SYSTEM 1 271
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of it for detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to ormation abour m. lentify the call tate whether t the radio stati this by placing	/ the sys be recei t the Co sign of e he statio on's sign a check	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which th	t the system's he system's FM ant his point, see pa ed by the cable s	eadend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st jeneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
Mexican or Can	adian stations	s, if any,	the community with which the	station is identif	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						<u> </u>		
						<u> </u>		
						 		
						<u> </u>		
						 		
						<u> </u>		
						 		
						<u> </u>		
						 		
						1		

Accounting Perio	od: 2020/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM SOUTHEA	AST LLC	(BUTLER, M	0)				27191
	SUBSTITUTE CARRIAG				G			
1								
•	In General: In space I, ident							
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				ine general in			
Special		-				atuark tal		
Statement and	 During the accounting pe 	-	ur cable syster	in carry, on a substitute ba	sis, any noni			
Program Log	broadcast by a distant sta	ition?				ļ	YES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	nust comp	lete the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUT	E PROGR	AMS					
	In General: List each subs				s wherever p	ossible, if t	heir meaning	g is
	clear. If you need more spa					4 - 1	41	·
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.						-	
				er "Yes." Otherwise enter '				
				casting the substitute progr the community to which th		consod by	the ECC or	in
	the case of Mexican or Cal							
				stem carried the substitute			ls, with the n	nonth
	first. Example: for May 7 gi	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.m	i. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the let	ter "R" if the	e listed program	n was substituted for prog	ramming that	vour syste	em was <i>requ</i>	ired
	to delete under FCC rules				•			
	was substituted for program	nming that	your system w	as permitted to delete und	ler FCC rules	and regul	ations in	- 3
	effect on October 19, 1976							
	C			4		N SUBST		7. REASON FOR
		2. LIVE?	E PROGRAM		5. MONTH	AGE OCC 6.		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
			1					

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (BUTLER, MO)	S	YSTEM ID# 27191
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	5,764.85 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for	this six-mon	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance 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 (BUTLER, MO)	SYSTEM ID# 27191
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 . and nonbroadcast services .	42 68
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Kenneth J. Kohrs	845-443-2762
Information	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip) Email Copyrights@mediacomcc.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as 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 mer of the cable system
	X /s/ Kenneth J. Kohrs Inter 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: 2/15/2021	

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

AL NAME OF OWNER OF CABL		FORM SA1-2E. PAGE
	JLE SYSTEM:	SYSTEM II
DIACOM SOUTHEAST	LLC (BUTLER, MO)	2719
The Satellite Home Viewer , lowing sentence: "In determining the to service of providing s scribers and amount For more information on wh located in the paper SA1-2 During the accounting perio made by satellite carriers to X NO	od, did the cable system exclude any amounts of gross receipts for secondary transmissions o satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total her	ere and list the satellite carrier(s) below	_
Name Mailing Address	Name Mailing Address	
INTEREST ASSESSM	I	
You must complete this wor	orksheet for those royalty payments submitted as a result of a late payment or underpayment. est assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of	of late payment or underpayment	Interest Assessmen
	×	
	м	_
Line 2 Multiply line 1 by the	ne interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the	ne interest rate* and enter the sum here	_
		_
	xdays	_
Line 3 Multiply line 2 by the	x days the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the	x days days he number of days late and enter the sum here	_
Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0.0 in space L, (page 6) * To view the interest rat	x days the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0. in space L, (page 6) * To view the interest rat contact the Licensing I	xdays he number of days late and enter the sum here	-
Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0.1 in space L, (page 6) * To view the interest rat contact the Licensing I ** This is the decimal eq NOTE: If you are filing this of	xdays he number of days late and enter the sum here	-
Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0.0 in space L, (page 6) * To view the interest rat contact the Licensing I ** This is the decimal eq NOTE: If you are filing this v list below the owner, address	xdays he number of days late and enter the sum here	
Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0.1 in space L, (page 6) * To view the interest rat contact the Licensing I ** This is the decimal eq NOTE: If you are filing this v list below the owner, address	xdays he number of days late and enter the sum here	
Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0.0 in space L, (page 6) * To view the interest rat contact the Licensing I ** This is the decimal eq NOTE: If you are filing this v list below the owner, address	xdays he number of days late and enter the sum here	
Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0.0 in space L, (page 6) * To view the interest rat contact the Licensing I ** This is the decimal eq NOTE: If you are filing this w list below the owner, address	xdays he number of days late and enter the sum here	

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