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 O	F ACCOUNT	FOR COPYRIGH	FOR COPYRIGHT OFFICE USE ONLY		
for Secondary Transmissions by Cable Systems (Short Form)		DATE RECEIVED	AMOUNT \$	<u>coplicsoa@loc.gov</u> For additional information,	
General instructions are located in the first tab of this workbook		08/30/21	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
А ассои	NTING PERIOD COVERED	BY THIS STATEMENT: (YY)	Y/(Period))	_	

Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Barcode Data Filing Period (optional - see instructions)	
Accounting Period	
Instructions:	
B 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.	
<b>Owner</b> 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 (HUNTLAND, 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)	
<b>C INSTRUCTIONS:</b> 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 B.	
System 1 IDENTIFICATION OF CABLE SYSTEM:	
MEDIACOM SOUTHEAST LLC	
MAILING ADDRESS OF CABLE SYSTEM:	
2 123 WARE DRIVE (Number, street, rural route, apartment, or suite number)	
HUNTSVILLE, AL 35811	
(City, town, state, zip code)	

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 20339					
Nume							
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you community." Please use it as the first community on all future filings.	community" is the same as a "community unit" as defined in FCC rules: "a ited communities within unincorporated areas and including single, discrete ist will serve as a form of system identification hereafter known as the "first mobile home parks should be reported in parentheses below the identified					
Area Served	city.	mobile nome parks should be reported in parentneses below the identified					
		07475					
First	CITY OR TOWN HUNTLAND	STATE TN					
Community	nontexte						
ows as Necessary							

									-2E. PAGE	
Name	LEGAL NAME OF OWNER OF C							313	2033	
	MEDIACOM SOUTHEAS	I LLC (HUN	IILAN	ND, IN)					2000	
_	SECONDARY TRANSMISSION	SERVICE: SU	IBSCR	IBERS AND RAT	TES					
E	In General: The information in s	•		Ũ						
Secondary	system, that is, the retransmission					•				
Transmission	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).									
Service: Sub-	<b>Number of Subscribers:</b> 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									
scribers and Rates	down by categories of secondar each category by counting the n									
Rates	separately for the particular serv		,	0 , (			,	onarged		
	Rate: Give the standard rate of	-					-			
	unit in which it is generally billed category, but do not include disc				y standa	rd rate variation	s within a p	articular rate		
	Block 1: In the left-hand block				es of sec	condary transmi	ssion servio	e that cable		
	systems most commonly provide							0,		
	that applies to your system. <b>Not</b> categories, that person or entity			-		-				
	subscriber who pays extra for ca									
	first set" and would be counted of									
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	•								
	with the number of subscribers a									
	sufficient.									
	BLO	CK 1 NO. OF		· · · · · · · · · · · · · · · · · · ·			BLOCK	. 2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	<ul> <li>Service to first set</li> </ul>		13	40.49-52.04						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel		•	40 40 52 04						
	Commercial Converter		0	40.49-52.04						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for ra		'		•					
•	not covered in space E, that is, t service for a single fee. There a									
Services	furnished at cost or (2) services				5		• • •			
Other Than	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis,									
Secondary ransmissions:	enter only the letters "PP" in the rate column. <b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	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.									
		BLO					0.750	BLOCK 2		
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SERV		RATE	CATEGO	DRY OF SERVICE	RATE	
	Pay cable	PP		otel, hotel	lentiai		Family	тv	82.9	
	• Pay cable—add'l channel	PP		ommercial						
	Fire protection		_	y cable						
	•Burglar protection		• Pa	y cable-add'l cha	nnel					
	Installation: Residential		• Fir	e protection						
	• First set	49.99	• Bu	rglar protection						
	<ul> <li>Additional set(s)</li> </ul>	15.00-49.00		services:						
	• FM radio (if separate rate)			econnect		49.00				
	Converter			sconnect		45.00.40.00				
			•OL	Itlet relocation		15.00-49.00				
				ove to new addre	~~					

N	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	MEDIACOM SOUTHE	AST LLC (HUNTLAND, TN)		20
	PRIMARY TRANSMITTERS:	• • •		
G Primary nsmitters: elevision	In General: In space G, idicarried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station her station was carried only or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these t Column 4: Give the location	entify every television station (including tu m during the accounting period, <i>except</i> ( in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. <b>s:</b> With respect to any distant stations cal ules, regulations, or authorizations: e in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part-ti- e carriage of certain network progra (e)(2) and (4))]; and (2) certain sta- rried by your cable system on a sul- e Special Statement and Program both on a substitute basis and also see page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indep r "E-M" (for noncommercial education to in the paper SA1-2 form. the community to which the station	me basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	4. LOCATION OF STATION		
	WAAY ABC	32	N	HUNTSVILLE, AL
	WAFF NBC	48	N	HUNTSVILLE, AL
vs as Necessary	WHDF CW	14	I	FLORENCE, AL
	WHIQ PBS	24	E	HUNTSVILLE, AL
	WHNT CBS	19	N	HUNTSVILLE, AL
	WKRN ABC	27	N	NASHVILLE, TN
	WSMV NBC	10	N	NASHVILLE, TN
	WZDX FOX	41	Ι	HUNTSVILLE, AL
		••	•	

EGAL NAME OF			YSTEM: (HUNTLAND, TN)					SYSTEM I 203
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio on's sigr g a check h's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried. In is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	the system's hea ystem's FM anten his point, see page ed by the cable se e station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se red by the FCC	) it can b ertain sta eneral in parate a	ne expected, ated intervals. structions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	, an or r w	5,5				5,0		

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF O			TN)				SYSTEM ID# 20339
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	y every non counting pe	network televis	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> statio C rules, regula	ations, or au	uthorizations.	For a further
Carriage: Special Statement and Program Log	<ol> <li>SPECIAL STATEMENT</li> <li>During the accounting peribroadcast by a distant stat</li> <li>Note: If your answer is "No"</li> <li>log in block 2.</li> <li>LOG OF SUBSTITUTE</li> <li>In General: List each substicelar. If you need more space</li> <li>Column 1: Give the title of period, was broadcast by a funder certain FCC rules, region not use general categori</li> <li>"NBA Basketball: 76ers vs. In Column 2: If the programe</li> <li>Column 3: Give the call signature</li> <li>Column 5: Give the broat</li> <li>Column 5: Give the more</li> <li>for the nearest five minutes.</li> <li>stated as "6:00–6:30 p.m."</li> <li>Column 7: Enter the letter</li> <li>to delete under FCC rules a</li> <li>was substituted for programe</li> </ol>	od, did you ion? , leave the <b>PROGRAI</b> (tute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broac sign of the s dcast static adian statio th and day te "5/7." s when the Example: a er "R" if the nd regulatic	r cable system rest of this pag mon a separa add additional r network televi on and that yo r authorizations vies" or "baske loast live, enter station broadca n's location (tr ns, if any, the o when your syst substitute pro- program carrie listed program ons in effect du	carry, on a substitute bas ge blank. If your answer is te line. Use abbreviations rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the ger tiball." List specific progra r "Yes." Otherwise enter " isting the substitute progra te community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for progr	"Yes," you mu wherever pos program") that d for the prog eral instructio n titles, for ex No." am. station is lice station is lice station is lice cable system 15 p.m. to 6:2 amming that y l; enter the let	ust complet ssible, if the at, during th ramming o ns for furth ample, "I L unsed by the tified). numerals, List the tir 8:30 p.m. s rour system ter "P" if the	YES te the program eir meaning is ne accounting of another sta er information ove Lucy" or e FCC or, in with the mor mes accurate should be n was <i>require</i> e listed progr	NO m s tion n.
	effect on October 19, 1976.	UBSTITUT	E PROGRAM			EN SUBST		7. REASON FOF
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							_	
							_	
							_	
							_	
							_ _	
							_	

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	MEDIACOM SOUTHEAST LLC (HUNTLAND, TN)		20339
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 transmi (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.	ssion service mount, see	3,343.23 ss 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		
	<ul> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	03,000	
	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 th accounting period is \$52.00	is six-month	
	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	<b>\$</b>	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K	-	
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	-	
	2. Base amount under statutory formula	-	
	3. Subtract line 2 from line 1	-	
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Eiling Foot and			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		ts!

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name		ER OF CABLE SYSTEM: HEAST LLC (HUNTLA	ND, TN)			SYSTEM ID# 20339
M Channels	to its subscribers, an 1. Enter the total num	nd (2) the cable system's mber of channels on whic	total num ch the cab	ls on which the cable system carri ber of activated channels during th le	ne accounting period.	8
	2. Enter the total nur on which the cabl	mber of activated channe le system carried televisio	els on broadca			57
N Individual to Be Contacted	we can contact abo	ut this statement of accou		DRMATION IS NEEDED (Identify a	an individual to whom	
for Further Information	Address	enneth J. Kohrs ne Mediacom Way	ment, or sui	te number)	Telephone	845-443-2762
	M	ediacom Park, NY y, town, state, zip) Copyrights@me	10918		Fax (optional	
	CERTIFICATION (This	s statement of account mu	ust be cer	tified and signed in accordance wi		
O Certification	I, the undersigned, he     (Owner oth         (Agent of c         in lir         (Officer ot         in lir         I have examined the	ereby certify that (Check or her than corporation or p owner other than corpora he 1 of space B and that th r partner) I am an officer (i he 1 of space B. statement of account and I nd correct to the best of m	ne, <i>but on</i> a <b>rtnershi</b> ation or p e owner is if a corpor hereby de	-	m as identified in line 1 of space I d agent of the owner of the cable s of the legal entity identified as own	system as identified
		Typed or printed Title: (Tit	Enter sign I name: <b>Vice P</b>	/s/ Kenneth J. Kohrs electronic signature on the line above nature using an "/s/ signature" (e.g., Kenneth J. Kohrs President, Financial Repo position held in corporation or partnershi	/s/ John Smith)	-

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unting Period: 2021/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC (HUNTLAND, TN)	2033
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	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.	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	_
(interest charge)	
(interest charge) * 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.	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
* 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.	
<ul> <li>* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please</li> </ul>	
<ul> <li>* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>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.</li> </ul>	
To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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	
<ul> <li>* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>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.</li> <li>Owner</li> </ul>	

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