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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(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		
Fellou		
		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
В		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 (YORK/LIVINGSTON, AL)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
-	names	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	5973 HWY. 90 W. (Number, street, rural route, apartment, or suite number)
		THEODORE, AL 36582
		(City, town, state, zip code)
Deluce and A of Modice	. Castien	111 of title 17 of the United States Code authorized the Convinct Offee to call at the newspelly identifying information (DII) requested on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

08/30/21

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#
	MEDIACOM SOUTHEAST LLC (YORK/LIVINGSTON, AL)	2177
D	Instructions: List each separate community served by the cable system. A "o separate and distinct community or municipal entity (including unincorpora unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you l community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or	ted communities within unincorporated areas and including single, discrete ist will serve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	LIVINGSTON	AL
Community	YORK	AL
ws as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	
Name	MEDIACOM SOUTHEAS		K/LIV	INGSTON, A	L)				217
Е	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission	pace E should	cover	all categories of	seconda	•			
Secondary	about other services (including p					•			
Transmission	last day of the accounting period	l (June 30 or D	ecemb	er 31, as the cas	se may be	e).		C C	
Service: Sub-	Number of Subscribers: Both	•					-		
scribers and Rates	down by categories of secondar each category by counting the n	•		•		•			
	separately for the particular serv	rice at the rate	indicate	ed—not the num	ber of se	ts receiving ser	vice).	Ū	
	Rate: Give the standard rate of	-	-					-	
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variation	s within a	particular rate	
	Block 1: In the left-hand block				ies of sec	condary transmi	ssion 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								
	Block 2: If your cable system	•		-					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.	and rates, in the	e ngnt-i	Hand DIOCK. A IW	o- or the	e-word descript		Service is	
	BL	DCK 1					BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:				C, TT				
	Service to first set		610	40.49-65.60					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	40.49-65.60					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rate		,		•				
•	not covered in space E, that is, t service for a single fee. There are								
Services	furnished at cost or (2) services		,		0		0 (,	
Other Than	amount of the charge and the ur		usually	/ billed. If any ra	tes are cl	harged on a var	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cab	le system for ea	ch of the	applicable servi	ces listed		
Rates	Block 2: List any services that			•				t were not	
	listed in block 1 and for which a	1 0			shed. List	these other ser	vices in th	e form of a	
	brief (two- or three-word) descrip	otion and includ	e the r	ate for each.			1		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SERV ation: Non-resi		RATE	CATEG	ORY OF SERVICE	RATI
	Pay cable	PP		otel, hotel	uentiai		Family	Cable	84.9
	Pay cable—add'l channel	PP		mmercial			i anny	Cubic	04.0
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection			•••••		
		109.99		e protection rglar protection					
	Installation: Residential	109.99 15.00-49.00	• Bu	•					
	Installation: Residential • First set	••••••	• Bu Other	rglar protection		49.00			
	Installation: Residential • First set • Additional set(s)	••••••	• Bu Other • Re	rglar protection services:		49.00			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	15.00-49.00	• Bu Other • Re • Dis	rglar protection services: connect		<u>49.00</u> 15.00-49.00			

Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
ame	MEDIACOM SOUTHEA	AST LLC (YORK/LIVINGSTON,	AL)	21
	PRIMARY TRANSMITTERS:	TELEVISION		
G smitters: evision	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 rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel 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	so in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination pr with a station according to its over-the-	(1) stations carried only on a part-time e carriage of certain network program (e)(2) and (4))]; and (2) certain station rried by your cable system on a subst e Special Statement and Program Loc both on a substitute basis and also of see page (v) of the general instruction ogram services such as HBO, ESPN air designation. For example, report vision station for broadcasting over the tation, an independent station, or a r or network multicast), "I" (for indepent r "E-M" (for noncommercial education context in the paper SA1-2 form. the community to which the station is	e basis under ns [sections ons carried on a stitute program og)—if the on some other ns. J, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		36.2	N-M	
	WABM-DT2 ABC	29		Birmingham, AL SELMA, AL
Neccore		31.1	I	CHICAGO, IL
Necessary	WGBC-DT/WGBC-DT (HD) FOX	31.1	N	
		19	E	MERIDIAN, MS
	WIIQ/WIIQ(HD) PBS			DEMOPOLIS, AL
	WIIQ-DT2 PBS Kids	19.2	E-M	DEMOPOLIS, AL
	WIIQ-DT3 PBS Create	19.3	E-M	DEMOPOLIS, AL
	WIIQ-DT4 PBS World	19.4	E-M	DEMOPOLIS, AL
	WMDN/WMDN(HD) CBS		N	MERIDIAN, MS
	WMDN-DT2 Bounce		I-M	MERIDIAN, MS
	WMDN-DT3 Cozi TV	24.3	I-M	MERIDIAN, MS
	WTOK/WTOK(HD) ABC	11	N	MERIDIAN, MS
	WTOK-DT2 MyNet	11.2	I-M	MERIDIAN, MS
	WTOK/WTOK-DT3 (HD)	11.3	I-M	MERIDIAN, MS
	WTOK-DT5 Circle	11.5	I-M	MERIDIAN, MS

Accounting P			YSTEM					A SA1-2E. PAGE
			(YORK/LIVINGSTON, A	AL)				SYSTEM I 21
	t every radio s	tation ca	rried on a separate and discre					Н
Special Instruc	tions Concer	rning All	nerally receivable by your cabl -Band FM Carriage: Under C tem whenever it is received at	opyright Office re	gulations, an	FM sign	al is generally	Primary Transmitters
on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If idgnal, indicate Column 4: G	monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	be recei t the Co sign of e he statio ion's sigr g a check n's locatio	ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically processo (mark in the "S/D" column. on (the community to which th	eystem's FM ante his point, see page ed by the cable se e station is licens	nna, during ce ge (v) of the ge ystem as a se sed by the FC0	ertain sta eneral in parate a	ated intervals. istructions in the. and discrete	Radio
CALL SIGN	AM or FM	s, ir any,	the community with which the	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0				5/0		

Accounting Perio	-						FO	RM SA1-2E. PAGE 5		
Name	LEGAL NAME OF OWNER OF O			GSTON ALL				SYSTEM ID# 2177		
								21//		
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm	fy every non ccounting pe	network televis riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC0	C rules, regula	tions, or a	uthorizations.	For a further		
Carriage:	1. SPECIAL STATEMENT				<u>.</u>		<u></u>			
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basis	s, any nonne	work telev	ision progra	m		
Program Log	broadcast by a distant stat	tion?					YES	× NO		
	Note: If your answer is "No"	", leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist comple	te the progra	am		
	log in block 2.									
	 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is 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 accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers 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 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program 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 permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in the system was permitted to delete under FCC rules and regulations in the system was permit									
	s	UBSTITUT	E PROGRAM			N SUBS	7. REASON FOR			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION		

Accounting Period:	2021/1			FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (YORK/LIVINGSTON, AL)			S	YSTEM ID# 2177
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (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 receipts	stem's sec of how to	condary transmi compute this a	ssion service mount, see	5,929.91 oss 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 bu Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more info	it less thai		63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00 Line 1. Royalty fee for accounting period			is six-month	
	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 line:	s 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mo	re than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K	\$	155,929.91	•	
	3. Subtract line 2 from line 1		107,870.09		
	A. Enter the amount of gross receipts from space K			155,929.91	
	5. Enter the amount from line 3			107,870.09	
	6. Subtract line 5 from line 4			48,059.82	240.20
	7. Multiply line 6 by .005 (enter figure here)			\$	240.30 0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 a	nd 8		\$	240.30
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	300 (but l	ess than \$527	,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	\$	263,800.00		
	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	ō, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	240.30	
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			\$	260.30
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2				hts!

Accounting Period:	2021/1			FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: DUTHEAST LLC (YORK/LIV	INGSTON, AL)	SYSTEM ID# 2177
M Channels	to its subscriber 1. Enter the tota system carrie 2. Enter the tota on which the	s, and (2) the cable system's to I number of channels on which Id television broadcast stations I number of activated channels cable system carried television		21
N Individual to			R INFORMATION IS NEEDED (Identify an individual to whom	
Be Contacted for Further Information	Name	Kenneth J. Kohrs	Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartme Mediacom Park, NY 1 (City, town, state, zip)		
	Email	Copyrights@mec	iacomcc.com Fax (optional	
о			t be certified and signed in accordance with Copyright Office regulations)	
Certification		d, hereby certify that (Check one r other than corporation or par	, <i>but only one</i> , of the boxes.) 'tnership) I am the owner of the cable system as identified in line 1 of space B	B; or
	X (Agent	of owner other than corporati	on or partnership) I am the duly authorized agent of the owner of the cable s	
	(Office		owner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity identified as ow	ner of the cable system
	I have examined	the statement of account and he te, and correct to the best of my	ereby declare under penalty of law that all statements of fact contained herein knowledge, information, and belief, and are made in good faith.	
			X /s/ Kenneth J. Kohrs	-
		Typed or printed r	name: Kenneth J. Kohrs	
			Vice President, Financial Reporting of official position held in corporation or partnership)	
		Date:	8/10/2021	

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	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC (YORK/LIVINGSTON, AL)	217
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	
Name Name 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.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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