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
		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 (BEAUMONT, MS)
		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		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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:
	<u> </u>	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)

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#
Nume	MEDIACOM SOUTHEAST LLC (BEAUMONT, MS)	22043
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 ated communities within unincorporated areas and including single, discrete list will serve as a form of system identification hereafter known as the "first r mobile home parks should be reported in parentheses below the identified
Area Served	city.	
		07475
First	CITY OR TOWN BEAUMONT	STATE MS
Community	BEROMONI	
-		
ows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA							515	TEM ID 2204
	MEDIACOM SOUTHEAS	T LLC (BEA	UMO	NT, MS)					2204
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCR	BERS AND RA	TES				
E	In General: The information in s	•		•					
0	system, that is, the retransmission					•			
Secondary Transmission	about other services (including p last day of the accounting period						Inose exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n separately for the particular serv							charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed				ny standa	rd rate variation	s within a p	particular rate	
	category, but do not include disc							as that askis	
	Block 1: In the left-hand block systems most commonly provide	•		0					
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca					d in the count ur	ider "Servie	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in the	e right-l	hand block. A tw	o- or thre	e-word descript	ion of the s	service is	
	sufficient.	2014						()	
	BLU	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		15	29.95-55.04					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	29.95-55.04					
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES					
F	In General: Space F calls for rai	te (not subscrit	per) info	ormation with res	spect to a	all your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t					•	-		
Services	service for a single fee. There an furnished at cost or (2) services	•			•		0 ()		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that			•				were not	
Nates	listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip	otion and includ	le the r	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-resi	dential				
	• Pay cable	PP	• Mo	otel, hotel			Family	TV	84.9
	• Pay cable—add'l channel	PP	• Co	mmercial					
	Fire protection			y cable					
	 Burglar protection 			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	49.99		rglar protection					
	Additional set(s)	15.00-49.00		services:					
	• FM radio (if separate rate)			connect		49.00			
	Converter			sconnect		45.00.40.00			
	1		• 00	Itlet relocation		15.00-49.00			
			- 14 -	ove to new addre					

	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTE
ne	MEDIACOM SOUTH	EAST LLC (BEAUMONT, MS)		22
	PRIMARY TRANSMITTERS:	• • •		
6	In General: In space G, id carried by your cable system	entify every television station (including tr em during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the	1) stations carried only on a part-ti	me basis under
nary nitters:	substitute program basis, a	(e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph. s: With respect to any distant stations car		
ision	basis under specific FCC i	ules, regulations, or authorizations: re in space G—but do list it in space I (the		1 0
	• List the station here, and basis. For further informati Column 1: List each station	also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro	ee page (v) of the general instructi ogram services such as HBO, ESP	ons. N, etc. Identify each
	"WETA-2" as the same on Column 2: Give the chann	ed with a station according to its over-the-a the form. hel number the FCC assigned to the televi VRC is channel 4 in Washington, D.C.	0 1 1	
	Column 3: Indicate in eac educational station, by ent (for independent multicast	h case whether the station is a network st ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or	or network multicast), "I" (for indepe "E-M" (for noncommercial education	endent), "I-M"
	Column 4: Give the locati	erms, see page (iv) of the general instruc on of each station. For U.S. stations, list tl adian stations, if any, give the name of the	he community to which the station	5
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WDAM NBC	7	Ν	LAUREL, MS
	WDAM NBC	7 22	N N	
√ecessary				HATTIESBURG, MS
ecessary	WHLT CBS WLOX ABC	22 39	N N	HATTIESBURG, MS BILOXI, MS
Necessary	WHLT CBS WLOX ABC WMAH PBS	22 39 16	N	HATTIESBURG, MS BILOXI, MS BILOXI, MS
s Necessary	WHLT CBS WLOX ABC	22 39	N N	HATTIESBURG, MS BILOXI, MS
: Necessary	WHLT CBS WLOX ABC WMAH PBS	22 39 16	N N	HATTIESBURG, MS BILOXI, MS BILOXI, MS
; Necessary	WHLT CBS WLOX ABC WMAH PBS	22 39 16	N N	HATTIESBURG, MS BILOXI, MS BILOXI, MS
s Necessary	WHLT CBS WLOX ABC WMAH PBS	22 39 16	N N	HATTIESBURG, MS BILOXI, MS BILOXI, MS
; Necessary	WHLT CBS WLOX ABC WMAH PBS	22 39 16	N N	HATTIESBURG, MS BILOXI, MS BILOXI, MS
: Necessary	WHLT CBS WLOX ABC WMAH PBS	22 39 16	N N	HATTIESBURG, MS BILOXI, MS BILOXI, MS
; Necessary	WHLT CBS WLOX ABC WMAH PBS	22 39 16	N N	HATTIESBURG, MS BILOXI, MS BILOXI, MS
; Necessary	WHLT CBS WLOX ABC WMAH PBS	22 39 16	N N	HATTIESBURG, MS BILOXI, MS BILOXI, MS
; Necessary	WHLT CBS WLOX ABC WMAH PBS	22 39 16	N N	HATTIESBURG, MS BILOXI, MS BILOXI, MS
; Necessary	WHLT CBS WLOX ABC WMAH PBS	22 39 16	N N	HATTIESBURG, MS BILOXI, MS BILOXI, MS
; Necessary	WHLT CBS WLOX ABC WMAH PBS	22 39 16	N N	HATTIESBURG, MS BILOXI, MS BILOXI, MS
; Necessary	WHLT CBS WLOX ABC WMAH PBS	22 39 16	N N	HATTIESBURG, MS BILOXI, MS BILOXI, MS
; Necessary	WHLT CBS WLOX ABC WMAH PBS	22 39 16	N N	HATTIESBURG, MS BILOXI, MS BILOXI, MS
; Necessary	WHLT CBS WLOX ABC WMAH PBS	22 39 16	N N	HATTIESBURG, MS BILOXI, MS BILOXI, MS
; Necessary	WHLT CBS WLOX ABC WMAH PBS	22 39 16	N N	HATTIESBURG, MS BILOXI, MS BILOXI, MS
; Necessary	WHLT CBS WLOX ABC WMAH PBS	22 39 16	N N	HATTIESBURG, MS BILOXI, MS BILOXI, MS
; Necessary	WHLT CBS WLOX ABC WMAH PBS	22 39 16	N N	HATTIESBURG, MS BILOXI, MS BILOXI, MS
; Necessary	WHLT CBS WLOX ABC WMAH PBS	22 39 16	N N	HATTIESBURG, MS BILOXI, MS BILOXI, MS
; Necessary	WHLT CBS WLOX ABC WMAH PBS	22 39 16	N N	HATTIESBURG, MS BILOXI, MS BILOXI, MS

EGAL NAME OF			YSTEM: 5 (BEAUMONT, MS)					SYSTEM I 220
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					Н
ipecial Instruct eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: Si Column 3: If ignal, indicate i Column 4: G	tions Concer it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	rning All y the sys be recei t the Co sign of e he statio ion's sigr g a check n's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. n is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the	opyright Office re the system's hea ystem's FM ante nis point, see pag ed by the cable se e station is licens	gulations, an adend, and (2) nna, during ce je (v) of the ge ystem as a se ed by the FCC	FM sign) it can b ertain sta eneral in parate a	al is generally be 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	
		1						

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF MEDIACOM SOUTHEA			. MS)				SYSTEM ID# 22043
				,,				22043
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	ify every non ccounting pe	network televis riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	ations, or au	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				gonoral moure			
Special Statement and	During the accounting per				s, any nonne	twork telev	<u>ision</u> prograr	1
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is '	Yes," you mu	ist complet	te the progra	m
	log in block 2. 2. LOG OF SUBSTITUTE							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the more first. Example: for May 7 giv Column 6: State the timu- to the nearest five minutes. stated as "6:00–6:30 p.m."	ice, please a of every nor distant stati gulations, o ies like "mo Bulls." In was broad sign of the s adcast statio hadian statio th and day ve "5/7." es when the Example: a er "R" if the and regulation	add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the of when your syst substitute pro- program carri- listed program ons in effect du	rows to the tables. ision program ("substitute p ur cable system substitute s. See page (v) of the gene table." List specific program r "Yes." Otherwise enter "N asting the substitute progra he community to which the community with which the s tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period	brogram") that d for the prog and instruction in titles, for ex- lo." m. station is lice station is iden brogram. Use cable system. 5 p.m. to 6:2 mming that y enter the let	t, during th ramming o ns for furth ample, "I L nsed by th tiffied). numerals, List the tir 8:30 p.m. s our system ter "P" if th	he accounting of another sta er informatio ove Lucy" or e FCC or, in with the more mes accurate should be n was <i>require</i> e listed progr	l tion n. nth ly d
	s	UBSTITUT	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. R			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	6. FROM	TIMES — TO	DELETION
					-		_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (BEAUMONT, MS)	S	YSTEM ID# 22043
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 mount, see	5,074.28
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 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	163,800	
	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 th accounting period is \$52.00	is six-month	
	Line 1. Royalty fee for accounting period	\$	52.00 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,	100)	
	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
	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		
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	LEGAL NAME OF OWNER OF MEDIACOM SOUTHEAS		, MS)		SYSTEM ID# 22043
M Channels	to its subscribers, and (2) 1. Enter the total number of	the cable system's total of channels on which the n broadcast stations	nannels on which the cable system carried to I number of activated channels during the ac re cable	ccounting period.	5
	on which the cable syst	em carried television bro	roadcast stations		57
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this		R INFORMATION IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name Kenne	th J. Kohrs		Telephone	845-443-2762
	(Number, s	ediacom Way street, rural route, apartment, com Park, NY 109 , state, zip)			
	Email	Copyrights@mediad	comcc.com	Fax (optional	
O Certification	 I, the undersigned, hereby of (Owner other that (Owner other that in line 1 of (Officer or partr in line 1 of in line 1 of the second se	certify that (Check one, <i>b</i> an corporation or partne other than corporation is space B and that the ow her) I am an officer (if a c space B.	hership) I am the owner of the cable system as n or partnership) I am the duly authorized age wher is not a corporation or partnership; or corporation) or a partner (if a partnership) of th	s identified in line 1 of space E ent of the owner of the cable s le legal entity identified as own	ystem as identified
		rect to the best of my kno 986)]	by declare under penalty of law that all statem owledge, information, and belief, and are made X /s/ Kenneth J. Kohrs		
			ter an electronic signature on the line above to c ter signature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed nar	me: Kenneth J. Kohrs		
			ce President, Financial Reportin official position held in corporation or partnership)	g	
		Date:		8/3/2021	

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	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC (BEAUMONT, MS)	22043
 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? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address	
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 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	

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