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 FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) For additional information, \$ contact the U.S. Copyright 08/30/21 General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
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 (NEBO, KY)
		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		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	90 NORTH MAIN (Number, street, rural route, apartment, or suite number)
		BENTON, KY 42025
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal 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 (NEBO, KY)	24130
D	Instructions: List each separate community served by the cable system. A "comr separate and distinct community or municipal entity (including unincorporated or unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mole	communities within unincorporated areas and including single, discrete ill serve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	NEBO	KY
Community	HOPKINS COUNTY	КҮ
ws as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	MEDIACOM SOUTHEAS	T LLC (NEB	0, K)	()					2413
	SECONDARY TRANSMISSION	SERVICE: SU	BSCR	BERS AND RA	TES				
Е	In General: The information in s					y transmission	service of	the cable	
	system, that is, the retransmission								
Secondary Transmission	about other services (including p	, , ,	,		,		those exist	ting on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both	`				,	ble svstem	n. broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n							s charged	
	separately for the particular serv Rate: Give the standard rate of							ae and the	
	unit in which it is generally billed								
	category, but do not include disc				,			•	
	Block 1: In the left-hand block	•		•					
	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 o	0			· · ·			f	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.		-						
-	BLO	OCK 1 NO. OF					BLOCK	< 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		10	21.35-57.64					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	21.35-57.64					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat	`	,		•	, ,			
	not covered in space E, that is, t service for a single fee. There a					,			
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually	/ billed. If any ra	ates are ch	narged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		ho coh	la system for or	ach of the	applicable convi	oog ligtad		
Rates	Block 2: List any services that							t were not	
	listed in block 1 and for which a								
	brief (two- or three-word) description and include the rate for each.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res		RATE			
	Continuing Services: • Pay cable	PP	Install • Mo	ation: Non-res otel, hotel		RATE	CATEGO Family		RATE 78.9
	Continuing Services: • Pay cable • Pay cable—add'l channel		Install • Mo • Co	ation: Non-res otel, hotel mmercial		RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	PP	Install • Mo • Co • Pa	ation: Non-res otel, hotel mmercial y cable	idential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	PP	Install • Mc • Co • Pa • Pa	ation: Non-res otel, hotel mmercial y cable y cable-add'l ch	idential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	PP PP	Install • Mo • Co • Pa • Pa • Fir	ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection	idential nannel	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	PP PP 49.99	Install • Mc • Co • Pa • Pa • Fir • Bu	ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	idential nannel	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	PP PP	Install • Mc • Co • Pa • Pa • Fir • Bu Other	ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection	idential nannel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	PP PP 49.99	Install • Mc • Co • Pa • Pa • Fir • Bu Other • Re	ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	idential nannel	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	PP PP 49.99	Install • Mo • Co • Pa • Fa • Bu • Bu Other • Re • Dis	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	idential nannel				

counting Period: 2	2021/1			F	ORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O				SYSTEM ID
	MEDIACOM SOUTHE	AST LLC (NEBO, KY)			2413
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary Transmitters: Television	carried 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 <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic 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 (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried b on concerning substitute basis stations, se n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a) stations carried only on a part-ti carriage of certain network progra e)(2) and (4))]; and (2) certain sta ied by your cable system on a sub Special Statement and Program I both on a substitute basis and also ee page (v) of the general instruct gram services such as HBO, ESF ir designation. For example, repo- sion station for broadcasting over ation, an independent station, or a r network multicast), "I" (for indepu- 'E-M" (for noncommercial educati ions in the paper SA1-2 form. ie community to which the station	me basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" ional multicast). is licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF	STATION
	WEHT ABC	7	N	EVANSVILLE, IN	
	WEVV CBS	45	N	EVANSVILLE, IN	
	WEVV-DT2 (FOX)	45.2	I-M	EVANSVILLE, IN	
Add Rows as Necessary	WFIE NBC	46	N	EVANSVILLE, IN	
aa nons as neeessary	WKMA PBS	42	E	MADISONVILLE, KY	
	WTVW CW	28		EVANSVILLE,IN	

EGAL NAME OF			YSTEM: (NEBO, KY)					SYSTEM I 241
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: 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 ion's sign g a checl 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 t each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FCC) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UNEL GIGIN		3,0	LOOATION OF STATION	UNEL SIGN		3,0	LOOATION OF STATION	

Accounting Perio	d: 2021/1						FOR	M SA1-2E. PAGE 5
Name								SYSTEM ID#
	MEDIACOM SOUTHEA	ST LLC (I	NEBO, KY)					24130
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every non ccounting pe	network televisi riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	ations, or au	thorizations.	For a further
Substitute Carriage: Special Statement and Program Log	 SPECIAL STATEMENT During the accounting peribroadcast by a distant state Note: If your answer is "No" log in block 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spate Column 1: Give the title period, was broadcast by a under certain FCC rules, report not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call state the transition of the case of Mexican or Canton Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter 	CONCER iod, did you ion? ', leave the PROGRA itute progra ce, please a of every noi distant stati gulations, o ies like "mo Bulls." n was broad sign of the s idcast static adian statio th and day re "5/7." se when the Example: a er "R" if the	NING SUBSTI r cable system rest of this pag MS m on a separa add additional r nnetwork televi on and that you r authorizations vies" or "baske lcast live, enter station broadca in's location (th ns, if any, the of when your syst substitute prog program carrie	ITUTE CARRIAGE carry, on a substitute basi le blank. If your answer is the telline. Use abbreviations to ows to the tables. sion program ("substitute pur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra the community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01:"	s, any nonnel 'Yes," you mu wherever pos orogram") tha d for the prog eral instruction n titles, for ex lo." m. station is lice station is lice station is lice station is lice cable system. 15 p.m. to 6:2 mming that y	twork televi sible, if the sible, if the t, during th ramming of ns for furthe ample, "I Lo nsed by the tified). numerals, List the tim 8:30 p.m. s our system	sion program YES e the program ir meaning is e accounting f another sta er information ove Lucy" or e FCC or, in with the more hes accurate should be was require	n X NO m tion n.
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	iming that y		s permitted to delete unde	r FCC rules a		ons in	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	гімеs <u>— то</u> —	
							_	
							_	
							_ _	
							_	
							_ _	
							_	

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	MEDIACOM SOUTHEAST LLC (NEBO, KY)		24130
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	2,983.71 pss receipts)
			ı
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 \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800	
	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
	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,	00)	
	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	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 informati		ts!

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: DUTHEAST LLC (NEBO, K	Y)			SYSTEM ID# 24130
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's t I number of channels on which	total numl h the cab	s on which the cable system carried television broad ber of activated channels during the accounting perio		6
	on which the	I number of activated channel cable system carried television dcast services	n broadca	st stations		45
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of account		RMATION IS NEEDED (Identify an individual to who	om	
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartm Mediacom Park, NY (City, town, state, zip)		e number)		
	Email	Copyrights@me	ediacomc	c.com Fax (option	nal	
	CERTIFICATION	(This statement of account mu	ust be cert	fied and signed in accordance with Copyright Office	e regulations)	
O Certification	• I, the undersigne	d, hereby certify that (Check on	ne, <i>but onl</i>	<i>r one</i> , of the boxes.)		
	(Owne	r other than corporation or pa	artnershij) I am the owner of the cable system as identified in lin	ne 1 of space E	3; or
				rtnership) I am the duly authorized agent of the owner not a corporation or partnership; or	r of the cable s	system as identified
		er or partner) I am an officer (it in line 1 of space B.	if a corpora	tion) or a partner (if a partnership) of the legal entity id	lentified as owr	ner of the cable system
		te, and correct to the best of my	-	lare under penalty of law that all statements of fact cor le, information, and belief, and are made in good faith.		
			X	/s/ Kenneth J. Kohrs		
				lectronic signature on the line above to certify this states ature using an "/s/ signature" (e.g., /s/ John Smith)	ment.	
		Typed or printed	l name:	Kenneth J. Kohrs		
		Title: (Titl		resident, Financial Reporting		
		Date:		8/3/202	21	

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

	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC (NEBO, KY)	2413
 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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address 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	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen

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