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

for Secondary Transmissions by		FOR COPYRIGHT OFFICE USE ONLY			
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		

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		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.	27192				
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM					
		Mediacom Southeast LLC					
		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 unle					
	name	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa					
System	1						
		Mediacom Southeast LLC MAILING ADDRESS OF CABLE SYSTEM:					
	2	(Number, street, rural route, apartment, or suite number)					
		MEDIACOM PARK, NY 10918					
		(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	27192						
D	Instructions: List each separate community served by the cable system. A "communiseparate and distinct community or municipal entity (including unincorporated com unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will s community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	nmunities within unincorporated areas and including single, discrete erve as a form of system identification hereafter known as the "first						
Area Served	city.							
	CITY OR TOWN	STATE						
First	Colerain	NC						
Community	Powellsville	NC						
	Windsor	NC						
d Rows as Necessary								

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA							SYS	TEM ID 2719
	Mediacom Southeast LLC								2/13
E Secondary Transmission Service: Sub- scribers and	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary	pace E should on of television pay cable) in sp (June 30 or D n blocks in space	cover a and ra bace F, ecemb ce E ca	all categories o dio broadcasts not here. All th er 31, as the ca all for the numbe	f seconda by your s e facts you ase may b er of subs	ystem to subscri u state must be e). cribers to the ca	bers. Give those exist ble system	information ting on the n, broken	
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). <b>Rate:</b> Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. <b>Block 1:</b> In the left-hand block in space E, the form lists the categories of secondary transmission service that cable								
	systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. <b>Note:</b> Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential								
	subscriber who pays extra for ca first set" and would be counted c <b>Block 2:</b> If your cable system printed in block 1 (for example, t	ble service to a once again und has rate catego iers of services	vice to additional sets would be included in the count under "Service to the ain under "Service to additional set(s)." e categories for secondary transmission service that are different from those services that include one or more secondary transmissions), list them, together es, in the right-hand block. A two- or three-word description of the service is						
	BLC	DCK 1			BLOCK 2				
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set		377	40.49-53.04					
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel Commercial Converter		0	40.49-53.04					
	• Residential • Non-residential								
<b>F</b> Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a si brief (two- or three-word) descrip	te (not subscrit hose services re two exceptio or facilities furr hit in which it is rate column. te charged by t syour cable sys separate charg tion and includ	ber) info that are ns: you nished t usually he cabl stem fu je was t le the ra	ormation with re e not offered in a do not need to to nonsubscribe y billed. If any ra le system for ea rnished or offer made or establi	espect to a combinati o give rate ers. Rate i ates are cl ach of the red during	on with any sec information con nformation shou harged on a vari applicable servi the accounting	ondary trar cerning (1) Id include able per-pi ces listed. period that	nsmission ) services both the rogram basis, : were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEG	ORY OF SERVICE	RATE
	Pay cable     Pay cable—add'l channel	PP PP	• Mo	otel, hotel mmercial	lucifiui		Family	Cable	85.9
	• Fire protection •Burglar protection		•Pa	y cable y cable-add'l cł	nannel				
	Installation: Residential • First set	109.99	• Bu	e protection rglar protection					
	• Additional set(s) • FM radio (if separate rate) • Converter	<u>15.00-49.00</u> 10.50	• Re • Dis	services: connect sconnect		49.00			
				itlet relocation ove to new addr	ess	15.00-49.00			

G Primary Transmitters: Si Television S C C C C C C C C C C C C C C C C C C	arried by your cable system CC rules and regulations in 6.59(d)(2) and (4), 76.61(e) ubstitute program basis, as <b>Substitute Basis Stations:</b> asis under specific FCC rule Do not list the station here tation was carried only on a List the station here, and also column 1: List each station's nulticast stream associated WETA-2" as the same on the Column 2: Give the channel f license. For example, WR Column 3: Indicate in each C educational station, by enterif for independent multicast), " or the meaning of these term	TELEVISION tify every television station (including t during the accounting period, <i>except</i> effect on June 24, 1981, permitting th (2) and (4), or 76.63 (referring to 76.67 explained in the next paragraph. With respect to any distant stations ca es, regulations, or authorizations: in space G—but do list it in space I (th a substitute basis. so in space I, if the station was carried to concerning substitute basis stations, is s call sign. <i>Do not</i> report origination pri with a station according to its over-the- e form. number the FCC assigned to the telev CC is channel 4 in Washington, D.C. case whether the station is a network s ing the letter "N" (for network), "N-M" (f E" (for noncommercial educational), o ms, see page (iv) of the general instruc-	(1) stations carried only on a part-tii e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instructi 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 indepen- tic entry of the general education to in the paper SA1-2 form.	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 inoncommercial endent), "I-M"						
G Ir Primary Transmitters: S Television S b · · · · · · · · · · · · ·	n General: In space G, iden arried by your cable system CC rules and regulations in (6.59(d)(2) and (4), 76.61(e) ubstitute program basis, as <b>Substitute Basis Stations:</b> tasis under specific FCC rule Do not list the station here tation was carried only on a List the station here, and als asis. For further information Column 1: List each station <sup>1</sup> : nulticast stream associated WETA-2" as the same on th Column 2: Give the channel of license. For example, WR Column 3: Indicate in each C educational station, by enteri for independent multicast), " For the meaning of these term	tify every television station (including t during the accounting period, <i>except</i> effect on June 24, 1981, permitting th (2) and (4), or 76.63 (referring to 76.6° explained in the next paragraph. With respect to any distant stations ca es, regulations, or authorizations: in space G—but do list it in space I (th substitute basis. so in space I, if the station was carried concerning substitute basis stations, is s call sign. <i>Do not</i> report origination pr with a station according to its over-the- e form. number the FCC assigned to the telev RC is channel 4 in Washington, D.C. case whether the station is a network s ing the letter "N" (for network), "N-M" (f E" (for noncommercial educational), o ms, see page (iv) of the general instruc-	(1) stations carried only on a part-tii e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instructi 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 indepen- tic entry of the general education to in the paper SA1-2 form.	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 inoncommercial endent), "I-M"						
G ca F Primary 7/ Transmitters: su Television S st S C C C C C C C C C C C C C C C C C C	arried by your cable system CC rules and regulations in 6.59(d)(2) and (4), 76.61(e) ubstitute program basis, as <b>Substitute Basis Stations:</b> asis under specific FCC rule Do not list the station here tation was carried only on a List the station here, and also column 1: List each station's nulticast stream associated WETA-2" as the same on the Column 2: Give the channel f license. For example, WR Column 3: Indicate in each C educational station, by enterif for independent multicast), " or the meaning of these term	during the accounting period, except effect on June 24, 1981, permitting th (2) and (4), or 76.63 (referring to 76.67 explained in the next paragraph. With respect to any distant stations ca es, regulations, or authorizations: in space G—but do list it in space I (th substitute basis. so in space I, if the station was carried to concerning substitute basis stations, is s call sign. <i>Do not</i> report origination pri with a station according to its over-the- e form. number the FCC assigned to the telev CC is channel 4 in Washington, D.C. asse whether the station is a network sing the letter "N" (for network), "N-M" (f E" (for noncommercial educational), o ms, see page (iv) of the general instruc-	(1) stations carried only on a part-tii e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instructi 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 indepen- tic entry of the general education to in the paper SA1-2 form.	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 inoncommercial endent), "I-M"						
F	carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. <b>Substitute Basis Stations</b> : With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. <b>Column 1</b> : List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. <b>Column 2</b> : Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. <b>Column 3</b> : Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. <b>Column 4</b> : Give the location of each station. For U.S. stations, list the community with which the station is identified.									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
v	VCTI/WCTI(HD) ABC	12	Ν	New Bern, NC						
w	VEPX/WEPX (HD) ION	17	I	Jacksonville, MS						
v	VHRO (PBS)	16	E	Hampton, VA						
ld Rows as Necessary	VITN (MyNET)	32.2	I-M	Washington, NC						
v	VITN/WITN(HD) NBC	32	N	Washington, NC						
w	VITN-DT3 MeTV	32.3	I-M	Washington, NC						
v	VITN-DT6 Circle	32.6	I-M	Washington, NC						
w	VNCT/WNCT(HD) CBS	10	N	Greenville, NC						
v	VNCT-DT2 (CW)	10.2	I-M	Greenville, NC						
N	VNCT-DT3 True Crime	10.3	I-M	Greenville, NC						
v	VSKY (IND)	9	1	Maneto, VA						
N	VUND/WUND(HD) PBS	20	E	Edenton, NC						
v	VUND-DT2 PBS KIDS	20.2	E-M	Edenton, NC						
M	VUND-DT3 Explorer Chan	20.3	E-M	Edenton, NC						
v	VUND-DT4 NCCHL	20.4	E-M	Edenton, NC						
v	VYDO/WYDO(HD) FOX	47	I	Greenville, NC						

counting Period:	2021/1			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM I				
Name	Mediacom Southeas	t LLC		271				
	PRIMARY TRANSMITTERS:	TELEVISION						
G		entify every television station (including t em during the accounting period, <i>except</i>						
Primary	76.59(d)(2) and (4), 76.61(	in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6						
Transmitters: Television	Substitute Basis Stations	as explained in the next paragraph. <b>s:</b> With respect to any distant stations ca	rried by your cable system on a substi	tute program				
	<ul> <li>basis under specific FCC rules, regulations, or authorizations:</li> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the</li> </ul>							
	<ul> <li>station was carried only on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.</li> </ul>							
	<b>Column 1:</b> List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream							
	"WETA-2" as the same on the form. <b>Column 2</b> : Give the channel number the FCC assigned to the television station for broadcasting over the air in its community							
	of license. For example, WRC is channel 4 in Washington, D.C. <b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial							
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).							
	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. <b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the							
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.							
	1. CALL SIGN     2. B'CAST CHANNEL NUMBER     3. TYPE OF STATION     4. LOCATION							

EGAL NAME OF			ISIEW:					SYSTEM I
Mediacom S	outneast L							27
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.								н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: St Column 3: If idgnal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. entify 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 a 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 le 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	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
		e/D			AM or FM	e/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	S/D	LOCATION OF STATION	

Accounting Perio	d: 2021/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Mediacom Southeast I	LC						27192
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
	In General: In space I, identi							
Substitute	substitute basis during the acception of the programm	01	, i		, 0	,		
Carriage:	1. SPECIAL STATEMENT	-		• • • • • •	general mear			
Special		During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program						n
Statement and Program Log	broadcast by a distant stat				,,			X
							YES	
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust comple	te the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Lise abbreviations	wherever nos	sible if the	eir meaning is	
	clear. If you need more spa				wherever poo		on mouning is	<u>,</u>
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				•	2	
				r "Yes." Otherwise enter "I sting the substitute progra				
		•		e community to which the		nsed by th	e FCC or, in	
	the case of Mexican or Can							
	first. Example: for May 7 give		when your syst	em carried the substitute	program. Use	numerals	, with the moi	nth
			substitute pro	gram was carried by your	cable system.	. List the ti	mes accurate	ely
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	amming that y	our systen	n was <i>require</i>	d
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete unde	er FCC rules a	and regulat	ions in	
	effect on October 19, 1976.							
					WHEN SUBSTITUTE			
	S					IAGE OCO		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	FROM	— то	
					•			
					•			
							_	
							_	
I								

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom Southeast LLC	SY	STEM ID#
			27192
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	5,054.34 ss 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	
		¢	E2 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	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		
	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	LEGAL NAME OF C Mediacom Sou	WNER OF CABLE SYSTEM: theast LLC		SYSTEM ID# 27192
M Channels		• • • •	f channels on which the cable system carried television broadcast stations otal number of activated channels during the accounting period.	
		al number of channels on which ad television broadcast stations	n the cable	22
	on which the	al number of activated channels cable system carried televisior dcast services		65
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accour	ER INFORMATION IS NEEDED (Identify an individual to whom it.)	
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)		
	Email	Copyrights@me	diacomcc.com Fax (optional	
	CERTIFICATION	(This statement of account mu	st be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check on	e, <i>but only one</i> , of the boxes.)	
	(Owne	r other than corporation or pa	rtnership) I am the owner of the cable system as identified in line 1 of space B	3; or
	X (Agent		ion or partnership) I am the duly authorized agent of the owner of the cable s owner is not a corporation or partnership; or	ystem as identified
	(Offic		a corporation) or a partner (if a partnership) of the legal entity identified as owr	ner of the cable system
		the statement of account and h 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	
			Enter 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	
			Vice President, Financial Reporting e of official position held in corporation or partnership)	
		Date:	8/3/2021	

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 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.

counting Period: 2021/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ediacom Southeast LLC	27192
<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>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     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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x	_
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	_
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.	
OwnerAddress	

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