This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGI	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Systems (Short Form) General instructions are located in the first tab of this workbook	08/30/21	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period			
B Instructions: Give the full legal name of the owner of the the subsidiary, not that of the parent corp		liary of another corporation, give the full corporat	e title of
Owner List any other name or names under whice	h the owner conducts the business of th	e cable system.	
If there were different owners during the statement of account and royalty fee pay	2	ne last day of the accounting period should submi iod.	t a single
Check here if this is the system's first filing	g. If not, enter the system's ID number a	ssigned by the Licensing Division.	39515
LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
MEDIACOM SOUTHEAST LLC (HAV	· · · · · · · · · · · · · · · · · · ·		
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 i	number)		
MEDIACOM PARK, NY 10918			

 C
 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

 1
 IDENTIFICATION OF CABLE SYSTEM:

 MEDIACOM SOUTHEAST LLC

 MAILING ADDRESS OF CABLE SYSTEM:

 4435 GULF BREEZE PARKWAY

 (Number, street, rural route, apartment, or suite number)

 GULF BREEZE, FL 32561

 (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#
	MEDIACOM SOUTHEAST LLC (HAVANA, FL)	39515
D	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commununincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	nities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
Area Served	city.	
_		STATE
First Community	HAVANA GADSEN COUNTY	FL FL
,	GREENSBORO	FL
d Rows as Necessary	GRETNA	FL
	GADSEN	FL

							FORM SA1	
			F 1.)				515	3951
MEDIACOM SOUTHEAS	T LLC (HAV	ANA,	FL)					0001
SECONDARY TRANSMISSION	SERVICE: SU	BSCR	IBERS AND RA	TES				
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							charged	
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				ny standa	rd rate variation	s within a	particular rate	
				ion of cor	ondon <i>i</i> tronomi	scion convi	as that ashle	
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					d in the count ur	nder "Servi	ce to the	
					service that are	e different t	from those	
	-		•					
	and rates, in the	e right-l	hand block. A tw	/o- or thre	e-word descript	ion of the s	service is	
							()	
	NO. OF					BLOCK	NO. OF	
CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
		822	27.00-74.49					
()								
		•	27 00 74 49					
			27.00-74.45					
SERVICES OTHER THAN SEC	ONDARY TRAI	NSMIS	SIONS: RATES	;				
· ·	•	'		•				
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		usually	y billed. If any ra	tes are cł	harged on a var	able per-p	rogram basis,	
			lo system for on	ch of tho	applicable convi	oog ligtad		
							t were not	
listed in block 1 and for which a	separate charg	e was	made or establis	shed. List	these other ser	vices in the	e form of a	
brief (two- or three-word) descrip	tion and includ	e the r	ate for each.					
	BLOC	CK 1					BLOCK 2	
CATEGORY OF SERVICE					RATE	CATEG	ORY OF SERVICE	RATE
-				dential		F	O-hla	
						Family	Cable	85.9
	PP							
Fire protection Burglar protection			iy cable-add'l ch	annel				
			iy cable-add i Ch	annei				
•			a protection					
Installation: Residential	109 99		e protection					
Installation: Residential • First set	109.99	• Bu	rglar protection					
Installation: Residential • First set • Additional set(s)		• Bu Other	rglar protection services:		49.00			
Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	15.00-49.00	• Bu Other • Re	rglar protection services: connect		49.00			
Installation: Residential • First set • Additional set(s)		• Bu Other • Re • Dis	rglar protection services:		49.00			
	MEDIACOM SOUTHEAS SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissid about other services (including p last day of the accounting period Mumber of Subscribers: Both down by categories of secondary each category by counting the n separately for the particular serv Rate: Give the standard rate c 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 c Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient. BLC CATEGORY OF SERVICE Residential: Service to additional set(s) FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential SERVICES OTHER THAN SECT In General: Space F calls for ra 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 rate Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: Pay cable Pay cable—add'I channel	SECONDARY TRANSMISSION SERVICE: SU In General: The information in space E should system, that is, the retransmission of television about other services (including pay cable) in sp last day of the accounting period (June 30 or D. Number of Subscribers: Both blocks in space down by categories of secondary transmission is each category by counting the number of billing separately for the particular service at the rate is Rate: Give the standard rate charged for eac unit in which it is generally billed. (Example: "\$2 category, but do not include discounts allowed it Block 1: In the left-hand block in space E, the systems most commonly provide to their subsc that applies to your system. Note: Where an inc categories, that person or entity should be court subscriber who pays extra for cable service to a first set" and would be counted once again und Block 2: If your cable system has rate categor printed in block 1 (for example, tiers of services with the number of subscribers and rates, in the sufficient. BLOCK 1 NO. OF CATEGORY OF SERVICE NO. OF SUBSCRIBE Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter • Residential • Non-residential • Recovice for a single fee. There are two exception furnished at cost or (2) services or facilities furr amount of the charge and the unit in which it is enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by th Block 2: List any services that your cable syst listed in block 1 and for which a separate charge brief (two- or three-word) description and includ BLOC CATEGORY OF SERVICE RATE <	MEDIACOM SOUTHEAST LLC (HAVANA, SECONDARY TRANSMISSION SERVICE: SUBSCR In General: The information in space E should cover system, that is, the retransmission of television and ra about other services (including pay cable) in space F, last day of the accounting period (June 30 or Decemb Number of Subscribers: Both blocks in space E ca down by categories of secondary transmission service each category by counting the number of billings in th separately for the particular service at the rate indicat Rate: Give the standard rate charged for each category, but do not include discounts allowed for adv Block 1: In the left-hand block in space E, the form systems most commonly provide to their subscribers. that applies to your system. Note: Where an individual categories, that person or entity should be counted as subscriber who pays extra for cable service to addition first set" and would be counted once again under "Ser Block 2: If your cable system has rate categories for printed in block 1 (for example, tiers of services that in with the number of subscribers and rates, in the right- sufficient. BLOCK 1 NO. OF CATEGORY OF SERVICE NO. OF SUBSCRIBERS Residential: • Service to first set 822 • Service to additional set(s) • FM radio (if separate rate) Motel, hotel O Commercial O Converter • Residential • Non-residential • Non-resid	MEDIACOM SOUTHEAST LLC (HAVANA, FL) SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RA In General: The information in space E should cover all categories of system, that is, the retransmission of television and radio broadcasts about other services (including pay cable) in space F, not here. All the last day of the accounting period (June 30 or December 31, as the ca Number of Subscribers: Both blocks in space E call for the numbe down by categories of secondary transmission service. In general, you each category by counting the number of billings in that category (the separately for the particular service at the rate indicated—not the num Rate: Give the standard rate charged for each category of service. I unit in which it is generally billed. (Example: "\$20/mth"). Summarize an category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categor systems most commonly provide to their subscribers. Give the number that applies to your system. Note: Where an individual or organization categories, that person or entity should be counted as a subscriber in subscriber who pays extra for cable service to additional sets would b first set" and would be counted once again under "Service to additional Block 2: If your cable system has rate categories for secondary trar printed in block 1 (for example, tiers of services that include one or m with the number of subscribers and rates, in the right-hand block. A tw sufficient. Service to first set 822 27.00-74.49 • Service to diditional set(s) •FM radio (if separate rate) Motel, hotel 0 27.00-74.49 Converter •Residential •No. ore No. ore No. 74.49 Services of t	MEDIACOM SOUTHEAST LLC (HAVANA, FL) SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of seconda system, that is, the retransmission of television and radio broadcasts by yours about other services (including pay cable) in space F, not here. 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A two- or three sufficient. BLOCK 1 NO. OF CATEGORY OF SERVICE SubSCRIBERS RATE CATE Residential: • Service to additional set(s) • NO. OF CATE CATE CATE CATE Residential • NO. OF CATE CATE CATE CATE CATE Residential •	MEDIACOM SOUTHEAST LLC (HAVANA, FL) SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission system, that is, the retransmission of television and radio broadcasts by your system to subscribation of the exercises of control there. All the facts you state must be last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the catom by categories of secondary transmission service. Include both the amount of actagory by counting the number of each category of service. Include both the amount of unit which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variation category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmissing systems most commonly provide to their subscribers. Give the number of subscribers and rate that applies to your system has rate categories for secondary transmissing subscriber who pays extra for cable service ba additional sets would be included in the count uf first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmissing with the number of subscribers and rates, in the right-hand block. A two- or three-word descript sufficient. Electrict NO. OF CATEGORY OF SERVICE <	MEDIACOM SOUTHEAST LLC (HAVANA, FL) SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give about other services (including pay cable) in space F. not here. All the facts you state must be those exists at day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Solb blocks in space F. call for the number of subscribers to the cable system down by categories of secondary transmission service. In general, you can compute the number of subscribers is Solb blocks in space E. The tor the number of sets receiving service. The dock in space E. the form lists the categories of secondary transmission service in the charmunit in which the igenerally biled. (Example: "20/mth"). Summarize any stemadard rate variations within a category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E. the form lists the categories of secondary transmission service systems most commonly provide to their subscribers. Give the number of subscribers and rate for each II that applies to your system. Not: Where an individual or organization is receiving service that falls under categories, that person or entity should be counted as a subscriber in each applicable category. Example subscribers and rate for cable system has rate categories for secondary transmission service that are different infinite in Movel 1 (for example, liers of services that include one or more secondary transmissions). Block 1: In our cable system has rate categories for secondary transmission service for a sudditional set(s). ELOCK 1 ELOCK <td>MEDIACOM SOUTHEAST LLC (HAVANA, FL) SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of ledvision and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the each category by counting the number of bulkeribres: Both blocks in space E call for the number of subscribers in each category by counting the number of bulkeribres: in each category (the number of subscribers and rate organizations charged separately for the particular service at the rate indicated—not the number of subscribers and rate to subscribers and rate to nonduce due to not include document and your categories. Include both the anount of the charge and the unit in which it is generally blied. (Example: "\$20mmt)". Summarize any standard rate variations within a particular rate trategory that applies to your system. Note: Where an individual or organization is receiving service that falls under different category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories for secondary transmission service that and line state dategory that applies to your system. Note: Where an individual or organization service that are different from those printed in block 1 (for example, ties of services that include one or more secondary transmissions), list them, together with the number of subscribers and rate to rate as subscribers and rate or particular service to the first set of avoice payment. 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Note: Where an individual or organization is receiving service that falls under different categories for secondary transmission service that and line state dategory that applies to your system. Note: Where an individual or organization service that are different from those printed in block 1 (for example, ties of services that include one or more secondary transmissions), list them, together with the number of subscribers and rate to rate as subscribers and rate or particular service to the first set of avoice payment. Borek 1: In the left-hand block in space F, not organization is receiving service that falls under different category that applies to your system more of

				FORM SA1-2E. PA
Name				SYSTEM 395
	MEDIACOM SOUTHEA			
G Primary ansmitters: elevision	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 rule • Do <i>not</i> list the station here is station was carried <i>only</i> on a • List the station here, and als basis. For further information Column 1: List each station's multicast stream associated w "WETA-2" as the same on the Column 2: Give the channel of license. For example, WR Column 3: Indicate in each of educational station, by enterin (for independent multicast), " For the meaning of these terr Column 4: Give the location	so in space I, if the station was carried a concerning substitute basis stations, s 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-tin 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 L both on a substitute basis and also see page (v) of the general instruction ogram services such as HBO, ESP air designation. For example, repor- vision station for broadcasting over t tation, an independent station, or a or network multicast), "I" (for indepen- tions in the paper SA1-2 form. the community to which the station i	ne basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WABW/WABW(HD) PBS	6	E	PELHAM, GA
	WABW-DT2 Create	6.2	E-M	PELHAM, GA
ws as Necessary	WABW-DT3 PBS Knowled	6.3	E-M	PELHAM, GA
	WABW-DT4 PBS KIDS	6.4	E-M	PELHAM, GA
	WABW-DT4 PBS KIDS WCTV/WCTV(HD) CBS	6.4 46	E-M N	PELHAM, GA TALLAHASSEE, FL
	WCTV/WCTV(HD) CBS	46	N	TALLAHASSEE, FL
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet	46 46.2	N I-M	TALLAHASSEE, FL TALLAHASSEE, FL
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet WCTV-DT3 Circle	46 46.2 46.3	N I-M I-M	TALLAHASSEE, FL TALLAHASSEE, FL TALLAHASSEE, FL
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet WCTV-DT3 Circle WFSU/WFSU(HD) PBS	46 46.2 46.3 32	N I-M I-M E	TALLAHASSEE, FL TALLAHASSEE, FL TALLAHASSEE, FL TALLAHASSEE, FL
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet WCTV-DT3 Circle WFSU/WFSU(HD) PBS WFSU-DT2 TFC	46 46.2 46.3 32 32.2	N I-M I-M E E-M	TALLAHASSEE, FL TALLAHASSEE, FL TALLAHASSEE, FL TALLAHASSEE, FL TALLAHASSEE, FL TALLAHASSEE, FL
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet WCTV-DT3 Circle WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create	46 46.2 46.3 32 32.2 32.2 32.3	N I-M I-M E E-M E-M	TALLAHASSEE, FL
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet WCTV-DT3 Circle WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS Kids	46 46.2 46.3 32 32.2 32.3 32.4	N I-M I-M E E-M E-M	TALLAHASSEE, FL
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet WCTV-DT3 Circle WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS Kids WTLH H&I (HD)	46 46.2 46.3 32 32.2 32.3 32.4 50	N I-M E E-M E-M E-M I	TALLAHASSEE, FL BAINBRIDGE, GA
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet WCTV-DT3 Circle WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS Kids WTLH H&I (HD) WTLH-DT H&I	46 46.2 46.3 32 32.2 32.3 32.4 50 50.1	N i-M i-M E E-M E-M E-M i i-M	TALLAHASSEE, FL BAINBRIDGE, GA
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	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet WCTV-DT3 Circle WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS Kids WTLH H&I (HD) WTLH-DT H&I WTLH-DT2 / WTLH-DT2(HI WTLH-DT3 COMET WTWC/WTWC(HD) NBC WTWC-DT2/WTWC-DT2 FQ	46 46.2 46.3 32 32.2 32.3 32.4 50 50.1 50.2 50.3 40 40.2 40.3	N I-M I-M E E-M E-M I I I-M I-M I-M I-M I-M I-M	TALLAHASSEE, FL BAINBRIDGE, GA BAINBRIDGE, GA BAINBRIDGE, GA TALLAHASSEE, FL TALLAHASSEE, FL
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet WCTV-DT3 Circle WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS Kids WTLH H&I (HD) WTLH-DT4 &I WTLH-DT2 / WTLH-DT2(HI WTLH-DT2 / WTLH-DT2(HI WTLH-DT3 COMET WTWC/WTWC(HD) NBC WTWC-DT2/WTWC-DT2 FQ WTWC-DT3 Charge! WTXL/WTXL(HD) (ABC)	46 46.2 46.3 32 32.2 32.3 32.4 50 50.1 50.2 50.3 40 40 40.2 40.3 27	N I-M I-M E E E-M E-M I I I I I N I-M I-M I-M N I N I N	TALLAHASSEE, FL BAINBRIDGE, GA BAINBRIDGE, GA BAINBRIDGE, GA TALLAHASSEE, FL TALLAHASSEE, FL
	WCTV/WCTV(HD) CBS WCTV-DT2 MyNet WCTV-DT3 Circle WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS Kids WTLH H&I (HD) WTLH-DT4 &I WTLH-DT2 / WTLH-DT2(HI WTLH-DT2 / WTLH-DT2(HI WTLH-DT3 COMET WTWC/WTWC(HD) NBC WTWC-DT2/WTWC-DT2 FQ WTWC-DT3 Charge! WTXL/WTXL(HD) (ABC)	46 46.2 46.3 32 32.2 32.3 32.4 50 50.1 50.2 50.3 40 40 40.2 40.3 27	N I-M I-M E E-M E-M I I I I-M I-M I-M I-M N I-M N N	TALLAHASSEE, FL BAINBRIDGE, GA BAINBRIDGE, GA BAINBRIDGE, GA TALLAHASSEE, FL TALLAHASSEE, FL

counting Period:	2021/1			FORM SA1-2E. PAG			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM			
Name	MEDIACOM SOUTHE/	AST LLC (HAVANA, FL)		395			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable system	ntify every television station (including t n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	(1) stations carried only on a part-time	basis under			
Primary	0	(2) and (4), or 76.63 (referring to 76.61		•			
Transmitters:		s explained in the next paragraph.	·(•)(=) ····· (·))]; ····· (=) ·····				
Television	Substitute Basis Stations:	With respect to any distant stations ca	arried by your cable system on a substit	tute program			
		les, regulations, or authorizations:					
		e in space G—but do list it in space I (th	e Special Statement and Program Log	J)—if the			
	station was carried only on a						
		Iso in space I, if the station was carried n concerning substitute basis stations, s					
		i's call sign. <i>Do not</i> report origination pr					
		with a station according to its over-the-	c				
	"WETA-2" as the same on the			hansa cam			
		I number the FCC assigned to the telev	vision station for broadcasting over the	air in its community			
	of license. For example, WI	RC is channel 4 in Washington, D.C.	-	-			
	Column 3: Indicate in each	case whether the station is a network s	station, an independent station, or a no	ncommercial			
		ring the letter "N" (for network), "N-M" (f	,, (· · ·			
	(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. Column 4: 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 Canad	lian stations, if any, give the name of th	e community with which the station is in	identified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

EGAL NAME OF			YSTEM: C (HAVANA, FL)					SYSTEM II 395
	SOOTHEA							390
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei it 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. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he 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	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
			the community with which the		,			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	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 SOUTHEA	ST LLC (I	HAVANA, FL)				39515
	SUBSTITUTE CARRIAGE	-	-					
	In General: In space I, identi							
Substitute	substitute basis during the ac explanation of the programmi							
Carriage:	1. SPECIAL STATEMENT	-			gonoral motie			
Special	During the accounting period				s any nonnet	work televi	sion program	n
Statement and			r cable system	carry, on a substitute basi	s, any nonner			X
Program Log	broadcast by a distant stat	lon?				L	YES	NO
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if the	ir meaning is	5
	clear. If you need more span			sion program ("substitute	program") tha	t during th	e accounting	1
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for furthe	er informatio	
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lo	ove Lucy" or	
	"NBA Basketball: 76ers vs.		depet live opter	r "Vaa " Othanuiaa antar "N	lo."			
				r "Yes." Otherwise enter "N sting the substitute progra				
				e community to which the		nsed by the	e FCC or. in	
	the case of Mexican or Can						,	
		,	when your syst	tem carried the substitute	program. Use	numerals,	with the more	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your				ely
	stated as "6:00–6:30 p.m."	Example. a	a program carrie	ed by a system nom 0.01.	15 p.m. to 0.2	o.ou p.m. s		
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ons in	
	effect on October 19, 1976.							
					WHE	N SUBST	ITUTE	
	s	UBSTITUT	E PROGRAM		11	AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. 1	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
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1	r	r	7	r 	1 [T

Accounting Period:	2021/1			FORM	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (HAVANA, FL)				39515 SYSTEM
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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 r	system's se ion of how to	condary transmi compute this a	ssion service mount, see \$2	70,095.35 pross receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, <i>or</i> 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less that	in \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	37,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that yo	u must pay for th	is six-month	
	Line 1. Royalty fee for accounting period				
	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			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	ESS (but mo	ore 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 \$26	3,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K	. \$	270,095.35		
	2. Base amount under statutory formula	\$	263,800.00	•	
	3. Subtract line 2 from line 1	\$	6,295.35		
	4. Multiply line 3 by .01	-	\$	62.95	
	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 .		\$	1,381.95
	FILING FEE AND TOTAL REMITTANCE D	UE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,381.95	
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			\$	1,401.95
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				jhts!
i					

Accounting Period:	2021/1					FORM SA1	-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: DUTHEAST LLC (HAVANA	N, FL)			Sì	STEM ID# 39515
M Channels	to its subscribe	rs, and (2) the cable system's	total number of activ	-	t television broadcast stations accounting period.		
		al number of channels on whic ed television broadcast statior				27	
	2. Enter the tota	al number of activated channe	els				
		cable system carried television				71	
N Individual to		D BE CONTACTED IF FURT about this statement of accou		I IS NEEDED (Identify an	individual to whom		
Be Contacted for Further	Name	Kenneth J. Kohrs			Telephone	845-443-2762	
Information	A data a s	One Mediacom Way					
	Address	One Mediacom Way (Number, street, rural route, apart	ment, or suite number)				
		Mediacom Park, NY (City, town, state, zip)	10918				
	Email	Copyrights@mo	ediacomcc.com		Fax (optional		
	CERTIFICATION	(This statement of account m	ust be certified and s	signed in accordance with	Copyright Office regulations)		
O Certification	• I, the undersigned	ed, hereby certify that (Check o	ne, <i>but only one</i> , of t	he boxes.)			
	(Owne	er other than corporation or p	partnership) I am the	owner of the cable system	as identified in line 1 of space E	; or	
	X (Agen	t of owner other than corpora in line 1 of space B and that th			gent of the owner of the cable s	stem as identified	
	(Offic	er or partner) I am an officer (in line 1 of space B.	(if a corporation) or a	partner (if a partnership) of	the legal entity identified as owr	er of the cable system	
	are true, comple	I the statement of account and te, and correct to the best of m tion 1001(1986)]					
			X /s/ Ker	neth J. Kohrs			
				ignature on the line above to g an "/s/ signature" (e.g., /s/			
		Typed or printed	d name: Kenne	th J. Kohrs			
		Title: (Ti		t, Financial Report	ing		
		Date:				8/10)/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.

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC (HAVANA, FL)	3951
 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 neument or undernoument	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x - x - x - x - x 0.00274	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- - -
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- -
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	

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