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

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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 (MARCELINE, MO)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	
		MEDIACOM SOUTHEAST LLC MAILING ADDRESS OF CABLE SYSTEM:
		P.O. BOX 249
	2	(Number, street, rural route, apartment, or suite number)
		EXCELSIOR SPRINGS, MO 64024 (City, town, state, zip code)

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

08/30/21

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	MEDIACOM SOUTHEAST LLC (MARCELINE, MO) Instructions: List each separate community served by the cable system. A "	4108
D	separate and distinct community or municipal entity (including unincorpora unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you community." Please use it as the first community on all future filings.	ated communities within unincorporated areas and including single, discrete list will serve as a form of system identification hereafter known as the "first r mobile home parks should be reported in parentheses below the identified
Area Served	city.	
		STATE
First Community	MARCELINE	MO
Rows as Necessary		

	I							FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
	MEDIACOM SOUTHEAS	T LLC (MAF	RCELI	NE, MO)					410
Е	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission	pace E should on of television	cover and ra	all categories of dio broadcasts l	secondar by your s	ystem to subscri	bers. Give	information	
Secondary Transmission Service: Sub- scribers and Rates	about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the n separately for the particular serv	I (June 30 or D n blocks in span y transmission umber of billing ice at the rate	ecemb ce E ca service gs in tha indicate	er 31, as the cas Ill for the numbe 2. In general, you at category (the ed—not the num	se may be r of subso u can con number c iber of se	e). cribers to the ca npute the numbe of persons or org ts receiving serv	ble system er of subsci janizations vice).	, broken ribers in charged	
	Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide	. (Example: "\$2 counts allowed in space E, th to their subsc	20/mth" for adv e form cribers.). Summarize ar ance payment. lists the categor Give the numbe	ny standa ies of sec er of subs	rd rate variation condary transmis cribers and rate	s within a p ssion servio for each lis	particular rate be that cable sted category	
	that applies to your system. Not categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	should be coun ble service to a once again und has rate catego iers of services	nted as additior er "Ser ories fo s that ir	a subscriber in nal sets would be vice to additiona r secondary tran nclude one or mo	each app e included Il set(s)." nsmission pre secon	blicable category d in the count ur a service that are adary transmission	: Example: der "Servio different f ons), list th	a residential ce to the rom those em, together	
	BLC						BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set		53	40.49-56.04					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		0	40.49-56.04					
	Converter								
	Residential Non-residential								
	• Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There an 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 brief (two- or three-word) description	te (not subscrit chose services re two exceptio or facilities furn hit in which it is rate column. te charged by t t your cable sys separate charg	ber) info that are nished usually he cab stem fu ge was	ormation with res e not offered in o do not need to to nonsubscribe / billed. If any ra le system for ea rnished or offere made or establis	spect to a combinati give rate rs. Rate i tes are ch ch of the ed during	on with any sec information con nformation shou harged on a vari applicable servi the accounting	ondary tran cerning (1) Id include I able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE				RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services: Pay cable	PP		ation: Non-resi otel, hotel	dential		Family		85.9
	Pay cable—add'l channel	PP		mmercial			1 anny		00.0
	Fire protection		_	y cable					
	•Burglar protection		• Pa	y cable-add'l ch	annel				
	Installation: Residential		• Fir	e protection					
	• First set	109.99	• Bu	rglar protection					
	• Additional set(s)	15.00-49.00		services:					
	• FM radio (if separate rate)			connect		49.00			
	Converter	10.50		sconnect		45.00.40.00			
				itlet relocation		15.00-49.00			
	1			A S LO HOW AUULE					

unting Period: 2	- -			FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER OF			SYSTEM 4
		AST LLC (MARCELINE, MO)		
G Primary ansmitters: relevision	PRIMARY TRANSMITTERS: In General: In space G, ider carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do not list the station here station was carried only on a • List the station here, and al basis. For further information Column 1: List each station ¹ multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	TELEVISION ntify every television station (including to a during the accounting period, <i>except</i> a 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 calles, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. Iso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination private with a station according to its over-the	(1) stations carried only on a part-time carriage of certain network program 1(e)(2) and (4))]; and (2) certain station (e)(2) and (4))]; and (2) certain station (e)(2) and (4))]; and (2) certain station (2) certain station, or a ration station for broadcasting over the station, an independent station, or a ration network multicast), "I" (for independent station, or a ration sin the paper SA1-2 form. The community to which the station is community to which the station is certain station (2) certain	ne basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	an stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	a community with which the station is 3. TYPE OF STATION	4. LOCATION OF STATION
	KCPT/KCPT(HD)PBS	18	E	KANSAS CITY, MO
	KCPT-DT2 PBS Encore	18.2	E-M	KANSAS CITY, MO
ws as Necessary	KCPT-DT3 PBS Create	18.3	E-M	KANSAS CITY, MO
	KCPT-DT4 PBS Kids	18.4	E-M	KANSAS CITY, MO
	KCTV/KCTV(HD)CBS	24	N	KANSAS CITY, MO
	KCTV-DT2 COMET	24.2	I-M	KANSAS CITY, MO
	KCTV-DT3 This TV	24.3	I-M	KANSAS CITY, MO
	KCTV-DT4 Quest	24.4	I-M	KANSAS CITY, MO
	KCWE CW/KCWE CW HD	31	I	KANSAS CITY, MO
	KCWE-DT2 Justice Network	31.2	I-M	KANSAS CITY, MO
	KMBC/KMBC(HD) ABC	29	N	KANSAS CITY, MO
	KMBC-DT2 MeTV	29.2	N-M	KANSAS CITY, MO
	KMCI/KMCI (HD) IND	41	I	LAWRENCE, KS
	KMCI-DT2 BOUNCE TV	41.2	I-M	LAWRENCE, KS
	KMCI-DT3 Court TV Mystery	41.3	I-M	LAWRENCE, KS
	KMCI-DT4 Court TV	41.4	I-M	LAWRENCE, KS
	KMOS PBS	15	E	SEDALIA, MO
	KPXE ION/ KPXE ION HD	51	Ι	KANSAS CITY, MO
	KPXE-DT2 Court TV	52.2	I-M	KANSAS CITY, MO
	KPXE-DT3 Grit	51.3	I-M	KANSAS CITY, MO
	KQTV ABC	7	N	ST. JOSEPH, MO
	KSHB/KSHB(HD) NBC	42	N	KANSAS CITY, MO
	KSHB-DT2 Grit	42.2	I-M	KANSAS CITY, MO

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM
Name	MEDIACOM SOUTHE	AST LLC (MARCELINE, MO)			4
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e	ntify every television station (including train in during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the)(2) and (4), or 76.63 (referring to 76.61)	1) stations carried only on a part-ti carriage of certain network progra	me basis under ams [sections	
ransmitters: Television	Substitute Basis Stations: basis under specific FCC rul	explained in the next paragraph. With respect to any distant stations car les, regulations, or authorizations:			
	 Do not list the station here station was carried only on a 	in space G—but do list it in space I (the a substitute basis.	Special Statement and Program	_og)—if the	
	• List the station here, and a basis. For further information Column 1: List each station	lso in space I, if the station was carried I n concerning substitute basis stations, s 's call sign. <i>Do not</i> report origination pro	ee page (v) of the general instruct ogram services such as HBO, ESF	ions. PN, etc. Identify each	
	"WETA-2" as the same on the Column 2: Give the channer of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast),	with a station according to its over-the- he form. In number the FCC assigned to the televi RC is channel 4 in Washington, D.C. case whether the station is a network str- ing the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or rms, see page (iv) of the general instruct	ision station for broadcasting over ation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educati	the air in its community noncommercial endent), "I-M"	
	Column 4: Give the location	n of each station. For U.S. stations, list th lian stations, if any, give the name of the	•	•	
	Column 4: Give the location	n of each station. For U.S. stations, list th	•	•	- STATION
	Column 4: Give the location FCC. For Mexican or Canad	n of each station. For U.S. stations, list the lian stations, if any, give the name of the	e community with which the station	is identified.	- STATION
	Column 4: Give the location FCC. For Mexican or Canad	n of each station. For U.S. stations, list the lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	e community with which the station 3. TYPE OF STATION	is identified. 4. LOCATION OF	- STATION
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KSMO/KSMO (HD) MyNET	n of each station. For U.S. stations, list the lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	e community with which the station 3. TYPE OF STATION	is identified. 4. LOCATION OF KANSAS CITY, MO	F STATION
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KSMO/KSMO (HD) MyNET KSMO-DT2 thegrio	n of each station. For U.S. stations, list the lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47 47.2	a community with which the station 3. TYPE OF STATION I I I-M	is identified. 4. LOCATION OF KANSAS CITY, MO KANSAS CITY, MO	F STATION
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	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KSMO/KSMO (HD) MyNET KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle WDAF/WDAF(HD)FOX	Arian Station, For U.S. stations, list the lian stations, if any, give the name of the dian stations, if any, give the dian stations, is any dian stations, if any, give the dian stations, is any dian stations, if any dian stations, is any dis any dian stations, is any dian stations, is	e community with which the station 3. TYPE OF STATION I I I-M I-M I-M I-M I-M I I I I I I I	is identified. 4. LOCATION OF KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	F STATION
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	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KSMO/KSMO (HD) MyNET KSMO-DT2 thegrio KSMO-DT3 DABL KSMO-DT4 Cozi TV KSMO-DT5 Circle WDAF/WDAF(HD)FOX WDAF-DT2 ANTENNATV WDAF-DT3 Court TV	of each station. For U.S. stations, list the lian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47 47.2 47.3 47.4 47.5 3 3.2 3.3	e community with which the station	is identified. 4. LOCATION OF KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	F STATION
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Accounting P			VOTEN				FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF MEDIACOM			YSTEM: CIMARCELINE, MO)					SYSTEM ID 410
	COOMEA							410
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of ı	it is carried by monitoring, to prmation abou	y the sys be recei	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t	t the system's he system's FM ante	adend, and (2 nna, during ce) it can b ertain sta	be expected, ated intervals.	Primary Transmitters: Radio
Column 2: S Column 3: If signal, indicate Column 4: G	tate whether the radio stati the radio stati this by placing ive the station	he statio ion's sigr g a checł n's locatio	each station carried. n is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which th the community with which the	e station is licens	sed by the FC			
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	RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF O			, MO)				SYSTEM ID# 4108
l	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	y every non counting pe	network televisi riod, under spe	<i>ion program,</i> broadcast by cific present and former F0	a <i>distant</i> static CC rules, regula	ations, or a	uthorizations.	For a further
Substitute Carriage: Special Statement and Program Log	 SPECIAL STATEMENT During the accounting peri broadcast by a distant stat Note: If your answer is "No" log in block 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program 	CONCERI od, did you ion? , leave the PROGRA tute progra ce, please a of every nor distant stati gulations, o es like "mo' Bulls." o was broad sign of the s dcast statio datan statio th and day e "5/7." s when the Example: a er "R" if the nd regulatio	NING SUBSTI r cable system rest of this pag mon a separa add additional r network televi fon and that you r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the c when your syst e substitute prog- program carrie listed program ons in effect du	ITUTE CARRIAGE carry, on a substitute bas le blank. If your answer is te line. Use abbreviations ows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the ger tball." List specific progra r "Yes." Otherwise enter " isting the substitute progr ie community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for progr	"Yes," you mu "Yes," you mu wherever pos program") that ed for the prog ieral instruction m titles, for ex No." am. e station is lice station is lice station is lice station is lice cable system. 15 p.m. to 6:2 amming that y d; enter the let	twork telev ust comple ssible, if the at, during ti ramming o ns for furth ample, "I L ensed by th titified). e numerals . List the ti 28:30 p.m. rour syster ter "P" if th	vision program YES te the program eir meaning is he accounting of another stand ter information Love Lucy" or he FCC or, in the with the more should be m was <i>require</i> he listed program	n X NO m s g ttion n.
	effect on October 19, 1976.		E PROGRAM			EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
					-			
					-			
					-			
					-		_	
					-			
							_ _	

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	MEDIACOM SOUTHEAST LLC (MARCELINE, MO)		4108
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	1 ,401.21 ss receipts)
	COPYRIGHT ROYALTY FEE		
L 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	
		¢	F2 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	-	
	2. Disc anitom uncer 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		WNER OF CABLE SYSTEM: DUTHEAST LLC (MARCEL	INE, MO			SYSTEM ID# 4108
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's t al number of channels on which	total numb			42
	2. Enter the tota on which the	al number of activated channel cable system carried television	els on broadca	st stations		72
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of account		RMATION IS NEEDED (Identify an individual to whom	I	
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)		a number)		
	Email	Copyrights@me	ediacomc	E.com Fax (optional		
0	CERTIFICATION	(This statement of account mu	ust be cert	fied and signed in accordance with Copyright Office re	egulations)	
Certification	• I, the undersigne	ed, hereby certify that (Check on	ne, <i>but onl</i> j	one, of the boxes.)		
	(Owne	r other than corporation or pa	partnership) I am the owner of the cable system as identified in line $\ensuremath{^\circ}$	1 of space B	s; or
				rtnership) I am the duly authorized agent of the owner of not a corporation or partnership; or	f the cable s	ystem as identified
		in line 1 of space B.		tion) or a partner (if a partnership) of the legal entity iden		er of the cable system
		te, and correct to the best of my		lare under penalty of law that all statements of fact contai e, information, and belief, and are made in good faith.	ined herein	
			X	/s/ Kenneth J. Kohrs		
				lectronic signature on the line above to certify this statemen ature using an "/s/ signature" (e.g., /s/ John Smith)	nt.	
		Typed or printed	d name:	Kenneth J. Kohrs		
		Title:		resident, Financial Reporting		
		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.

unting Period: 2021/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM IE
DIACOM SOUTHEAST LLC (MARCELINE, MO)	410
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name	
Mailing Address Mailing Address	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1.2 form	L Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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Line 1 Enter the amount of late payment or underpayment	L Interest Assessmer

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