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 COPYRIGH	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	2-28-22	\$ ALLOCATION NUMBER	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))
		2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MEDIACOM SOUTHEAST LLC (PLYMOUTH, NC)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		(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	IDENTIFICATION OF CABLE SYSTEM:
		MEDIACOM SOUTHEAST LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	P.O. BOX 580
	2	(Number, street, rural route, apartment, or suite number) PLYMOUTH, NC 27962
		(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.

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	MEDIACOM SOUTHEAST LLC (PLYMOUTH, NC)	24029
D	Instructions: List each separate community served by the cable system. A "community" is separate and distinct community or municipal entity (including unincorporated communiunincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	ities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
Area Served	city.	e parks should be reported in parentneses below the identified
	CITY OR TOWN	STATE
First	PLYMOUTH	NC
Community	JAMESVILLE	NC
	MARTIN COUNTY	NC
Rows as Necessary	ROPER	NC
,	WASHINGTON COUNTY	NC
	COLUMBIA	NC
	CRESWELL	NC
	TYRRELL COUNTY	NC
		NC

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F Services Other Than Secondary ransmissions:	applies to your system. Not gories, that person or entity scriber who pays extra for ca set" and would be counted of ock 2: If your cable system ted in block 1 (for example, t the number of subscribers a cient. BLC ATEGORY OF SERVICE idential: Service to first set Service to additional set(s) "M radio (if separate rate) el, hotel nmercial	e: Where an in should be coun able service to once again und has rate catego tiers of services and rates, in the OCK 1 NO. OF	Idividua Inted as addition ler "Sen- ories for s that in e right-h ERS 827	I or organizatic a subscriber in hal sets would I vice to additior r secondary tra holude one or n hand block. A t RATE	on is receiven n each app be included nal set(s)." ansmission nore secor wo- or thre	ving service that olicable category d in the count ur n service that are ndary transmissi ee-word descript	falls unde /. Example nder "Servi e different ons), list th ion of the BLOCK	r different e: a residential ice to the from those nem, together service is K 2 NO. OF	RAT	
F Services Other Than Secondary ransmissions:	scriber who pays extra for ca set" and would be counted o ock 2: If your cable system ted in block 1 (for example, t the number of subscribers a cient. BLC ATEGORY OF SERVICE idential: Service to first set Service to additional set(s) "M radio (if separate rate) el, hotel nmercial	able service to a conce again und has rate catego tiers of services and rates, in the OCK 1 NO. OF	addition ler "Sen ories foi s that in e right-h ERS 827	nal sets would l vice to additior r secondary tra nclude one or n nand block. A t RATE	be includes nal set(s)." ansmission nore secor wo- or thre	d in the count un n service that aro ndary transmissi ee-word descript	nder "Servi e different ons), list th ion of the BLOCh	ice to the from those nem, together service is K 2 NO. OF	RAT	
F Services Other Than Secondary ransmissions:	set" and would be counted o ock 2: If your cable system ted in block 1 (for example, t the number of subscribers a cient. BLC ATEGORY OF SERVICE idential: Service to first set Service to additional set(s) "M radio (if separate rate) el, hotel nmercial	once again und has rate catego tiers of services and rates, in the OCK 1 NO. OF	ler "Sen ories foi s that in e right-h ERS 827	vice to additior r secondary tra aclude one or n hand block. A t RATE	nal set(s)." ansmission nore secor wo- or thre	n service that are ndary transmissi ee-word descript	e different ons), list th ion of the BLOCh	from those nem, together service is K 2 NO. OF	RAT	
F Services Other Than Secondary ransmissions: Blue print with suffi- set Set Set Set Set Set Set Set Set Set S	ock 2: If your cable system ted in block 1 (for example, t the number of subscribers a cient. BLC ATEGORY OF SERVICE idential: Service to first set Service to additional set(s) M radio (if separate rate) el, hotel nmercial	has rate catego tiers of services and rates, in the OCK 1 NO. OF	ories foi s that in e right-h ERS 827	r secondary tra aclude one or n hand block. A t RATE	ansmission nore secor wo- or thre	n service that are ndary transmissi ee-word descript	ons), list th ion of the s BLOCh	nem, together service is K 2 NO. OF	RAT	
F Services Other Than Secondary ransmissions:	ted in block 1 (for example, t the number of subscribers a cient. BLC ATEGORY OF SERVICE idential: Service to first set Service to additional set(s) M radio (if separate rate) el, hotel nmercial	tiers of services and rates, in the OCK 1 NO. OF	s that in e right-h ERS 827	nclude one or n nand block. A t RATE	nore secor wo- or thre	ndary transmissi ee-word descript	ons), list th ion of the s BLOCh	nem, together service is K 2 NO. OF	RAT	
F Services Other Than Secondary ransmissions: Suffi Resi Sesuffi Sesuffi Secondary Set Services Servic	ATEGORY OF SERVICE idential: Service to first set Service to additional set(s) M radio (if separate rate) el, hotel nmercial	OCK 1	ERS 827	RATE		·	BLOC	K 2 NO. OF	RAT	
F Services Other Than Secondary ransmissions:	BLC ATEGORY OF SERVICE idential: Service to first set Service to additional set(s) TM radio (if separate rate) el, hotel nmercial	NO. OF	ERS 827		CAT	EGORY OF SE		NO. OF	RAT	
F Services Other Than Secondary ransmissions: F Resi Services Com Com Com Com Com Services fund amo ente Blooservices Services	ATEGORY OF SERVICE idential: Service to first set Service to additional set(s) TM radio (if separate rate) el, hotel nmercial	NO. OF	ERS 827		САТ	EGORY OF SE		NO. OF	RAT	
F Services Other Than Secondary ransmissions: F Resi Services Com Com Com Com Com Services fund amo ente Blooservices Services	idential: Service to first set Service to additional set(s) M radio (if separate rate) el, hotel nmercial	SUBSCRIB	827		CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT	
F Services Other Than Secondary ransmissions:	Service to first set Service to additional set(s) M radio (if separate rate) el, hotel mmercial			30.95-74.49						
F Services Other Than Secondary ransmissions:	Service to additional set(s) FM radio (if separate rate) el, hotel nmercial			30.95-74.49						
F Services Other Than Secondary ransmissions:	M radio (if separate rate) el, hotel nmercial									
F Services Other Than Secondary ransmissions: Mote Com Com Com Com Com Com Com Com Com Com	el, hotel nmercial									
F Services Other Than Secondary ransmissions:	nmercial									
F Services Other Than Secondary ransmissions:			0	30.95-74.49						
F Services Other Than Secondary ransmissions:	Verter			00.00-14.40						
F Services Other Than Secondary ransmissions: Block	Residential									
F In G not c services furni Other Than amo Secondary ransmissions: Blo	Ion-residential									
F In G not c services furni Other Than amo Secondary ransmissions: Blo										
F not c services furni Other Than amo Secondary ente ransmissions: Blo	VICES OTHER THAN SEC									
Services furni Other Than amo Secondary ente ransmissions: Blo	Seneral: Space F calls for ra covered in space E, that is, t	•	,		-	• •				
ServicesfurniOther ThanamoSecondaryenteransmissions:Blate	rice for a single fee. There a									
Secondary ente ransmissions: Bl	ished at cost or (2) services	•			•		υ.	,		
ransmissions: Blo	ount of the charge and the ur		usually	/ billed. If any r	ates are cl	harged on a var	iable per-p	orogram basis,		
	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates Blo	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
listed	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a									
brief	brief (two- or three-word) description and include the rate for each.									
		BLO	CK 1					BLOCK 2		
	EGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT	
	tinuing Services:			ation: Non-res	sidential			0.11		
	Pay cable	PP		otel, hotel			Family	Cable	99.0	
	Pay cable—add'l channel	PP		mmercial						
	Fire protection			y cable	honest					
	urglar protection			y cable-add'l cl	nannei					
	allation: Residential	100.00		e protection	,					
		109.99 15.00-49.00		rglar protectior services:	I					
	Additional set(s) M radio (if separate rate)	13.00-49.00		connect		49.00				
	Converter	10.50		sconnect		+9.00				
		10.50		tlet relocation						
						15.00-49.00				

ounting Period: 2	-			FORM SA1-2E. PA						
Name				SYSTEM 24						
		AST LLC (PLYMOUTH, NC)		24						
G	carried by your cable system	tify every television station (including tr during the accounting period, <i>except</i> (1) stations carried only on a part-tin	ne basis under						
Primary	5	arried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 5.59(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								
Fransmitters:		explained in the next paragraph.	(e)(2) and (4))], and (2) certain stati							
Television	basis under specific FCC rul	With respect to any distant stations car es, regulations, or authorizations: in space G—but do list it in space I (the								
	station was carried only on a		Special Statement and Program E							
		so in space I, if the station was carried								
	Column 1: List each station?	n concerning substitute basis stations, s s call sign. Do not report origination pro with a station according to its over-the-a	ogram services such as HBO, ESPI	N, etc. Identify each						
	"WETA-2" as the same on the	e form. number the FCC assigned to the televi	ision station for broadcasting over t	a air in its community						
	of license. For example, WF	RC is channel 4 in Washington, D.C. case whether the station is a network st		·						
		ng the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or								
		ms, see page (iv) of the general instruc of each station. For U.S. stations, list the station of each stations are stations.		licensed by the						
		an stations, if any, give the name of the	2							
	1. CALL SIGN	4. LOCATION OF STATION								
	WCTI/WCTI(HD)ABC	12	N	NEW BERN, NC						
	WEPX/WEPX (HD) ION	34	I	JACKSONVILLE, NC						
	WHRO PBS 15	16	E	HAMPTON-NORFOLK, VA						
d Rows as Necessary	WITN MyNet	32.2	I-M	WASHINGTON, NC						
Rows as Necessary										
	WITN/WITN(HD) NBC	32	N	WASHINGTON, NC						
	WITN/WITN(HD) NBC	32 32.3	N	WASHINGTON, NC WASHINGTON, NC						
	WITN-DT3 MeTV	32.3	I-M	WASHINGTON, NC						
	WITN-DT3 MeTV WITN-DT6 Circle	32.3 32.6	I-M I-M	WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC						
	WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW	32.3 32.6 10 10.2	I-M I-M N I-M	WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC						
	WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime	32.3 32.6 10 10.2 10.3	I-M I-M N	WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC						
	WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime WSKY IND	32.3 32.6 10 10.2 10.3 9	I-M I-M N I-M I-M I	WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC MANTEO, NC						
	WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime WSKY IND WUND/WUND(HD)PBS	32.3 32.6 10 10.2 10.3 9 20	I-M I-M N I-M I-M I E	WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC MANTEO, NC COLUMBIA, NC						
	WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime WSKY IND WUND/WUND(HD)PBS WUND-DT2 PBS KIDS	32.3 32.6 10 10.2 10.3 9 20 20.2	I-M I-M N I-M I I E E-M	WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC MANTEO, NC COLUMBIA, NC COLUMBIA, NC						
	WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime WSKY IND WUND/WUND(HD)PBS WUND-DT2 PBS KIDS WUND-DT3 PBS Explorer Cha	32.3 32.6 10 10.2 10.3 9 20 20 20.2 20.2 20.3	I-M I-M N I-M I-M I E E E-M E-M	WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC MANTEO, NC COLUMBIA, NC COLUMBIA, NC						
	WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime WSKY IND WUND/WUND(HD)PBS WUND-DT2 PBS KIDS WUND-DT3 PBS Explorer Cha WUND-DT4 NCCHL	32.3 32.6 10 10.2 10.3 9 20 20.2 20.2 20.3 20.4	I-M I-M N I-M I I E E-M	WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC COLUMBIA, NC COLUMBIA, NC COLUMBIA, NC						
	WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime WSKY IND WUND/WUND(HD)PBS WUND-DT2 PBS KIDS WUND-DT3 PBS Explorer Cha	32.3 32.6 10 10.2 10.3 9 20 20 20.2 20.2 20.3	I-M I-M N I-M I-M I E E E-M E-M	WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC COLUMBIA, NC COLUMBIA, NC COLUMBIA, NC						
	WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime WSKY IND WUND/WUND(HD)PBS WUND-DT2 PBS KIDS WUND-DT3 PBS Explorer Cha WUND-DT4 NCCHL	32.3 32.6 10 10.2 10.3 9 20 20.2 20.2 20.3 20.4	I-M I-M N I-M I-M I E E E-M E-M	WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC COLUMBIA, NC COLUMBIA, NC COLUMBIA, NC						
	WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime WSKY IND WUND/WUND(HD)PBS WUND-DT2 PBS KIDS WUND-DT3 PBS Explorer Cha WUND-DT4 NCCHL	32.3 32.6 10 10.2 10.3 9 20 20.2 20.2 20.3 20.4	I-M I-M N I-M I-M I E E E-M E-M	WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC COLUMBIA, NC COLUMBIA, NC COLUMBIA, NC						
	WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime WSKY IND WUND/WUND(HD)PBS WUND-DT2 PBS KIDS WUND-DT3 PBS Explorer Cha WUND-DT4 NCCHL	32.3 32.6 10 10.2 10.3 9 20 20.2 20.2 20.3 20.4	I-M I-M N I-M I-M I E E E-M E-M	WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC COLUMBIA, NC COLUMBIA, NC COLUMBIA, NC						
	WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime WSKY IND WUND/WUND(HD)PBS WUND-DT2 PBS KIDS WUND-DT3 PBS Explorer Cha WUND-DT4 NCCHL	32.3 32.6 10 10.2 10.3 9 20 20.2 20.2 20.3 20.4	I-M I-M N I-M I-M I E E E-M E-M	WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC COLUMBIA, NC COLUMBIA, NC COLUMBIA, NC						
	WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime WSKY IND WUND/WUND(HD)PBS WUND-DT2 PBS KIDS WUND-DT3 PBS Explorer Cha WUND-DT4 NCCHL	32.3 32.6 10 10.2 10.3 9 20 20.2 20.2 20.3 20.4	I-M I-M N I-M I-M I E E E-M E-M	WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC COLUMBIA, NC COLUMBIA, NC COLUMBIA, NC						
	WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime WSKY IND WUND/WUND(HD)PBS WUND-DT2 PBS KIDS WUND-DT3 PBS Explorer Cha WUND-DT4 NCCHL	32.3 32.6 10 10.2 10.3 9 20 20.2 20.2 20.3 20.4	I-M I-M N I-M I-M I E E E-M E-M	WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC COLUMBIA, NC COLUMBIA, NC COLUMBIA, NC						

ounting Period:	2021/2			FORM SA1-2E. PAC				
Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM				
Name	MEDIACOM SOUTHE	EAST LLC (PLYMOUTH, NC)		240				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable syste	entify every television station (including to em during the accounting period, except in effect on June 24, 1981, permitting the	1) stations carried only on a part-time	basis under				
Primary Transmitters:	76.59(d)(2) and (4), 76.61((e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph.						
Television	Substitute Basis Station	s: With respect to any distant stations ca rules, regulations, or authorizations:	ried by your cable system on a substit	tute program				
		re in space G—but do list it in space I (the	e Special Statement and Program Log)—if the				
	• List the station here, and basis. For further informati	also in space I, if the station was carried ion concerning substitute basis stations, s	see page (v) of the general instructions	5.				
	Column 1: 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. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community							
	Column 3: Indicate in eac	VRC is channel 4 in Washington, D.C. h case whether the station is a network s	•					
	(for independent multicast)	ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), or	"E-M" (for noncommercial educationa					
	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 Cana	adian stations, if any, give the name of the	e community with which the station is in	dentified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				

Accounting P	eriod: 2021/	2					FORM	M SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID
MEDIACOM	SOUTHEAS	ST LLC	(PLYMOUTH, NC)					2402
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable					н
receivable if (1) on the basis of r For detailed info paper SA1-2 for	it is carried by nonitoring, to rmation abou m.	y the sys be recein t the Co	-Band FM Carriage: Under Co tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried.	the system's hea ystem's FM ante	adend, and (2) nna, during ce	it can b rtain sta	e expected, ited intervals.	Primary Transmitters: Radio
Column 3: If signal, indicate t Column 4: G	the radio stati this by placing ive the station	ion's sigr g a check n's locatio	n is AM or FM. nal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the s	e station is licens	ed by the FCC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				·				
				·	·			
		+						

Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	FEM:					SYSTEM ID			
Name				, NC)				2402			
	SUBSTITUTE CARRIAGE	E: SPECIAI		IT AND PROGRAM LO	3						
I	In General: In space I, ident	tifv everv non	network televis	<i>sion program</i> , broadcast b	v a <i>distant</i> statio	on. that vour	cable svste	m carried on a			
	substitute basis during the a	accounting pe	eriod, under spe	ecific present and former F	CC rules, regul	ations, or au	thorizations	. For a further			
Substitute	explanation of the programm	ning that mus	t be included in	n this log, see page (v) of t	he general instr	uctions in th	e paper SA	1-2 form.			
Carriage: Special	1. SPECIAL STATEMEN		NING SUBST	ITUTE CARRIAGE							
Statement and	 During the accounting per 	riod, did you	r cable system	i carry, on a substitute ba	isis, any nonne	twork televi	ision progra				
Program Log	broadcast by a distant sta	ation?					YES	× NO			
	Note: If your answer is "No	o", leave the	rest of this pag	ge blank. If your answer i	s "Yes," you m	ust complete	e the progra	am			
	log in block 2.										
	2. LOG OF SUBSTITUTE	E PROGRAI	MS								
	In General: List each subs				s wherever pos	ssible, if the	ir meaning	is			
	clear. If you need more spa				o program") the	at during th	o occuptin				
	Column 1: Give the title period, was broadcast by a										
	under certain FCC rules, re										
	Do not use general catego		vies" or "baske	etball." List specific progra	am titles, for ex	ample, "I Lo	ove Lucy" o	r			
	"NBA Basketball: 76ers vs.		least live 1	* "Vee " Others '	"NI. "						
	Column 2: If the program Column 3: Give the call										
	Column 4: Give the broa					ensed by the	e FCC or. in	1			
	the case of Mexican or Car		· ·	5			,				
	Column 5: Give the more		when your sys	tem carried the substitute	e program. Use	e numerals,	with the mo	onth			
	first. Example: for May 7 gi										
	Column 6: State the tim							ely			
	to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be										
		•	a program cam								
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	•			•	/our system	was requir	ed			
	stated as "6:00–6:30 p.m."	ter "R" if the	listed program	was substituted for prog	ramming that y	•	•				
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program	ter "R" if the l and regulation mming that y	listed program	was substituted for prog uring the accounting perio	ramming that y od; enter the le	tter "P" if the	e listed prog				
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	ter "R" if the l and regulation mming that y	listed program	was substituted for prog uring the accounting perio	ramming that y od; enter the le	tter "P" if the	e listed prog				
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program	ter "R" if the l and regulation mming that y	listed program	was substituted for prog uring the accounting perio	ramming that y od; enter the le der FCC rules a	tter "P" if the	e listed prog ons in				
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the l and regulatic mming that y 5.	ilisted program ons in effect du our system wa	was substituted for prog uring the accounting perio as permitted to delete uno	ramming that y od; enter the le der FCC rules a	tter "P" if the and regulation N SUBSTI AGE OCCL	e listed prog ons in TUTE JRRED	7. REASON FC			
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Accounting Period:	2021/2		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (PLYMOUTH, NC)			8YSTEM ID# 24029
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ar all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of how 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.	secondary transm w to compute this a	ission service amount, see \$24	
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informat	than \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00		iis six-month	
	Line 1. Royalty fee for accounting period			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 an	d 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but		-	
	1. Base amount under statutory formula	263,800.00	_	
	2. Enter amount of gross receipts from space K	246,116.02	_	
	3. Subtract line 2 from line 1	17,683.98	-	
	4. Enter the amount of gross receipts from space K	\$	246,116.02	
	5. Enter the amount from line 3	. \$	17,683.98	
	6. Subtract line 5 from line 4	\$	228,432.04	-
	7. Multiply line 6 by .005 (enter figure here)		\$	1,142.16
	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.		\$	1,142.16
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	out 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)	<u>\$</u>	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	-
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and	6		
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing For and				
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	1,142.16	-
546	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		\$	1,162.16
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form			ghts!

Accounting Period:	2021/2			FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: UTHEAST LLC (PLYMOU	ITH, NC)	SYSTEM ID# 24029
M Channels	to its subscribers 1. Enter the total system carriec 2. Enter the total	number of channels on which	s	ns
	and nonbroad	cast services		
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accou	IER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information	Name	Kenneth J. Kohrs	Teleph	one 845-443-2762
		One Mediacom Way (Number, street, rural route, apartu Mediacom Park, NY (City, town, state, zip)		
	Email	Copyrights@me	diacomcc.com Fax (optional	
		This statement of account mu	ist be certified and signed in accordance with Copyright Office regulation	s)
O Certification			e, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as identified in line 1 of spa	se B: or
	X (Agent	of owner other than corpora	tion or partnership) I am the duly authorized agent of the owner of the cab	
	(Office		e owner is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the legal entity identified as	owner of the cable system
	I have examined t	the statement of account and l e, and correct to the best of m	nereby declare under penalty of law that all statements of fact contained here / knowledge, information, and belief, and are made in good faith.	in
			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	
		Title: (Ti	Vice President, Financial Reporting le of official position held in corporation or partnership)	
		Date:	2/11/2022	

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.

DIACOM SOUTHEAST LLC (PLYMOUTH, NC) 244 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The statilite home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: Image: Comparison of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Image: Comparison on when to exclude these amounts, see the note on page (vii) of the general instructions coated in the paper SA1-2 form. Image: Comparison on when to exclude these amounts, see the note on page (vii) of the general instructions coated in the paper SA1-2 form. Image: Comparison on when to exclude these amounts, see the note on page (vii) of the general instructions coated in the paper SA1-2 form. Image: Comparison on when to exclude these amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? Image: Comparison on when to exclude the carrier(s) below. Image: Comparison on when to exclude the satellite carrier(s) below. Image: Comparison on when to exclude the satellite carrier(s) below. Image: Comparison on when to exclude the satellite carrier(s) below. Image: Comparison on when to exclude the satellite carrier(s) below. Image: Comparison on when to exclude the satellite carrier(s) below. Image: Comparison on when to exclude the satellite carrier(s) below. Image: Comparison on when to exclude the satellite carrier(s) below. Image: Comparison on when to exclude the satellite carrier(s) below. Image: Comparison on when to exclude the satellite carrier(s) below. Image: Comparison on when to exclude the sa	unting Period: 2021/2	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statelite home Viewer Act of 1989 amended Title 17, section 111(g)(1)(A), of the Copylight Act by adding the fol- towing sections: The determining the total number of subscribers and the gross amounts paid to the cable system for the basic scribers and amounts oclected from subscribers receiving scoredup transmissions calcel in the paper SA1-2 form. The determining period, (d) the cable system exclude any amounts of gross receipts for secondary transmissions calcel in the paper SA1-2 form. The determining the total number of subscribers receiving scoredup transmissions calcel in the paper SA1-2 form. The determining the statellite carrier(s) below. The determining betted (d) the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dist owners? The more information on when to exclude these amounts, see the note on page (vii) of the general instructions the satellite carriers to satellite dist owners? The more information on when to exclude these amounts, see the note on page (vii) of the general instructions the satellite carriers to satellite carrier(s) below. The amount of laters and list the satellite carrier(s) below. The amount of unterest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. The amount of late payment or underpayment the amount of late payment or underpayment to 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 the laters trate that thick on www. copyright.gov/ficensing/inferest-rate p.ff. For further assistance please contract the Leensing Divison at (202) 707-1510 or licensing/inferest-rate p.ff. For further assistance please to the underse first community served. D number, and accou		SYSTEM ID
The Statellite Home Viewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the following serience: In determining the total number of subscribers and the gross amounts paid to the cable system for the basic providing 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 boardiers 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 boardiers receiving secondary transmissions made by satellite carriers to satellite dish owners? Image Image Image Marre Marre Marre <	DIACOM SOUTHEAST LLC (PLYMOUTH, NC)	2402
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Maling Address INTEREST ASSESSMENT Name You must complete this worksheet for those royally 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. Interest Assessment Line 1 Enter the amount of late payment or underpayment. x	 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? 	P Special Statement Concerning Gross Receipts Exclusion
Mailing Address Mailing Address Image: Address Ima		
You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments and enter the sum here		-
You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royally payments and enter the sum here		
Line 2 Multiply line 1 by the interest rate* and enter the sum here	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 Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 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 \$ * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please - 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. Owner Address ID number First community served	Line 1 Enter the amount of late payment or underpayment	
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 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 \$ * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please - 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. Owner Address ID number First community served	Line 2 Multiply line 1 by the interest rate* and enter the sum here	•
Line 3 Multiply line 2 by the number of days late and enter the sum here		
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6		
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please 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. Owner Address ID number First community served	x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
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list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served	Line 3 Multiply line 2 by the number of days late and enter the sum here - 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 \$ - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
Address ID number First community served	Line 3 Multiply line 2 by the number of days late and enter the sum here - - - - - x 0.00274 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	
ID number First community served	Line 3 Multiply line 2 by the number of days late and enter the sum here	
First community served	Line 3 Multiply line 2 by the number of days late and enter the sum here x	
First community served	x	
	Line 3 Multiply line 2 by the number of days late and enter the sum here	
	Line 3 Multiply line 2 by the number of days late and enter the sum here	

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.

C	Cab	ole Late a t	Total amount of remittance	Number of SAs rea	c'd Initi	als
	vvor	ksneet		-		
			Date of remittance	Check EFT	□ FILING FE	ES
Cable ID #					Amount	Initials
Examined by	R	eviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	□January	1 - June 30, 2017	C]July 1 - December 31, 2017		
	Letter s	ent	C	Information received		
		:d	Ľ	Phone call/Date/Contact		
Space B Owner						
	□Letter s	ent	C	Information received		
		d	C	Phone call/Date/Contact		
Space D Area Served						
	Letter s	ent	C	Information received		
		ed	Ľ	Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	□Letter s	ent	C	Information received		
and Rates		d	C	Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	□Letter s	ent	[Information received		
		d	E	Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio		ed	[Phone call/Date/Contact		_

		Space I Substitute Carriage
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log (SA3 only)
⊡Letter sent		
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	□Information received	
	Phoe call/Date/Contact	
		Space M Channels
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent		
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□Info/add'l fee received	
Accepted	Phone call/Date/Contact	