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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
2-28-22	\$ ALLOCATION NUMBER

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))	
		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.	5078
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MCC Georgia, LLC (Hazlehurst, GA)	
		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 un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2021/2					
	T	FORM SA1-2E. PAGE 1b.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
	MCC Georgia, LLC (Hazlehurst, GA)	5078				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identifie city.					
	CITY OR TOWN	STATE				
First	Hazlehurst	GA				
Community	Jeff Davis County	GA				
	Lumber City	GA				
Add Rows as Necessary						

Accounting Period: 2021/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MCC Georgia, LLC (Hazlehurst, GA)

SYSTEM ID#

5078

FORM SA1-2E. PAGE 2

# Ε

### Secondary Transmission Service: Subscribers and Rates

#### 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 television 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 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 cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the 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 transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLG	OCK 1	BLOCH	<b>&lt;</b> 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	640	40.49-74.49			
Service to additional set(s)					
FM radio (if separate rate)					
Motel, hotel					
Commercial	1	40.49-74.49			
Converter					
Residential					
Non-residential					
		T1			

# F

### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program 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.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 1				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Family Cable	98.00
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial			
Fire protection		• Pay cable			
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		<ul> <li>Fire protection</li> </ul>			
• First set	109.99	Burglar protection			
Additional set(s)	15.00-49.00	Other services:			
• FM radio (if separate rate)		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-49.00		
		Move to new address			

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 5078

## MCC Georgia, LLC (Hazlehurst, GA)

G

### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

  Column 1: List each station's call sign. Do not 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 of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**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 Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WALB NBC	10	N	Albany, GA
WALB-DT3 Bounce TV	10.3	I-M	Albany, GA
WGNM/WGNM(HD) CTN	45	I	MACON, GA
WJCL/WJCL(HD) ABC	22	N	Savannah, GA
WJCL-DT2 MeTV	22.2	I-M	Savannah, GA
WSAV/WSAV(HD) NBC	39	N	Savannah, GA
WSAV/WSAV DT2 CW (HD)	39.2	I-M	Savannah, GA
WSAV DT3 Court TV	39.3	I-M	Savannah, GA
WSAV-DT4 Laff	39.4	I-M	Savannah, GA
WTGS/WTGS(HD) FOX	28	I	hardeeville, SC
WTGS-DT2 COMET	28.2	I-M	hardeeville, SC
WTGS-DT3 Antenna TV	28.3	I-M	hardeeville, SC
WTGS-DT4 TBD	28.4	I-M	hardeeville, SC
WTOC/WTOC(HD) CBS	11	N	Savannah, GA
WTOC-DT3 Bounce TV	11.3	I-M	Savannah, GA
WXGA/WXGA (HD) PBS	8	E	Waycross, GA
	t		<b>L</b>

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 5078 MCC Georgia, LLC (Hazlehurst, GA) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not 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 of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. 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 Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MCC Georgia, LLC (Hazlehurst, GA)

5078

# PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.
- **Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
CALL SIGN	AWIOTIW	3/0	ECCATION OF STATION	CALL SIGN	AWIOITW	3/0	LOCATION OF STATION
	<del> </del>						
			<del> </del>				
	<del> </del>						
					[		
		·					

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
	MCC Georgia, LLC (Ha	zlehurst,	GA)					5078
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm  1. SPECIAL STATEMENT • During the accounting per broadcast by a distant stat Note: If your answer is "Not log in block 2.	ify every nor ccounting points that must concer concer ciod, did you tion?	nnetwork televis eriod, under sp st be included in NING SUBST ur cable system	sion program, broadcast be ecific present and former F in this log, see page (v) of the TTUTE CARRIAGE in carry, on a substitute ba	y a distant sta FCC rules, regu the general ins asis, any nonn	ulations, or a tructions in	authorizations the paper SA2 vision progra	. For a further 1-2 form.
	2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Can the case of Mexican or Can Golumn 5: Give the mor first. Example: for May 7 giv Column 6: State the tim- to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a	titute progratice, please of every no distant stat gulations, cries like "mo Bulls." In was broad sign of the adcast static and day we "5/7." es when the Example: a er "R" if the	am on a separa add additional connetwork televition and that your authorization ovies" or "basked dcast live, enterstation broadcron's location (thous, if any, the when your system of the program carrolisted program carrolisted program carrollisted program carr	rows to the tables. vision program ("substitut our cable system substitut is. See page (v) of the getball." List specific program "Yes." Otherwise enter asting the substitute programment to which the community with which the stem carried the substitute or a system from 6:0 in was substituted for program was s	e program") the ted for the program instruction in titles, for each of the terms of	nat, during togramming ons for furth example, "I lentified). See numerals in. List the togram your system.	the accounting of another standard information Love Lucy" of the FCC or, in the s, with the modimes accurate should be the modern was required.	g ation on. r onth ely
	was substituted for program effect on October 19, 1976.	SUBSTITUT	TE PROGRAM	1	WH CARF	EN SUBST	TITUTE CURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES TO	

AME OF OWNER OF CABLE SYSTEM:  Georgia, LLC (Hazlehurst, GA)  S RECEIPTS  tions: The figure you give in this space determines the form you file ar unts (gross receipts) paid to your cable system by subscribers for the state of in space by during the accounting period. For a further explanation ii) of the general instructions located in the paper SA1-2 form. Observed in the paper SA1-2 form.  Dispersion of the statement in space P concerning gross receipts from subscribers for secondary transmission service(s) ring the accounting period.  TANT: You must complete a statement in space P concerning gross receipts. To compute the royalty fee you owe:  It block 1, block 2, or block 3.  It is the amount of gross receipts in space K is more than \$137,100 or less ok 2 if the amount of gross receipts in space K is more than \$137,100 ok 3 if the amount of gross receipts in space K is more than \$263,800 ovi) of the general instructions located in the paper SA1-2 form for more in the general instructions located in the paper SA1-2 form for more in the general instructions located in the paper SA1-2 form for more in the general instructions located in the paper SA1-2 form for more in the general instructions located in the paper SA1-2 form for more in the general instructions located in the paper SA1-2 form for more in the general instructions located in the paper SA1-2 form for more in the general instructions located in the paper SA1-2 form for more in the general instructions located in the paper SA1-2 form for more in the general instructions located in the paper SA1-2 form for more in the general instructions located in the paper SA1-2 form for more in the general instructions located in the paper SA1-2 form for more in the general instructions located in the paper SA1-2 form for more in the general instructions located in the paper SA1-2 form for more in the general instructions located in the paper SA1-2 form for more in the general instructions located in the paper SA1-2 form for more in the general instructions loca	but less th but less th but less th information 37,100 OR y fee that you innes 1 and 2 SS (but m \$ \$ \$	econdary trans to compute this to compute the state of the compute that the compute the compute that the compute the compute that the compute that the compute the compute the compute the compute the compute that the compute the c	\$200 (Amount of gr. \$263,800)  \$263,800  This six-month  7,100)  9  1  204,158.99  59,641.01  144,517.98	0.00			
tions: The figure you give in this space determines the form you file ar unts (gross receipts) paid to your cable system by subscribers for the stiffied in space E) during the accounting period. For a further explanation of the general instructions located in the paper SA1-2 form. The system subscribers for secondary transmission service(s) ring the accounting period.  TANT: You must complete a statement in space P concerning gross receipts. To compute the royalty fee you owe:  Tant the amount of gross receipts in space K is \$137,100 or less cok 2 if the amount of gross receipts in space K is more than \$137,100 or less cok 2 if the amount of gross receipts in space K is more than \$263,800 or lock 3 if the amount of gross receipts in space K is more than \$263,800 or lock 3 if the amount of gross receipts in space K is more than \$263,800 or lock 3 if the amount of gross receipts in space K is more than \$263,800 or lock 3 if the amount of gross receipts in space K is more than \$263,800 or lock 3 if the amount gross receipts of \$137,100 or less, the royalty greater than the gross receipts of \$137,100 or less, the royalty greater than the gross receipts of \$137,100 or less, the royalty greater than the gross receipts of \$137,100 or less, the royalty greater than the gross receipts of \$137,100 or less, the royalty greater than the gross receipts of \$137,100 or less, the royalty greater than the gross receipts of \$137,100 or less, the royalty greater than the gross receipts of \$137,100 or less, the royalty greater than the gross receipts of \$137,100 or less, the royalty greater than the gross receipts of \$137,100 or less, the royalty greater than the gross receipts gross receipts gross greater than the	but less th but less th but less th information 37,100 OR y fee that you innes 1 and 2 SS (but m \$ \$ \$	econdary trans to compute this to compute the state of the compute that the compute the compute that the compute the compute that the compute that the compute the compute the compute the compute the compute that the compute the c	\$263,800 \$263,800 \$1 \$263,800 \$263,800 \$263,800 \$263,800 \$1 \$263,8	oss receipts)			
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ons: To compute the royalty fee you owe: tee block 1, block 2, or block 3. ck 1 if the amount of gross receipts in space K is \$137,100 or less ck 2 if the amount of gross receipts in space K is more than \$137,100 ck 3 if the amount of gross receipts in space K is more than \$263,800 ck) of the general instructions located in the paper SA1-2 form for more in  BLOCK 1: GROSS RECEIPTS OF \$13 ons: As a cable system with gross receipts of \$137,100 or less, the royalty ing period is \$52.00  Royalty fee for accounting period  nterest charge. Enter the amount from line 4, space Q, page 8  FOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add ling  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE  amount under statutory formula  amount of gross receipts from space K act line 2 from line 1  the amount of gross receipts from space K the amount from line 3 act line 5 from line 4	but less the information of the	2	7,100) 0 9 1 204,158.99 59,641.01 144,517.98				
ons: As a cable system with gross receipts of \$137,100 or less, the royalty ing period is \$52.00  Royalty fee for accounting period	ines 1 and 2 ESS (but m	2	7,100) 0 9 1 204,158.99 59,641.01 144,517.98				
ing period is \$52.00  Royalty fee for accounting period	ines 1 and 2	2	7,100) 0 9 1 204,158.99 59,641.01 144,517.98				
nterest charge. Enter the amount from line 4, space Q, page 8	ines 1 and 2  ESS (but m  . \$ . \$	2	7,100) 0 9 1 204,158.99 59,641.01 144,517.98				
TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add li  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE  amount under statutory formula  amount of gross receipts from space K  act line 2 from line 1  the amount of gross receipts from space K  the amount from line 3  act line 5 from line 4	SS (but m	2	7,100)  0  9  1  204,158.99  59,641.01  144,517.98				
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE amount under statutory formula amount of gross receipts from space K act line 2 from line 1 the amount of gross receipts from space K the amount from line 3 act line 5 from line 4	SS (but m	263,800.0 204,158.9 59,641.0	7,100) 0 9 1 204,158.99 59,641.01 144,517.98				
amount under statutory formula  amount of gross receipts from space K  act line 2 from line 1  the amount of gross receipts from space K  the amount from line 3  act line 5 from line 4  bly line 6 by .005 (enter figure here)	\$	263,800.0 204,158.9 59,641.0 \$	0 9 1 204,158.99 59,641.01 144,517.98				
amount of gross receipts from space K  act line 2 from line 1  the amount of gross receipts from space K  the amount from line 3  act line 5 from line 4  bly line 6 by .005 (enter figure here)	\$	204,158.9 59,641.0 \$ \$	9 1 204,158.99 59,641.01 144,517.98				
act line 2 from line 1 the amount of gross receipts from space K the amount from line 3 act line 5 from line 4 bly line 6 by .005 (enter figure here)	\$	59,641.0 	204,158.99 59,641.01 144,517.98				
the amount of gross receipts from space K the amount from line 3 act line 5 from line 4 bly line 6 by .005 (enter figure here)		. <u>\$</u> \$	204,158.99 59,641.01 144,517.98				
the amount from line 3		\$	59,641.01 144,517.98				
act line 5 from line 4		\$	144,517.98				
oly line 6 by .005 (enter figure here)							
• • • •							
			\$	722.59			
est charge. Enter the amount from line 4, space Q, page 8				0.00			
AL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	7 and 8		···_ <b>\$</b>	722.59			
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)							
the amount of gross receipts from space K							
amount under statutory formula			0				
act line 2 from line 1		200,000.0	<u> </u>				
		-					
AL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	4, 5, and 6						
FILING FEE AND TOTAL REMITTANCE DU	UE						
Ity Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	722.59				
Fee (See the instructions for more information on filing fee calculations) .		\$	20.00				
AL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	742.59			
a e	alty due on the first \$263,800 of gross receipts (under statutory formula)	alty due on the first \$263,800 of gross receipts (under statutory formula)	alty due on the first \$263,800 of gross receipts (under statutory formula)	AL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6			

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MCC Georgia, LLC (Hazlehurst, GA)	SYSTEM ID# 5078
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	67
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone	845-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number)  Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syin line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]	vstem as identified
	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: Vice President, Financial Reporting  (Title 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.

counting Period: 2021/2	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
CC Georgia, LLC (Hazlehurst, GA)	5078
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-</u> /S
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.  Owner  Address	
ID number	
First community served	
Accounting period	

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CONTROL #: REMITTANCE #:

Cable
Worksheet

Total amount of	Number of SAs rec'd	Initials
remittance		

			Date of remittance	_ □Check	□EFT	□FILING	FEES
Cable ID #						Amount	Initials
Examined by	Review	ed by	Date examination completed	Allocation	number		
Space A Accounting Period							
	□January 1 - Jun	e 30, 2017		☐July 1 - Decemb	er 31, 2017		
	☐Letter sent		☐Information received				
	□Accepted		☐Phone call/Date/Contact				
Space B Owner							
	☐Letter sent			☐Information rece	ived		
□Accepted			☐Phone call/Date/Contact				
Space D Area Served							
	Letter sent	[	Information rece	ived			
□Accepted			[	Phone call/Date/	Contact		
Space E Secondary Transission							
Service Subscribers:	☐Letter sent			☐Information rece	ived		
and Rates	□Accepted		]	Phone call/Date/	Contact		
Space G Primary Transmitters:							
Television	☐Letter sent		[	☐Information rece	eived		
	□Accepted		]	Phone call/Date/	Contact		
Space H Primary Transmitters:							
Radio	□Accepted			Phone call/Date/	Contact		

		Space I Substitute Carriage
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	☐Information received	(SA3 only)
□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 Fees
Royalty Fee should be	☐Refund request to fiscal	
☐Letter sent	☐Information received	
Accepted	☐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	☐ Information received	
□Accepted	☐Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	☐Info/add'l fee received	
□Accepted	☐Phone call/Date/Contact	