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 workboo 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	OUNTING 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		
		Instructions:
В		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 (RED BUD, IL)
		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		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	90 NORTH MAIN
	2	(Number, street, rural route, apartment, or suite number)
		BENTON, KY 42025 (City, town, state, zip code)
	1	

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 (RED BUD, IL)	9049					
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: " separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discr 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 "f community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identification						
Area Served	city.	me parks should be reported in parentneses below the identified					
First	CITY OR TOWN RED BUD	STATE IL					
Community	HECKER	н. Ц					
-	MONROE CO.						
Rows as Necessary	SMITHTON	IL					
	COULTERVILLE	IL					
	TILDEN	IL I					

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM SYSTEM									
Name	MEDIACOM SOUTHEAS							010	904	
Е	SECONDARY TRANSMISSION									
E	In General: The information in s			-		•				
Secondary	system, that is, the retransmission about other services (including particular services)									
Transmission	last day of the accounting period	, , ,	,		,			g on the		
Service: Sub-	Number of Subscribers: Both	•					,			
scribers and	down by categories of secondary					•				
Rates	each category by counting the ne separately for the particular serv		0	•••		•		cnarged		
	Rate: Give the standard rate c							ge and the		
	unit in which it is generally billed	· · ·		,		rd rate variation	s within a p	particular rate		
	category, but do not include disc						!	46 -4 61-		
	Block 1: In the left-hand block systems most commonly provide	•		•		•				
	that applies to your system. Not									
	categories, that person or entity			-		-				
	subscriber who pays extra for ca					I in the count ur	nder "Servi	ce to the		
	first set" and would be counted of									
	Block 2: If your cable system	Ũ								
	printed in block 1 (for example, t with the number of subscribers a						,.			
	sufficient.		c ngni-i	Tand block. At						
	BLC	DCK 1					BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:				_		-			
	Service to first set		377	29.99-74.49						
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		1	29.99-74.49						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s					
F	In General: Space F calls for rat									
Г	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services	•			•					
Other Than										
Secondary	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.									
Transmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	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									
	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.									
	, , ,	BLO	СК 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE	
	Continuing Services:		Install	ation: Non-res	idential					
	• Pay cable	PP	• Mc	otel, hotel			Family	тν	99.0	
	• Pay cable—add'l channel	PP	• Co	mmercial						
	Fire protection		•Pa	y cable						
	•Burglar protection		•Pa	, y cable-add'l cł	nannel					
	Installation: Residential		• Fire	e protection						
	• First set	109.99	• Bu	rglar protection	I					
	<ul> <li>Additional set(s)</li> </ul>	15.00-49.00		services:						
	• FM radio (if separate rate)		• Re	connect		49.00				
	• Converter	10.50	• Dis	sconnect						
				itlet relocation		15.00-49.00				
			-	ove to new addr	ess					

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM SOUTHE	AST LLC (RED BUD, IL)		9
	PRIMARY TRANSMITTERS:	TELEVISION		
G		ntify every television station (including t	•	,
U		n during the accounting period, <i>except</i> ( n effect on June 24, 1981, permitting the	., .	
Primary	76.59(d)(2) and (4), 76.61(e	)(2) and (4), or 76.63 (referring to 76.61		-
ransmitters: Television		s explained in the next paragraph. With respect to any distant stations ca	rried by your cable system on a sub	stitute program
		les, regulations, or authorizations: in space G—but do list it in space I (the	e Special Statement and Program I	og)if the
	station was carried only on			
		lso in space I, if the station was carried n concerning substitute basis stations, s		
	Column 1: List each station	's call sign. <i>Do not</i> report origination pr	ogram services such as HBO, ESP	N, etc. Identify each
	multicast stream associated "WETA-2" as the same on t	with a station according to its over-the- he form.	air designation. For example, repo	rt multistream
		el number the FCC assigned to the telev	vision station for broadcasting over t	he air in its community
	• •	RC is channel 4 in Washington, D.C. case whether the station is a network s	tation, an independent station, or a	noncommercial
		ring the letter "N" (for network), "N-M" (f		
	For the meaning of these te	"E" (for noncommercial educational), or rms, see page (iv) of the general instruct	ctions in the paper SA1-2 form.	,
		n of each station. For U.S. stations, list t lian stations, if any, give the name of th	,	5
		an stations, if any, give the name of the		s dentified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDNL/KDNL(HD) ABC	31	N	ST. LOUIS, MO
	KDNL-DT2 TBD	31.2	I-M	ST. LOUIS, MO
Rows as Necessary	KDNL-DT3 Charge!	31.3	I-M	ST. LOUIS, MO
	KDNL-DT4 Stadium	31.4	I-M	ST. LOUIS, MO
	KETC/KETC(HD) PBS	39	E	ST. LOUIS, MO
	KETC-DT2 PBS KIDS	39.2	E-M	ST. LOUIS, MO
	KETC-DT3 PBS WORLD	39.3	E-M	ST. LOUIS, MO
	KETC-DT4 CREATE	39.4	I-M	ST. LOUIS, MO
	KMOV/KMOV(HD) CBS	24	N	ST. LOUIS, MO
	KMOV-DT2 CoziTV	24.2	I-M	ST. LOUIS, MO
	KMOV-DT3 MyNetworkTV	24.3	I-M	ST. LOUIS, MO
	KMOV-DT4 Laff	24.4	I-M	ST. LOUIS, MO
	KNLC/KNLC (HD) MeTV	14	1	ST. LOUIS, MO
	KNLC-DT2 NLEC TV	14.2	I-M	ST. LOUIS, MO
	KNLC-DT3 H&I	14.3	I-M	ST. LOUIS, MO
	KNLC-DT4 Movies	14.4	I-M	ST. LOUIS, MO
	KNLC-DT5 Decades	14.5	I-M	ST. LOUIS, MO
	KNLC-DT6 Start TV	14.6	I-M	ST. LOUIS, MO
	KPLR CW/KPLR CW (HD)	26	I	ST. LOUIS, MO
	KPLR-DT2 Court TV	26.2	I-M	ST. LOUIS, MO
	KPLR-DT3 COMET	26.2	I-M	ST. LOUIS, MO
	KSDK/KSDK(HD) NBC	35	N	ST. LOUIS, MO
	KSDK/KSDK(HD) NBC KSDK-DT2 Bounce TV	35 35.2	N I-M	ST. LOUIS, MO ST. LOUIS, MO

				OVOTE	PAG					
Name	LEGAL NAME OF OWNER OF			SYSTE	м 90					
		EAST LLC (RED BUD, IL)			90					
	PRIMARY TRANSMITTERS:									
G		entify every television station (including tran	•	,						
9		m during the accounting period, <i>except</i> (1) in effect on June 24, 1981, permitting the c	, , , ,							
Primary	0	(e)(2) and (4), or 76.63 (referring to 76.61(e)		•						
ransmitters:		as explained in the next paragraph. <b>s:</b> With respect to any distant stations carrie	ied by your cable system on a su	hatituita program						
Television		ules, regulations, or authorizations:	ied by your cable system on a su	bstitute program						
	• Do not list the station here	re in space G—but do list it in space I (the s	Special Statement and Program	Log)—if the						
	station was carried only on	n a substitute basis. also in space I, if the station was carried bo	oth on a substitute basis and also	o on come other						
		on concerning substitute basis stations, se								
		on's call sign. <i>Do not</i> report origination prog	-	-						
	multicast stream associated "WETA-2" as the same on	d with a station according to its over-the-air	ir designation. For example, repo	ort multistream						
		nel number the FCC assigned to the television	sion station for broadcasting over	the air in its community						
		VRC is channel 4 in Washington, D.C.	·····							
	<b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, multicast) "I" (for independent). "I M"									
	educational station by ente	aring the letter "NI" (for network) "N-M" (for	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).							
		<b>o</b>								
	(for independent multicast). For the meaning of these te	), "E" (for noncommercial educational), or "I erms, see page (iv) of the general instruction	E-M" (for noncommercial educat ons in the paper SA1-2 form.	ional multicast).						
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	), "E" (for noncommercial educational), or "I erms, see page (iv) of the general instruction on of each station. For U.S. stations, list the	E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station	ional multicast). is licensed by the						
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	), "E" (for noncommercial educational), or "I erms, see page (iv) of the general instruction	E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station	ional multicast). is licensed by the						
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	), "E" (for noncommercial educational), or "I erms, see page (iv) of the general instruction on of each station. For U.S. stations, list the	E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station	ional multicast). is licensed by the						
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	), "E" (for noncommercial educational), or "I erms, see page (iv) of the general instruction on of each station. For U.S. stations, list the	E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station	ional multicast). is licensed by the						
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio FCC. For Mexican or Cana	), "E" (for noncommercial educational), or "I erms, see page (iv) of the general instruction on of each station. For U.S. stations, list the adian stations, if any, give the name of the o	E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station community with which the station	ional multicast). is licensed by the is identified.						
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio FCC. For Mexican or Cana <b>1. CALL SIGN</b>	), "E" (for noncommercial educational), or "I erms, see page (iv) of the general instruction on of each station. For U.S. stations, list the adian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER	E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION	ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION						
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio FCC. For Mexican or Cana <b>1. CALL SIGN</b> KSDK-DT4 Quest	), "E" (for noncommercial educational), or "I erms, see page (iv) of the general instruction on of each station. For U.S. stations, list the adian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 35.4	E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION I-M	ional multicast). is licensed by the is identified. 4. LOCATION OF STATION ST. LOUIS, MO						
	(for independent multicast), For the meaning of these te <b>Column 4</b> : Give the locatio FCC. For Mexican or Cana <b>1. CALL SIGN</b> KSDK-DT4 Quest KTVI/KTVI(HD) FOX	), "E" (for noncommercial educational), or "I erms, see page (iv) of the general instruction on of each station. For U.S. stations, list the adian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 35.4 43	E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station community with which the station <b>3. TYPE OF STATION</b> I-M	ional multicast). is licensed by the is identified. 4. LOCATION OF STATION ST. LOUIS, MO ST. LOUIS, MO						
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio FCC. For Mexican or Cana <b>1. CALL SIGN</b> KSDK-DT4 Quest KTVI/KTVI(HD) FOX KTVI-DT3 Court TV	), "E" (for noncommercial educational), or "I erms, see page (iv) of the general instruction on of each station. For U.S. stations, list the adian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 35.4 43 43.3	E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION I-M I I-M	ional multicast). is licensed by the is identified. 4. LOCATION OF STATION ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO						
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio FCC. For Mexican or Cana <b>1. CALL SIGN</b> KSDK-DT4 Quest KTVI/KTVI(HD) FOX KTVI-DT3 Court TV WPXS DMV	), "E" (for noncommercial educational), or "I erms, see page (iv) of the general instruction on of each station. For U.S. stations, list the adian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 35.4 43 13	E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION I-M I I-M I	ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO MT. VERNON, IL						
	(for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN KSDK-DT4 Quest KTV/KTVI(HD) FOX KTVI-DT3 Court TV WPXS DMV WRBU/WRBU(HD) ION	), "E" (for noncommercial educational), or "I erms, see page (iv) of the general instruction on of each station. For U.S. stations, list the adian stations, if any, give the name of the or 2. B'CAST CHANNEL NUMBER 35.4 43 43.3 13 47	E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION I-M I I I I I	ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO MT. VERNON, IL EAST ST LOUIS, IL						
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio FCC. For Mexican or Cana <b>1. CALL SIGN</b> <b>KSDK-DT4 Quest</b> <b>KTVI/KTVI(HD) FOX</b> <b>KTVI-DT3 Court TV</b> WPXS DMV WRBU/WRBU(HD) ION WRBU-DT3 Grit	), "E" (for noncommercial educational), or "I erms, see page (iv) of the general instruction on of each station. For U.S. stations, list the adian stations, if any, give the name of the or 2. B'CAST CHANNEL NUMBER 43 43 43 43 43 43 43 43 43 43	E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION I-M I I I I I I I	ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO MT. VERNON, IL EAST ST LOUIS, IL EAST ST LOUIS, IL						
	(for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN KSDK-DT4 Quest KTVI/KTVI(HD) FOX KTVI-DT3 Court TV WPXS DMV WRBU/WRBU(HD) ION WRBU-DT3 Grit WSIU/WSIU(HD) PBS	), "E" (for noncommercial educational), or "I erms, see page (iv) of the general instruction on of each station. For U.S. stations, list the adian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 43 43.3 13 47 47.3 8	E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION I-M I I-M I E	ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO MT. VERNON, IL EAST ST LOUIS, IL EAST ST LOUIS, IL CARBONDALE, IL						

Accounting P	eriod: 2021	2					FORI	M SA1-2E. PAGE 4.	
								SYSTEM ID	
MEDIACOM	SOUTHEA		(RED BUD, IL)					904	
	t every radio s	tation ca	rried on a separate and discre herally receivable by your cabl					н	
all-band basis whose signals were generally receivable by your cable system during the accounting period. 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. Column 1: Identify the call sign of each station carried.									
Column 3: If signal, indicate Column 4: G	the radio stati this by placing ive the statior	ion's sigr g a checł n's locatio	n is AM or FM. nal was electronically processe mark in the "S/D" column. on (the community to which the the community with which the	e station is licens	ed by the FC0				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		

ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID
Name	MEDIACOM SOUTHEA	AST LLC (F	RED BUD, IL	.)				904
Name Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE In General: List each subs clear. If you need more spa	E: SPECIA ify every nor accounting pe- ning that mus T CONCER riod, did you tion? ", leave the E PROGRA titute progra ace, please a of every no	L STATEMEN nnetwork televis eriod, under spe st be included in NING SUBST ur cable system rest of this pag MS am on a separa add additional nnetwork telev	T AND PROGRAM LOG sion program, broadcast by ecific present and former Fin this log, see page (v) of th <b>ITUTE CARRIAGE</b> in carry, on a substitute bar ge blank. If your answer is ate line. Use abbreviations rows to the tables. rision program ("substitute	a distant station CC rules, regul ne general instr sis, any nonne s "Yes," you mo s wherever pos e program") that	ations, or au uctions in th twork telev ust complet ssible, if the at, during th	ision progra YES the paper SA YES the the progra	em carried on a 5. For a further 1-2 form. am XNO am is
	Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim	ries like "mo . Bulls." m was broad sign of the s adcast static nadian static nth and day ve "5/7." tes when the	ovies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro	etball." List specific progra or "Yes." Otherwise enter " asting the substitute progra ne community to which th	im titles, for ex No." eam. e station is lice e station is ide program. Use r cable system	ample, "I Lo ensed by the ntified). e numerals, . List the tin	ove Lucy" o e FCC or, ir with the man	n onth
	stated as "6:00–6:30 p.m."	ter "R" if the and regulation mming that y	ons in effect du	0	d; enter the le	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 a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y	ons in effect du your system wa	uring the accounting period as permitted to delete und	d; enter the le ler FCC rules a WHE CARRI	tter "P" if the and regulati	e listed prog ions in TUTE URRED	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y	ons in effect du your system wa	uring the accounting period as permitted to delete und	d; enter the le ler FCC rules a	tter "P" if the and regulati	e listed prog ons in TUTE	gram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation nming that y SUBSTITUT	ons in effect du your system wa E PROGRAM 3. STATION'S	uring the accounting periods as permitted to delete und	d; enter the le ler FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulati N SUBSTI AGE OCCI	e listed prog ons in TUTE URRED IMES	gram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation nming that y SUBSTITUT	ons in effect du your system wa E PROGRAM 3. STATION'S	uring the accounting periods as permitted to delete und	d; enter the le ler FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulati N SUBSTI AGE OCCI	e listed prog ons in TUTE URRED IMES	gram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation nming that y SUBSTITUT	ons in effect du your system wa E PROGRAM 3. STATION'S	uring the accounting periods as permitted to delete und	d; enter the le ler FCC rules a WHE CARRI 5. MONTH	tter "P" if the and regulati N SUBSTI AGE OCCI	e listed prog ons in TUTE URRED IMES	gram 7. REASON FO
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Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (RED BUD, IL)	S	YSTEM ID# 9049
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E         all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transi         (as identified in space E) during the accounting period. For a further explanation of how to compute this         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.	nission service amount, see	6,941.40 pss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600 See page (vi) of the general instructions located in the paper \$A1-2 form for more information.	\$263,800	
	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	this six-month	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period		<u>52.00</u> 0.00
	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	···· <b>\$</b>	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	,100)	
	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 \$52	7,600)	
	1. Enter the amount of gross receipts from space K	_	
	2. Base amount under statutory formula \$ 263,800.00	)	
	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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	· . <u> </u>	
	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 Reg See page i of the general instructions in the paper SA1-2 form for more informa		nts!

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: DUTHEAST LLC (RED BUD	, IL)		SYSTEM ID# 9049
M Channels	to its subscriber 1. Enter the tota	rs, and (2) the cable system's t al number of channels on whic		ing period.	43
	2. Enter the tota on which the	al number of activated channel cable system carried televisio			65
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou	ER INFORMATION IS NEEDED (Identify an individua nt.)	al to whom	
for Further Information	Name	Kenneth J. Kohrs		Telephone 8	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartm Mediacom Park, NY (City, town, state, zip)			
	Email	Copyrights@me	diacomcc.com Fax	x (optional	
	CERTIFICATION	(This statement of account mu	st be certified and signed in accordance with Copyrigh	nt Office regulations)	
O Certification		ed, hereby certify that (Check or			
		t of owner other than corpora	artnership) I am the owner of the cable system as identif tion or partnership) I am the duly authorized agent of the agent of the system of		
	(Offic		e owner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal	entity identified as owner	r of the cable system
		ete, and correct to the best of my	ereby declare under penalty of law that all statements of knowledge, information, and belief, and are made in goo		
			X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify the Enter signature using an "/s/ signature" (e.g., /s/ John Sm		
		Typed or printed	name: Kenneth J. Kohrs		
		Title: (Tit	Vice President, Financial Reporting e 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.

ounting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
DIACOM SOUTHEAST LLC (RED BUD, IL)	904
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address	
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
	Q Interest Assessmen
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 Assessmer
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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	