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

STATEM	IENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:					
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov					
	ems (Short Form)	00/00/0000	\$	For additional information, contact the U.S. Copyright					
-	ructions are located	08/29/2022		Office Licensing Division at: Tel: (202) 707-8150					
in the first tab	o of this workbook		ALLOCATION NUMBER						
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (1	YYYY/(Period))						
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
		_							
		Barcode Data Filing Period (optiona	al - see instructions)						
Accounting Period									
В	Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the p		bsidiary of another corporation, give the full o	corporate					
Owner	List any other name or names under w	hich the owner conducts the business o	f 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.							
		t filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTE	М						
	MEDIACOM SOUTHEAST LLC (P	EARLINGTON, MS)							
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	IT)						
		OF CABLE SYSTEM							
	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suit	e number)							
	MEDIACOM PARK, NY 10918 (City, town, state, zip)								
С	INSTRUCTIONS: In line 1, give any bu								
	Inames already appear in space B. In III	he 2, give the mailing address of	the system, if different from the addre	ess given in space B					
_									
System	1	:							
_	IDENTIFICATION OF CABLE SYSTEM								
_	1 IDENTIFICATION OF CABLE SYSTEM MEDIACOM SOUTHEAST LLC MAILING ADDRESS OF CABLE SYST								
_	1 IDENTIFICATION OF CABLE SYSTEM MEDIACOM SOUTHEAST LLC MAILING ADDRESS OF CABLE SYST 2 5973 HWY. 90 W. (Number, street, rural route, apartment, or suit)	EM:							
_	1 IDENTIFICATION OF CABLE SYSTEM MEDIACOM SOUTHEAST LLC MAILING ADDRESS OF CABLE SYST 5973 HWY. 90 W.	EM:							

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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I 220				
Nume	MEDIACOM SOUTHEAST LLC (PEARLINGTON, MS)					
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 know 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 mo identified city.	bile home parks should be reported in parentheses below the				
	CITY OR TOWN	STATE				
First	PEARLINGTON	MS				
Community						
dd Rows as Necessary						

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								-2E. PAGE TEM ID
Name	MEDIACOM SOUTHEAST LLC (PEARLINGTON, MS)							010	2203
		(,,					
Е	SECONDARY TRANSMISSION					ny transmission	convice of	the cable	
-	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								
Secondary	about other services (including p								
Transmission	last day of the accounting period	·				,			
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n			•		•			
nutoo	separately for the particular serv		-	0,0		•		sonargou	
	Rate: Give the standard rate of	-						-	
	unit in which it is generally billed					ard rate variatior	is within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					condary transmi	ssion servi	ce that cable	
	systems most commonly provide			•		•			
	that applies to your system. Not			-		-			
	categories, that person or entity					•••	•		
	subscriber who pays extra for ca first set" and would be counted o					d in the count u	nder "Serv	ice to the	
	Block 2: If your cable system	0			()	service that are	e different	from those	
	printed in block 1 (for example, t	iers of services	s that in	nclude one or m	nore secon	ndary transmissi	ons), list th	nem, together	
	with the number of subscribers a	and rates, in th	e right-l	hand block. A t	wo- or thre	ee-word descrip	tion of the	service is	
	sufficient.	BLOCK 1 BLOCK 2						()	
		NO. OF	:				NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		47	76.49					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	76.49					
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				.e				
_	In General: Space F calls for ra					all your cable sy	stem's ser	vices that were	
F	not covered in space E, that is, t	•	,		-	• •			
	service for a single fee. There are	•			0		0 (,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usualiy	y blied. If ally is				logialiti basis,	
ransmissions:	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 brief (two- or three-word) description and include the rate for each.							e form of a	
		BLO					CATEO	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEGO	ORY OF SERVICE	RATE
	Pay cable	PP		otel, hotel	Sidential		Family	ту	99.0
	• Pay cable—add'l channel	PP		mmercial			i anny		33.0
	Fire protection			y cable					
	•Burglar protection			y cable-add'l cl	hannel				
	Installation: Residential			e protection					
	• First set	109.99		rglar protection					
	Additional set(s)	15.00-49.00		services:					
	• FM radio (if separate rate)			connect		49.00			
	• Converter	10.50		sconnect		.0.00			
		10.00		itlet relocation		15.00-49.00			
			, Cu						
			• Mo	ove to new addr	ress				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	MEDIACOM SOUTHEAST LLC (PEARLINGTON, MS)							
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary nsmitters: elevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	 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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <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, 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 with which the station is license						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WDSU/WDSU(HD) NBC	43	N	NEW ORLEANS, LA				
	WGNO/WGNO(HD) ABC		N	NEW ORLEANS, LA				
ws as Necessary	WGNO-DT2/WGNO-DT2(HD)	26.2	I-M	NEW ORLEANS, LA				
Rows as Necessary				<mark>ความสาวแหน่งแหน่งแหน่งแหน่งกับสาวแหน่งแหน่งแหน่งแหน่งแหน่งแหน่งแหน่งแหน่ง</mark>				
	WHNO IND	21	I	NEW ORLEANS, LA				
	WHNO IND WLOX ABC	21 39	I N					
				NEW ORLEANS, LA BILOXI, MS BILOXI, MS				
	WLOX ABC WMAH PBS	39	N	BILOXI, MS BILOXI, MS				
	WLOX ABC WMAH PBS WNOL CW	39 16 15	N	BILOXI, MS BILOXI, MS NEW ORLEANS, LA				
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION	39 16 15 50	N E I I	BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA				
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET	39 16 15	N	BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA				
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION	39 16 15 50 24	N E 1 1 1	BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA				
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET WVUE/WVUE(HD) FOX WVUE-DT2 BOUNCE TV	39 16 15 50 24 29	N E 1 1 1 1	BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA				
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET WVUE/WVUE(HD) FOX WVUE-DT2 BOUNCE TV WVUE-DT3 Circle	39 16 15 50 24 29 29.2 29.3	N E I I I I I I I I I	BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA NEW ORLEANS, LA				
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET WVUE/WVUE(HD) FOX WVUE-DT2 BOUNCE TV	39 16 15 50 24 29 29.2	N E I I I I I I I I I I I I I I I I I I	BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA NEW ORLEANS, LA NEW ORLEANS, LA				
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET WVUE/WVUE(HD) FOX WVUE-DT2 BOUNCE TV WVUE-DT3 Circle WVUE-DT4 ION Mystery WVUE-DT5 Grit	39 16 15 50 24 29 29.2 29.3 29.3 29.4	N E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA				
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET WVUE/WVUE(HD) FOX WVUE-DT2 BOUNCE TV WVUE-DT3 Circle WVUE-DT3 Circle WVUE-DT4 ION Mystery WVUE-DT5 Grit WVUE-DT5 Grit	39 16 15 50 24 29 29.2 29.3 29.3 29.3 29.3 29.3 36	N E I I I I I I I I I I I I I I I I I I	BILOXI, MS BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA				
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET WVUE/WVUE(HD) FOX WVUE-DT2 BOUNCE TV WVUE-DT3 Circle WVUE-DT4 ION Mystery WVUE-DT5 Grit	39 16 15 50 24 29 29.2 29.2 29.3 29.4 29.4 29.5	N E I I I I I I I I I I I I I I I I I I	BILOXI, MS BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA				
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET WVUE/WVUE(HD) FOX WVUE-DT2 BOUNCE TV WVUE-DT3 Circle WVUE-DT3 Circle WVUE-DT4 ION Mystery WVUE-DT5 Grit WVUE-DT5 Grit	39 16 15 50 24 29 29.2 29.3 29.3 29.3 29.3 29.3 36	N E I I I I I I I I I I I I I I I I I I	BILOXI, MS BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA				
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET WVUE/WVUE(HD) FOX WVUE-DT2 BOUNCE TV WVUE-DT3 Circle WVUE-DT3 Circle WVUE-DT4 ION Mystery WVUE-DT5 Grit WVUE-DT5 Grit	39 16 15 50 24 29 29.2 29.3 29.3 29.3 29.3 29.3 36	N E I I I I I I I I I I I I I I I I I I	BILOXI, MS BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA				
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET WVUE/WVUE(HD) FOX WVUE-DT2 BOUNCE TV WVUE-DT3 Circle WVUE-DT3 Circle WVUE-DT4 ION Mystery WVUE-DT5 Grit WVUE-DT5 Grit	39 16 15 50 24 29 29.2 29.3 29.3 29.3 29.3 29.3 36	N E I I I I I I I I I I I I I I I I I I	BILOXI, MS BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA				
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET WVUE/WVUE(HD) FOX WVUE-DT2 BOUNCE TV WVUE-DT3 Circle WVUE-DT3 Circle WVUE-DT4 ION Mystery WVUE-DT5 Grit WVUE-DT5 Grit	39 16 15 50 24 29 29.2 29.3 29.3 29.3 29.3 29.3 36	N E I I I I I I I I I I I I I I I I I I	BILOXI, MS BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA				
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET WVUE/WVUE(HD) FOX WVUE-DT2 BOUNCE TV WVUE-DT3 Circle WVUE-DT3 Circle WVUE-DT4 ION Mystery WVUE-DT5 Grit WVUE-DT5 Grit	39 16 15 50 24 29 29.2 29.3 29.3 29.3 29.3 29.3 36	N E I I I I I I I I I I I I I I I I I I	BILOXI, MS BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA				
	WLOX ABC WMAH PBS WNOL CW WPXL/WPXL(HD) ION WUPL MYNET WVUE/WVUE(HD) FOX WVUE-DT2 BOUNCE TV WVUE-DT3 Circle WVUE-DT3 Circle WVUE-DT4 ION Mystery WVUE-DT5 Grit WVUE-DT5 Grit	39 16 15 50 24 29 29.2 29.3 29.3 29.3 29.3 29.3 36	N E I I I I I I I I I I I I I I I I I I	BILOXI, MS BILOXI, MS BILOXI, MS NEW ORLEANS, LA METAIRIE, LA METAIRIE, LA NEW ORLEANS, LA				

EGAL NAME OF			C (PEARLINGTON, MS)					SYSTEM I 220
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of r or detailed info aper SA1-2 for Column 1 : Id Column 2: S	it is carried by monitoring, to prmation abou m. lentify the call tate whether t	/ the sys be recei t the Co sign of e he statio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process	t the system's her system's FM ante his point, see pag	adend, and (2 nna, during c ge (v) of the g) it can l ertain st eneral ir	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: G	ive the statior	n's locatio	k mark in the "S/D" column. on (the community to which th the community with which the			C or, in t	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2022/1						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM SOUTHEA	STLLC	PEARLING	ΓΟΝ, MS)				22034
	SUBSTITUTE CARRIAG							
1		-	-					· · ·
•	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a							
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:	1. SPECIAL STATEMEN						•••	
Special	 During the accounting per 				asis, anv nonr	network telev	vision proar	am
Statement and	broadcast by a distant sta				,,			× NO
Program Log	5				<i>"</i>		YES	
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	nust comple	ete the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Use abbreviation	s wherever n	ossible if th	air meaning	ı ie
	clear. If you need more spa				s wherever p		en meaning	J 15
				vision program ("substitut	e program") tl	hat, during t	he accounti	ing
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			etball. Elst specific progr		stampic, i L	LOVE LUCY	01
				er "Yes." Otherwise enter				
				asting the substitute prog			500	•
	the case of Mexican or Car			the community to which the community with which the			ie FCC or, I	IN
				stem carried the substitut			, with the m	nonth
	first. Example: for May 7 giv							
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	:28:30 p.m.	snould be	
		er "R" if the	e listed program	n was substituted for proc	ramming that	vour svster	n was <i>requ</i> i	ired
	to delete under FCC rules a	and regulat	ions in effect d	uring the accounting perio	od; enter the l	etter "P" if th	ne listed pro	
	was substituted for program	•	your system w	as permitted to delete une	der FCC rules	and regulat	tions in	
	effect on October 19, 1976							
	WHEN SUBSTITUTE							
	SUBSTITUTE PROGRAM CARRIAGE OC				AGE OCCL	IRRED	7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE?			5. MONTH	6. TI		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	
							_	
							_	
							_	
						_	_	
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						-	-	
						_	_	
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Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (PEARLINGTON, MS)	S	YSTEM ID# 22034					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	3,885.44 ss 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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	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 accounting period is \$52.00	this six-mon						
	Line 1. Royalty fee for accounting period	¢	52.00					
	Line 1. Royalty lee for accounting period		52.00 0.00					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)						
	1. Base amount under statutory formula \$ 263,800.00							
	2. Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1							
	4. Enter the amount of gross receipts from space K							
	5. Enter the amount from line 3							
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)							
	8. Interest charge. Enter the amount from line 4, space Q, page 8							
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527)	600)						
	1. Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula							
	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							
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00						
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00					
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!					

Accounting Period:	2022/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE MEDIACOM SOUTH	R OF CABLE SYSTEM: IEAST LLC (PEARLII	NGTON, MS)	SYSTEM ID# 22034
M Channels	 to its subscribers, and Enter the total num system carried telev Enter the total num on which the cable s 	I (2) the cable system's t ber of channels on which ision broadcast stations ber of activated channel system carried television	s	5
N Individual to Be Contacted		CONTACTED IF FURTH this statement of account	IER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information		enneth J. Kohrs	Telepho	ne 845-443-2762
	(Nur Me	ne Mediacom Way mber, street, rural route, apart ediacom Park, NY r, town, state, zip)		
	Email	Copyrights@m	ediacomcc.com Fax (optional)	
O Certification	 I, the undersigned, here (Owner oth X (Agent of o in line 1 (Officer or in line 1 I have examined the 	ereby certify that (Check of er than corporation or p wner other than corpor of space B and that the of partner) I am an officer (of space B. statement of account and d correct to the best of my 01(1986)] Typed or printer Title:	ust be certified and signed in accordance with Copyright Office regulation one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable system as identified in line 1 of spa- ation or partnership) I am the duly authorized agent of the owner of the cable owner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified as hereby declare under penalty of law that all statements of fact contained he y knowledge, information, and belief, and are made in good faith. 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) d name: Kenneth J. Kohrs Vice President, Financial Reporting ficial position held in corporation or partnership)	ce B; or le system as identified owner of the cable system
		Date:	8/5/2022	

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 fing, a determination that would be made by a court of law.

ounting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC (PEARLINGTON, MS)	22034
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name 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	
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 Accounting period	

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I	1.00
Ν	0.25
E	0.25
I-M	1
N-M	0.25
E-M	0.25