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					
08/29/2022	\$ 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	ACCOUNTING 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.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	MEDIACOM SOUTHEAST LLC (BEAUMONT, MS)
	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	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 S973 HWY. 90 W. (Number, street, rural route, apartment, or suite number)
	THEODORE, AL 36582
	(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:	2022/1	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	MEDIACOM SOUTHEAST LLC (BEAUMONT, MS)	22043
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	
D Area	"a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First	BEAUMONT	MS
Community		
Add Rows as Necessary		

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

*SYSTEM ID 22043

MEDIACOM SOUTHEAST LLC (BEAUMONT, MS)

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.

BL	OCK 1	BLOCK 2	
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
Service to first set	8	29.95-55.04	
 Service to additional set(s) 			
 FM radio (if separate rate) 			
Motel, hotel			
Commercial	0	29.95-55.04	
Converter			
Residential			
Non-residential			

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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family TV	97.00
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	49.99	Burglar protection			
Additional set(s)	15.00-49.00	Other services:			
 FM radio (if separate rate) 		Reconnect	49.00		
Converter		Disconnect			
		Outlet relocation	15.00-49.00		
		Move to new address			

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 22043

MEDIACOM SOUTHEAST LLC (BEAUMONT, MS)

G

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
WDAM NBC	7	N	LAUREL, MS
WHLT CBS	22	N	HATTIESBURG, MS
WLOX ABC	39	N	BILOXI, MS
WMAH PBS	16	E	BILOXI, MS
WXXV FOX	48		GULFPORT, MS

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

22043

MEDIACOM SOUTHEAST LLC (BEAUMONT, MS)

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.

H

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
						[
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						[
						 	
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Accounting Perio	nd: 2022/1						FOP	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	SYSTEM ID#
Name	MEDIACOM SOUTHE	AST LLC	(BEAUMON	T, MS)				22043
	SUBSTITUTE CARRIAG	F: SPECIA	AI STATEME	ENT AND PROGRAM LO	nG.			
1	In General: In space I, iden	_	_			tion that v	our cable sys	stem carried on a
-	substitute basis during the						•	
Substitute	explanation of the programn	ning that mu	ıst be included	in this log, see page (v) of t	he general ins	structions	in the paper S	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Statement and		•	ur cable syste	m carry, on a substitute ba	isis, any nonr	network te		
Program Log	broadcast by a distant sta	ition?					YES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	must com	plete the pro	gram
	log in block 2.							
	2. LOG OF SUBSTITUT		_			:6	41	_ :_
	In General: List each subsclear. If you need more spa				s wherever p	ossidie, ii	meir meanin	g is
	Column 1: Give the title	of every no	onnetwork tele	evision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.	. Bulls."				• ,	,	
				ter "Yes." Otherwise enter ' casting the substitute progr				
	Column 4: Give the bro	adcast stati	ion's location (the community to which th	e station is li		the FCC or,	in
	the case of Mexican or Ca		, ,	,		,		
	first. Example: for May 7 gi	,	wnen your sy	stem carried the substitute	e program. U	se numera	ais, with the i	nontn
	Column 6: State the tim	es when th		rogram 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 6:01	1:15 p.m. to 6	S:28:30 p.i	m. should be	
		ter "R" if the	e listed progra	m was substituted for prog	ramming that	t your sys	tem was <i>requ</i>	iired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976	•	your system v	vas permitted to delete und	ler FCC rules	s and regu	ılatıons ın	
	Check on October 15, 1576	·-			П			1
						N SUBST		7 DEAGON FOR
	S		JBSTITUTE PROGRAM		CARRIAGE OCCURRED 5 MONTH 6. TIMES		7. REASON FOR DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO	
		 						
								"
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								"
		 						
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							_	
								
								

NER OF CABLE SYSTEM: OUTHEAST LLC (BEAUMOI PTS e figure you give in this space detest receipts) paid to your cable system counting perseneral instructions located in the obstement of the process of	ermines the form you tem by subscribers for iod. For a further expaper SA1-2 form. It ransmission service the K is \$137,100 or lese K is more than \$26 paper SA1-2 form for ROSS RECEIPTS Of \$137,100 or less, the subscriber of \$137,100 or less, the	or the system's olanation of hole (s) ross receipts. ross re	than or equal to \$ than \$527,600 cition. R LESS at you must pay for the state of t	see amount, see see amount, see see see amount, see see see see see see see see see se	(\$75TEM III 2204 (\$1,109.64 (\$1,1
e figure you give in this space detest receipts) paid to your cable systemental instructions located in the passes of the property of the prop	tem by subscribers for iod. For a further expaper SA1-2 form. It ransmission service pace P concerning go be K is \$137,100 or lee K is more than \$13 be K is more than \$26 paper SA1-2 form for ROSS RECEIPTS Of \$137,100 or less, the space Q, page 8. COUNTING PERIOD.	or the system's olanation of hole (s) ross receipts. ross re	than or equal to \$ than \$527,600 cition. R LESS at you must pay for the state of t	nission service amount, see \$ 4 (Amount of gross) 6263,800 This six-mon' \$ \$ 100)	52.00 0.00
compute the royalty fee you owe: 1, block 2, or block 3. 2 amount of gross receipts in space general instructions located in the BLOCK 1: GR Cable system with gross receipts of its \$52.00 The for accounting period	te K is more than \$13 te K is more than \$26 paper SA1-2 form for ROSS RECEIPTS O f \$137,100 or less, the f, space Q, page 8 COUNTING PERIOD PTS OF \$263,800 C	i7,100 but less i3,800 but less more informa iF \$137,100 Ce royalty fee the Add lines 1 ar DR LESS (but \$	than \$527,600 cion. PR LESS at you must pay for the second of the seco	* this six-mon' . \$ \$ 100)	0.00
cable system with gross receipts of lis \$52.00 e for accounting period	f \$137,100 or less, the	Add lines 1 ar	at you must pay for	· \$ 100)	0.00
e for accounting period	I, space Q, page 8 COUNTING PERIOD PTS OF \$263,800 C	Add lines 1 ar OR LESS (but \$	nd 2	· \$ 100)	0.00
e for accounting period	I, space Q, page 8 COUNTING PERIOD PTS OF \$263,800 C	Add lines 1 ar DR LESS (but	more than \$137,	\$ 100)	0.00
BLOCK 2: GROSS RECEIF or gross receipts from space K	I, space Q, page 8 COUNTING PERIOD PTS OF \$263,800 C	Add lines 1 ar DR LESS (but	more than \$137,	\$ 100)	0.00
BLOCK 2: GROSS RECEIF nder statutory formula of gross receipts from space K from line 1	COUNTING PERIOD PTS OF \$263,800 C	Add lines 1 ar	nd 2	\$ 100)	
BLOCK 2: GROSS RECEIF nder statutory formula of gross receipts from space K from line 1	PTS OF \$263,800 C	DR LESS (but	more than \$137, 263,800.00	100)	52.00
nder statutory formula		<u>\$</u>	263,800.00	- - -	
of gross receipts from space K from line 1				- - -	
from line 1				-	
int of gross receipts from space K .			··· <u>·</u>		
			· · · ·		
Int from line 3					
			· · · ·		
from line 4					
by .005 (enter figure here)					
. Enter the amount from line 4, spa	ace Q, page 8				0.00
LTY FEE PAYABLE FOR ACCOU	NTING PERIOD. Add	lines 7 and 8			
BLOCK 3: GROSS RECEIP	TS OF MORE THAI	N \$263,800 (b	out less than \$527	7,600)	
int of gross receipts from space K .					
nder statutory formula				_	
from line 1				_	
				=	
				1,319.00	
FILING FEE AND	TOTAL DEMITTANIA	OF DUE			
FILING FEE AND	TOTAL REMITTAN	CE DUE			
yable for Accounting Period (from I	Block 1, 2, or 3, above	e)	\$	52.00	
the instructions for more information	on on filing fee calcula	ations)	\$	15.00	
				¢	67.00
NT DUE FOR ACCOUNTING BER		4 2		Ą	07.00
	the first \$263,800 of gross receipts Enter the amount from line 4, spa TY FEE PAYABLE FOR ACCOU FILING FEE AND yable for Accounting Period (from the instructions for more information)	the first \$263,800 of gross receipts (under statutory form. Enter the amount from line 4, space Q, page 8 LTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add FILING FEE AND TOTAL REMITTAN yable for Accounting Period (from Block 1, 2, or 3, above the instructions for more information on filing fee calculations).	the first \$263,800 of gross receipts (under statutory formula)	the first \$263,800 of gross receipts (under statutory formula)	the first \$263,800 of gross receipts (under statutory formula)

Accounting Period:	2022/1 FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (BEAUMONT, MS) 22043
M 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 57
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Kenneth J. Kohrs Telephone 845-443-2762
Information	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)
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 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; or X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in 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 owner of the cable system 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)] X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statement.
	Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)
	Date: 8/5/2022

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Accounting Period: 2022/1 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM	SOUTHEAST	LLC (BEAUMONT.	MS)

EDIACOM SOUTHEAST LLC (BEAUMONT, MS)	22043
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 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	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* 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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