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	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:					
	ary Transmissions by	DATE RECEIVED	AMOUNT	-				
	ems (Short Form)	DATERECEIVED		coplicsoa@loc.gov				
General instru	ictions are located of this workbook	08/29/2022	\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
				-				
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	YYY/(Period))					
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optiona	I - see instructions)					
Accounting Period								
	Instructions:							
В	Give the full legal name of the owner or title of the subsidiary, not that of the p		sidiary of another corporation, give the full	corporate				
Owner	List any other name or names under w	List any other name or names under which the owner conducts the business of the cable system.						
	-	the accounting period, only the owner or y fee payment covering the entire accou	n the last day of the accounting period shoul nting period.	d submit a				
	Check here if this is the system's first f	iling. If not, enter the system's ID numbe	r assigned by the Licensing Division.	24029				
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTE	Λ					
	MEDIACOM SOUTHEAST LLC (F	NC)						
		OF CABLE SYSTEM (IF DIFFEREN	T)					
		, , , , , , , , , , , , , , , , , , ,	·					
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM						
	ONE MEDIACOM WAY	e en						
	(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918							
	(City, town, state, zip)							
С	<b>INSTRUCTIONS:</b> In line 1, give any but names already appear in space B. In line							
System	IDENTIFICATION OF CABLE SYSTEM	:						
	MEDIACOM SOUTHEAST LLC							
	MAILING ADDRESS OF CABLE SYST	EM:						
	2 P.O. BOX 580 (Number, street, rural route, apartment, or suit	e number)						
	PLYMOUTH, NC 27962 (City, town, state, zip code)							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

		FORM SA1-2E. PA
Name		
	MEDIACOM SOUTHEAST LLC (PLYMOUTH, NC)	24
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated cor	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	st will serve as a form of system identification hereafter kr
	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	nome parks should be reported in parentheses below the
Area	identified city.	
Served	lucitured ory.	
		<del>.</del>
	CITY OR TOWN	STATE
First	PLYMOUTH	NC
Community	JAMESVILLE	NC
	MARTIN COUNTY	NC
· · · · · · · · · Nocessary		NC
Add Rows as Necessary		
	WASHINGTON COUNTY	NC
	COLUMBIA	NC
	CRESWELL	NC
	TYRRELL COUNTY	NC

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								2E. PAGE	
Name	MEDIACOM SOUTHEAST LLC (PLYMOUTH, NC)							010	2402	
				5 m, noj						
Е	SECONDARY TRANSMISSION									
-	<b>In General:</b> 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 pay cable) in space F, not here. All the facts you state must be those existing on the									
Transmission	,	of the accounting period (June 30 or December 31, as the case may be).								
Service: Sub-	· · · ·									
scribers and Rates	each category by counting the n	,		0 / 1		•				
nutoo	separately for the particular serv			•••		•		onargou		
	Rate: Give the standard rate of	-						-		
	unit in which it is generally billed					ard rate variatior	ns 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						nder "Serv	ice to the		
	Block 2: If your cable system	0			· · ·		e different	from those		
	printed in block 1 (for example, t	iers of services	s that ir	nclude one or m	ore secon	ndary transmissi	ons), list th	em, together		
	with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the serv						service is			
	sufficient.	DCK 1				()				
		NO. OF	:			BLOCK 2				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		741	30.95-74.49						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel		•							
	Commercial		0	30.95-74.49						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATE	S					
-						all your cable sy	stem's ser	vices that were		
F	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									
Services	service for a single fee. There ar furnished at cost or (2) services	•			0		• •	,		
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.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.							huvene met		
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.									
	, , , , , , , , , , , , , , , , , , ,	BLO	∩K 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:			ation: Non-res						
	• Pay cable	PP	• Mc	otel, hotel			Family	Cable	99.0	
	• Pay cable—add'l channel	PP	۰Co	ommercial						
	Fire protection		•Pa	y cable						
	•Burglar protection		•Pa	y cable-add'l cł	nannel					
	Installation: Residential		• Fir	e protection						
	• First set	109.99	• Bu	rglar protection						
	<ul> <li>Additional set(s)</li> </ul>	15.00-49.00	Other	services:						
	• FM radio (if separate rate)		• Re	connect		49.00				
	Converter	10.50	• Dis	sconnect						
			• Ou	itlet relocation		15.00-49.00				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM			
Name		AST LLC (PLYMOUTH, NC)		24			
	PRIMARY TRANSMITTERS: TELEVISION						
G Primary ransmitters: Television	<ul> <li>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.</li> <li>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:</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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).</li> <li>For the meaning of these terms, see page (v) of the general instructions in the paper SA1-2 form.</li> <li>Column 4: Give the location of each station. For U.S. stations, list the community with which the station is licensed by the FCC. For M</li></ul>						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	WCTI/WCTI(HD)ABC	12	N	NEW BERN, NC			
	Workford		••				
	WEPX/WEPX (HD) ION	34	I	JACKSONVILLE. NC			
	WEPX/WEPX (HD) ION WHRO PBS 15	34 16	I E	JACKSONVILLE, NC			
ows as Necessary				JACKSONVILLE, NC HAMPTON-NORFOLK, VA WASHINGTON, NC			
ows as Necessary	WHRO PBS 15	16	E	HAMPTON-NORFOLK, VA			
ows as Necessary	WHRO PBS 15 WITN MyNet	16 32.2	E I-M	HAMPTON-NORFOLK, VA WASHINGTON, NC			
ows as Necessary	WHRO PBS 15 WITN MyNet WITN/WITN(HD) NBC	16 32.2 32	E M N	HAMPTON-NORFOLK, VA WASHINGTON, NC WASHINGTON, NC			
ows as Necessary	WHRO PBS 15 WITN MyNet WITN/WITN(HD) NBC WITN-DT3 MeTV	16 32.2 32 32.3	E I-M N I-M	HAMPTON-NORFOLK, VA WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC			
ows as Necessary	WHRO PBS 15 WITN MyNet WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle	16 32.2 32 32.3 32.6	E I-M N I-M	HAMPTON-NORFOLK, VA WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC			
ows as Necessary	WHRO PBS 15 WITN MyNet WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS	16 32.2 32 32.3 32.6 10	E 	HAMPTON-NORFOLK, VA WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC			
ows as Necessary	WHRO PBS 15 WITN MyNet WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW	16 32.2 32 32.3 32.6 10 10.2	E I-M N I-M I-M I-M I-M	HAMPTON-NORFOLK, VA WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC			
ows as Necessary	WHRO PBS 15 WITN MyNet WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime Netwo	16 32.2 32 32.3 32.6 10 10.2 10.3	E I-M N I-M I-M I-M I-M I-M	HAMPTON-NORFOLK, VA WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC			
ows as Necessary	WHRO PBS 15 WITN MyNet WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime Netwo WSKY IND	16 32.2 32 32.3 32.6 10 10.2 10.3 9	E I-M N I-M I-M I-M I-M I-M I-M I-M	HAMPTON-NORFOLK, VA WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC MANTEO, NC			
ows as Necessary	WHRO PBS 15 WITN MyNet WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT2 True Crime Netwo WSKY IND WUND/WUND(HD)PBS	16 32.2 32 32.3 32.6 10 10.2 10.3 9 20	E I-M N I-M I-M I-M I-M I-M I-M I-M I-M	HAMPTON-NORFOLK, VA WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC MANTEO, NC COLUMBIA, NC			
lows as Necessary	WHRO PBS 15 WITN MyNet WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime Netwo WSKY IND WUND/WUND(HD)PBS WUND-DT2 PBS KIDS	16 32.2 32 32.3 32.6 10 10.2 10.3 9 20 20.2	E I-M N I-M I-M I-M I-M I-M I E E E-M	HAMPTON-NORFOLK, VA WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC COLUMBIA, NC			
Rows as Necessary	WHRO PBS 15 WITN MyNet WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime Netwo WSKY IND WUND/WUND(HD)PBS WUND-DT2 PBS KIDS WUND-DT3 PBS Explorer Cha	16 32.2 32 32.3 32.6 10 10.2 10.3 9 20 20 20.2 20.3	E 	HAMPTON-NORFOLK, VA WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC COLUMBIA, NC COLUMBIA, NC			
Rows as Necessary	WHRO PBS 15 WITN MyNet WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT2 CW WNCT-DT3 True Crime Netwo WSKY IND WUND/WUND(HD)PBS WUND-DT2 PBS KIDS WUND-DT3 PBS Explorer Cha	16 32.2 32 32.3 32.6 10 10.2 10.3 9 20 20 20.2 20.2 20.3 20.4	E I-M N I-M I-M I-M I-M I-M E E E E E E E E E E E E E	HAMPTON-NORFOLK, VA WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC COLUMBIA, NC COLUMBIA, NC COLUMBIA, NC			
Rows as Necessary	WHRO PBS 15 WITN MyNet WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT2 CW WNCT-DT3 True Crime Netwo WSKY IND WUND/WUND(HD)PBS WUND-DT2 PBS KIDS WUND-DT3 PBS Explorer Cha	16 32.2 32 32.3 32.6 10 10.2 10.3 9 20 20 20.2 20.2 20.3 20.4	E I-M N I-M I-M I-M I-M I-M E E E E E E E E E E E E E	HAMPTON-NORFOLK, VA WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC COLUMBIA, NC COLUMBIA, NC COLUMBIA, NC			
Rows as Necessary	WHRO PBS 15 WITN MyNet WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT2 CW WNCT-DT3 True Crime Netwo WSKY IND WUND/WUND(HD)PBS WUND-DT2 PBS KIDS WUND-DT3 PBS Explorer Cha	16 32.2 32 32.3 32.6 10 10.2 10.3 9 20 20 20.2 20.2 20.3 20.4	E I-M N I-M I-M I-M I-M I-M E E E E E E E E E E E E E	HAMPTON-NORFOLK, VA WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC COLUMBIA, NC COLUMBIA, NC COLUMBIA, NC			
Rows as Necessary	WHRO PBS 15 WITN MyNet WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT2 CW WNCT-DT3 True Crime Netwo WSKY IND WUND/WUND(HD)PBS WUND-DT2 PBS KIDS WUND-DT3 PBS Explorer Cha	16 32.2 32 32.3 32.6 10 10.2 10.3 9 20 20 20.2 20.2 20.3 20.4	E I-M N I-M I-M I-M I-M I-M E E E E E E E E E E E E E	HAMPTON-NORFOLK, VA WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC COLUMBIA, NC COLUMBIA, NC COLUMBIA, NC			
Rows as Necessary	WHRO PBS 15 WITN MyNet WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT2 CW WNCT-DT3 True Crime Netwo WSKY IND WUND/WUND(HD)PBS WUND-DT2 PBS KIDS WUND-DT3 PBS Explorer Cha	16 32.2 32 32.3 32.6 10 10.2 10.3 9 20 20 20.2 20.2 20.3 20.4	E I-M N I-M I-M I-M I-M I-M E E E E E E E E E E E E E	HAMPTON-NORFOLK, VA WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC COLUMBIA, NC COLUMBIA, NC COLUMBIA, NC			
Rows as Necessary	WHRO PBS 15 WITN MyNet WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT2 CW WNCT-DT3 True Crime Netwo WSKY IND WUND/WUND(HD)PBS WUND-DT2 PBS KIDS WUND-DT3 PBS Explorer Cha	16 32.2 32 32.3 32.6 10 10.2 10.3 9 20 20 20.2 20.2 20.3 20.4	E I-M N I-M I-M I-M I-M I-M E E E E E E E E E E E E E	HAMPTON-NORFOLK, VA WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC WASHINGTON, NC GREENVILLE, NC GREENVILLE, NC GREENVILLE, NC COLUMBIA, NC COLUMBIA, NC COLUMBIA, NC			

	SOUTHEA		C (PLYMOUTH, NC)					SYSTEM I 240
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate i Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	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. In is AM or FM. nal was electronically processor (mark in the "S/D" column. on (the community to which the	t the system's he system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se wed by the FC0	) it can l ertain st eneral ir eparate a	be expected, ated intervals. hstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		3/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	ST LLC	(PLYMOUT	H, NC)				24029
					20			
1	SUBSTITUTE CARRIAGI	-	-			tion that you	ir ooblo ovot	tom corriad on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did yo	ur cable syster	n carry, on a substitute b	asis, any noni	network tele	vision progr	am
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	". leave the	e rest of this pa	ge blank. If vour answer	is "Yes." vou i	nust comple	ete the proa	
	log in block 2.	,	, eet et the pe	ge slamm i jeur americi		indet compre	ne nie preg	
	2. LOG OF SUBSTITUTE	E PROGR	AMS					
	In General: List each subs				is wherever p	ossible, if th	eir meaning	j is
	clear. If you need more spa Column 1: Give the title				e program") t	hat during t	he accounti	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progr	am titles, for e	example, "I l	_ove Lucy" (	or
	Column 2: If the program		idcast live, ent	er "Yes." Otherwise enter	"No."			
		0		asting the substitute proc	,		500	•
	the case of Mexican or Car			the community to which the community with which the			he FCC or, I	IN
				stem carried the substitut			s, with the m	nonth
	first. Example: for May 7 giv					1 :-4 41 4:		- <b>4</b> - <b>1</b>
	Column 6: State the time to the nearest five minutes.							ately
	stated as "6:00–6:30 p.m."				·	•		
	Column 7: Enter the lett to delete under FCC rules a							
	was substituted for program							gram
	effect on October 19, 1976	•	, ,			0		
	SI	JBSTITUT	E PROGRAM	l		N SUBSTI1 AGE OCCL		7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TI		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	
						-		
						-	_	
						-	-	
					]	-	_	
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			L				-	

Accounting Period:	2022/1			FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (PLYMOUTH, NC)			\$	EYSTEM ID# 24029
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic 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 receipting the statement in the statemen	system's se on of how to	condary transm o compute this a	ission service amount, see \$ 2!	
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less than nformation	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00 Line 1. Royalty fee for accounting period				
	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 lin	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES			-	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	259,656.64		
	3. Subtract line 2 from line 1	\$	4,143.36		
	4. Enter the amount of gross receipts from space K		\$ 2	259,656.64	
	5. Enter the amount from line 3		. \$	4,143.36	
	6. Subtract line 5 from line 4		\$ 2	255,513.28	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,277.57
	8. Interest charge. Enter the amount from line 4, space Q, page 8		·····		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	' and 8		\$	1,277.57
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (but l	less than \$527,	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 .			
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,277.57	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,297.57
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2022/1			FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: DUTHEAST LLC (PLYMO	JTH, NC)	SYSTEM ID# 24029
M Channels	to its subscribers 1. Enter the total system carried	s, and (2) the cable system's t number of channels on which		ns
		able system carried television ast services	broadcast stations	
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour	<b>ER INFORMATION IS NEEDED</b> (Identify an individual to whom it.)	
for Further Information	Name	Kenneth J. Kohrs	Teleph	one 845-443-2762
	Address	One Mediacom Way (Number, street, rural route, aparte Mediacom Park, NY (City, town, state, zip)		
	Email	Copyrights@m	ediacomcc.com Fax (optional)	
O Certification	I, the undersigned     (Owne     X     (Agent     in I     (Offic.     in I	ed, hereby certify that (Check or r other than corporation or p t of owner other than corpora ine 1 of space B and that the o er or partner) I am an officer ( ine 1 of space B.	ust be certified and signed in accordance with Copyright Office regulation one, <i>but only one</i> , of the boxes.) <b>(artnership)</b> I am the owner of the cable system as identified in line 1 of sp <b>(ation or partnership)</b> I am the duly authorized agent of the owner of the ca wner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified a hereby declare under penalty of law that all statements of fact contained h	ace B; or able system as identified s owner of the cable system
	are true, complete [18 U.S.C., Section	-	// 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)	
		Typed or printed Title: (Title of o	name: Kenneth J. Kohrs Vice President, Financial Reporting	
		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.

Accounting Period: 2022/1	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
MEDIACOM SOUTHEAST LLC (PLYMOUTH, NC)	24029
<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> <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> </li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
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
X	-
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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