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	HT OFFICE USE ONLY	Return completed workbook by email to:	
	ary Transmissions by	DATE RECEIVED	AMOUNT	-	
	ems (Short Form)			<u>coplicsoa@loc.gov</u>	
-	uctions are located	08/29/2022	For additional information, contact the U.S. Copyright Office Licensing Division at:		
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150	
Α	ACCOUNTING PERIOD COVERED	) 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 of the title of the subsidiary, not that of the particular of th		osidiary of another corporation, give the full	corporate	
Owner	List any other name or names under whether whether the second sec	ich the owner conducts the business of	f the cable system.		
	If there were different owners during the statement of account and royalty		n the last day of the accounting period shoul inting period.	d submit a	
	Check here if this is the system's first fil	ing. If not, enter the system's ID numbe	er assigned by the Licensing Division.	24127	
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM	И		
	Mediacom Southeast LLC				
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	T)		
	MAILING ADDRESS OF OWNER O	OF CABLE SYSTEM			
	ONE MEDIACOM WAY (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 bus names already appear in space B. In lin		,	2	
System	1				
	Mediacom Southeast LLC				
	MAILING ADDRESS OF CABLE SYSTE	M:			
	2 ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite	number)			
	MEDIACOM PARK, NY 10918	•			
	(City, town, state, zip code)				
Privacy Act Notic	e: Section 111 of title 17 of the United States Code	authorizes the Copyright Offce to collect the	ne personally identifying information (PII) reque	ested on this	

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	Mediacom Southeast LLC	24
D	Instructions: List each separate community served by the cable system. A "communit" "a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	nmunities within unincorporated areas and including singl
	as the "first community." Please use it as the first community on all future filings.	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Conway	NC
Community	Eastern Bertie County	NC
	Jackson	NC
Add Rows as Necessary	Kelford	NC
	Seaboard	NC
	Severn	NC
	Western	NC
	Woodland	NC
	Lewiston	NC
	Northampton	NC
	Rich Square	NC
	Roxobel	NC

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1		
Name	Mediacom Southeast Ll	LC							2412	
_	SECONDARY TRANSMISSION	SERVICE: SI	IBSCR		ATES					
E	In General: The information in s					y transmission	service of	the cable		
	system, that is, the retransmission									
Secondary	about other services (including p						those exis	ting on the		
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hle systen	n broken		
scribers and	down by categories of secondary	•					-			
Rates	each category by counting the n	•		•		•				
	separately for the particular serv					•	,			
	Rate: Give the standard rate c	-	-					-		
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variation	is within a	particular rate		
	Block 1: In the left-hand block				ries of sec	ondarv transmi	ssion serv	ice that cable		
	systems most commonly provide			-						
	that applies to your system. Not	e: Where an ir	ndividua	al or organizatio	n is receiv	ing service that	falls unde	er different		
	categories, that person or entity				••	•••	•			
	subscriber who pays extra for ca					d in the count u	nder "Serv	ice to the		
	first set" and would be counted of Block 2: If your cable system					service that are	e different	from those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a									
	sufficient.									
	BLC	DCK 1		_			BLOCI			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:	COBCCIUD	LING		0A11			SOBSCITIBLITS		
	Service to first set		584	30.95-53.04						
	Service to additional set(s)		004	00.00-00.04						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		0	30.95-53.04						
	Converter		U	30.95-55.04						
	Residential									
	Non-residential									
	- Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATE	s					
F	In General: Space F calls for rate	te (not subscril	ber) infe	ormation with re	spect to a	ll your cable sy	stem's ser	vices that were		
Г	• • •	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									
Other Than	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,									
Secondary	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. Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
Rates					•	•	•			
	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.									
								51.0.01/.0		
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT	
	Continuing Services:	INTL		ation: Non-res			CAILO		1041	
	• Pay cable	PP		otel, hotel			Family	Cable	99.	
	• Pay cable—add'l channel	PP		ommercial			<i>,</i>	Cubic		
	Fire protection			y cable						
	•Burglar protection			y cable-add'l ch	annel					
	Installation: Residential			e protection					4	
	• First set	109.99		rglar protection						
	Additional set(s)	15.00-49.00		services:					+	
	• FM radio (if separate rate)	.0.00-40.00		connect		49.00				
	• Converter	10.50		sconnect		-3.00			ł	
	Converter	10.50				15 00 10 00				
			. / \	itlat releastion						
			-	itlet relocation	255	15.00-49.00				

	LEGAL NAME OF OWNER OF	CARLE SYSTEM		SYSTEM
Name	Mediacom Southeast			24
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channe of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	lso in space I, if the station was carrien n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part- the carriage of certain network progr 61(e)(2) and (4))]; and (2) certain sta carried by your cable system on a su the Special Statement and Program ed both on a substitute basis and als s, see page (v) of the general instruc program services such as HBO, ES ie-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. it the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAVY/WAVY(HD) NBC	31	N	Portsmouth, VA
	WCTI/WCTI(HD) ABC	12	N	New Bern, NC
	WEPX/WEPX(HD) ION	12	I	Jacksonville, FL
Rows as Necessary	WGNT CW	50	I	PORTSMOUTH, VA
	WHRO (PBS)	16	E	Hampton, VA
	WITN MyNET	32.2	I-M	Washington, DC
	WITN MYNET WITN/WITN(HD) NBC	<u>32.2</u> 32	i-M N	Washington, DC Washington, DC
	WITN/WITN(HD) NBC	32	N	Washington, DC
	WITN/WITN(HD) NBC WITN-DT3 MeTV	32 32.3	N I-M	Washington, DC Washington, DC
	WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle	32 32.3 32.6	N I-M I-M	Washington, DC Washington, DC Washington, DC
	WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS	32 32.3 32.6 10	N I-M I-M N	Washington, DC Washington, DC Washington, DC Greenville, SC
	WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW	32 32.3 32.6 10 10.2	N I-M I-M N I-M	Washington, DC Washington, DC Washington, DC Greenville, SC Greenville, SC
	WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime Netwo	32 32.3 32.6 10 10.2 10.3	N I-M I-M N I-M	Washington, DC Washington, DC Washington, DC Greenville, SC Greenville, SC Greenville, SC
	WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime Netwo WPXV/WPXV(HD) ION	32 32.3 32.6 10 10.2 10.3 46	N I-M I-M N I-M	Washington, DC         Washington, DC         Washington, DC         Greenville, SC         Greenville, SC         Greenville, SC         NORFOLK, VA
	WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime Netwo WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND	32 32.3 32.6 10 10.2 10.3 46 9	N I-M I-M I-M I-M I I I	Washington, DC Washington, DC Washington, DC Greenville, SC Greenville, SC Greenville, SC NORFOLK, VA Manteo, NC
	WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime Netwo WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS	32 32.3 32.6 10 10.2 10.3 46 9 40	N I-M I-M I-M I-M I I I N	Washington, DC         Washington, DC         Washington, DC         Greenville, SC         Greenville, SC         Greenville, SC         NORFOLK, VA         Norfolk, VA         NORFOLK, VA
	WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime Netwo WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ-MyNET WTVZ-DT4 TBD	32 32.3 32.6 10 10.2 10.3 46 9 40 33 33.4	N I-M I-M I-M I-M I I I I I I I I I I I I I	Washington, DC         Washington, DC         Washington, DC         Greenville, SC         Greenville, SC         Greenville, SC         Manteo, NC         Norfolk, VA         NORFOLK, VA         NORFOLK, VA
	WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime Netwo WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ-MYNET WTVZ-DT4 TBD WUND/WUND(HD) PBS	32 32.3 32.6 10 10.2 10.3 46 9 40 33 33.4 20	N I-M I-M N I-M I I I I I I I I I E	Washington, DC         Washington, DC         Washington, DC         Greenville, SC         Greenville, SC         Greenville, SC         NORFOLK, VA         Manteo, NC         NORFOLK, VA         NORFOLK, VA         NORFOLK, VA         Edenton, NC
	WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime Netwo WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ-MyNET WTVZ-MyNET WTVZ-DT4 TBD WUND/WUND(HD) PBS WUND-DT2 PBS KIDS	32 32.3 32.6 10 10.2 10.3 46 9 40 33 33.4 20 20.2	N I-M I-M I-M I-M I I I I I E E-M	Washington, DC         Washington, DC         Washington, DC         Greenville, SC         Greenville, SC         Greenville, SC         NORFOLK, VA         Manteo, NC         Norfolk, VA         NORFOLK, VA         Edenton, NC         Edenton, NC
	WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime Netwo WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ-MyNET WTVZ-DT4 TBD WUND/WUND(HD) PBS WUND-DT2 PBS KIDS WUND-DT3 Explorer Channel	32 32.3 32.6 10 10.2 10.3 46 9 40 33 33.4 20 20.2 20.2 20.3	N I-M I-M I-M I-M I I I I E E-M E-M	Washington, DC         Washington, DC         Washington, DC         Greenville, SC         Greenville, SC         Greenville, SC         Manteo, NC         Norfolk, VA         NORFOLK, VA         Korfolk, VA         NORFOLK, VA         Edenton, NC         Edenton, NC         Edenton, NC         Edenton, NC
	WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime Netwo WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ-MYNET WTVZ-DT4 TBD WUND/WUND(HD) PBS WUND-DT2 PBS KIDS WUND-DT3 Explorer Channel WUND-DT4 NCCHL	32 32.3 32.3 32.6 10 10.2 10.3 46 9 40 33 33.4 20 20.2 20.3 20.4	N I-M I-M I-M I I I I I I E E E-M E-M	Washington, DC         Washington, DC         Washington, DC         Greenville, SC         Greenville, SC         Greenville, SC         NORFOLK, VA         Manteo, NC         NORFOLK, VA         NORFOLK, VA         Edenton, NC         Edenton, NC         Edenton, NC         Edenton, NC         Edenton, NC         Edenton, NC
	WITN/WITN(HD) NBC WITN-DT3 MeTV WITN-DT6 Circle WNCT/WNCT(HD) CBS WNCT-DT2 CW WNCT-DT3 True Crime Netwo WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ-MyNET WTVZ-DT4 TBD WUND/WUND(HD) PBS WUND-DT2 PBS KIDS WUND-DT3 Explorer Channel	32 32.3 32.6 10 10.2 10.3 46 9 40 33 33.4 20 20.2 20.2 20.3	N I-M I-M I-M I-M I I I I E E-M E-M	Washington, DC         Washington, DC         Washington, DC         Greenville, SC         Greenville, SC         Greenville, SC         Manteo, NC         Norfolk, VA         NORFOLK, VA         Korfolk, VA         NORFOLK, VA         Edenton, NC         Edenton, NC         Edenton, NC         Edenton, NC

Mediacom S	outheast L	LC						SYSTEM 1 241
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the station	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 opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processes ( mark in the "S/D" column. on (the community to which the the community with which the	the system's he system's FM ante his point, see pay ed by the cable s e station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0	) it can l ertain st eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio								FORM	SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF		STEM:						SYSTEM ID#
	Mediacom Southeast	LLC							24127
Substitute	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm	tify every no.	nnetwork televi period, under sp	<i>sion program,</i> broadcast by becific present and former F	y a <i>distant</i> sta CC rules, reg	ulations, o	r autho	orization	s. For a further
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE					
Special Statement and	<ul> <li>During the accounting pe</li> </ul>	eriod, did you	ur cable syster	n carry, on a substitute ba	isis, any nonr	network te	levisio	n progra	
Program Log	broadcast by a distant station?								NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	must comp	olete th	ne progr	ram
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs <b>Column 2:</b> If the progra <b>Column 3:</b> Give the call <b>Column 4:</b> Give the bro the case of Mexican or Cal <b>Column 5:</b> Give the mo first. Example: for May 7 gi <b>Column 6:</b> State the tim to the nearest five minutes	e of every no a distant sta egulations, o rries like "mo . Bulls." m was broa l sign of the wadcast stati nadian stati nth and day ive "5/7." nes when th . Example:	onnetwork tele tion and that y or authorization ovies" or "bask dcast live, entr station broadc on's location ( ons, if any, the v when your sy e substitute pr	vision program ("substitute our cable system substitut ns. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter sasting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you	ted for the pro neral instruct am titles, for e "No." ram. le station is lid e station is id e program. Us r cable system	ogrammin ions for fu example, " censed by entified). se numera m. List the	g of an rther ir I Love the F( als, with times	nother s nformati Lucy" c CC or, in h the m	tation ion. or n onth
	to delete under FCC rules was substituted for program	ter "R" if the and regulati mming that	ions in effect d		od; enter the l	etter "P" if	the lis	sted pro	
	<b>Column 7:</b> Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulat mming that 3.	ions in effect d	luring the accounting period as permitted to delete und	od; enter the l der FCC rules WHE	etter "P" if	the lis lations	sted pro	
	<b>Column 7:</b> Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulat mming that 3.	ions in effect d your system w	luring the accounting period as permitted to delete und	od; enter the l der FCC rules WHE	N SUBST	the lis lations	sted pro	gram
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	tter "R" if the and regulat mming that S. BUBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	wher the left of t	N SUBST	the lis lations TTUTE	sted pro	gram 7. REASON FOI
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	tter "R" if the and regulat mming that S. BUBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	wher the left of t	N SUBST	the lis lations TTUTE	sted pro	gram 7. REASON FOI
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	tter "R" if the and regulat mming that S. BUBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	wher the left of t	N SUBST	the lis lations TTUTE	sted pro	gram 7. REASON FOI
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	tter "R" if the and regulat mming that S. SUBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	wher the left of t	N SUBST	the lis lations TTUTE	sted pro	gram 7. REASON FOI
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	tter "R" if the and regulat mming that S. SUBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	wher the left of t	N SUBST	the lis lations TTUTE	sted pro	gram 7. REASON FOI
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	tter "R" if the and regulat mming that S. SUBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	wher the left of t	N SUBST	the lis lations TTUTE	sted pro	gram 7. REASON FOI
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	tter "R" if the and regulat mming that S. SUBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	wher the left of t	N SUBST	the lis lations TTUTE	sted pro	gram 7. REASON FOI
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	tter "R" if the and regulat mming that S. SUBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	wher the left of t	N SUBST	the lis lations TTUTE	sted pro	gram 7. REASON FOI
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	tter "R" if the and regulat mming that S. SUBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	wher the left of t	N SUBST AGE OCC	the lis lations TTUTE	sted pro	gram 7. REASON FOI
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	tter "R" if the and regulat mming that S. SUBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	wher the left of t	N SUBST AGE OCC	the lis lations TTUTE	sted pro	gram 7. REASON FOI
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	tter "R" if the and regulat mming that S. SUBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	wher the left of t	N SUBST AGE OCC	the lis lations TTUTE	sted pro	gram 7. REASON FOI
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	tter "R" if the and regulat mming that S. SUBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	wher the left of t	N SUBST AGE OCC	the lis lations TTUTE	sted pro	gram 7. REASON FOI
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	tter "R" if the and regulat mming that S. SUBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	wher the left of t	N SUBST AGE OCC	the lis lations TTUTE	sted pro	gram 7. REASON FOI
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Accounting Period:	2022/1			FORM S	A1-2E. PAGE 6.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
Name	Mediacom Southeast LLC				24127
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 sy (as identified in space E) during the accounting period. For a further explanation 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.	ystem's se on of how t	condary transm o compute this a	ission service amount, see	6,701.28 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 t Use block 3 if the amount of gross receipts in space K is more than \$137,100 t See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less than nformation	an \$527,600 n.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	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	2	<u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	196,701.28		
	3. Subtract line 2 from line 1	\$	67,098.72		
	4. Enter the amount of gross receipts from space K		. <b>\$</b> 1	96,701.28	
	5. Enter the amount from line 3		. \$	67,098.72	
	6. Subtract line 5 from line 4		<b>\$</b> 1	29,602.56	
	7. Multiply line 6 by .005 (enter figure here)			\$	648.01
	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		\$	648.01
	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	\$	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)		\$	648.01	
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			\$	668.01
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		hts!

Accounting Period:	: 2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom Southeast LLC	SYSTEM ID# 24127
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast static         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         understand         understand	ons <b>36</b>
	on which the cable system carried television broadcast stations and nonbroadcast services	67
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Teleph	none 845-443-2762
	Address Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, z(p)	
	Email Copyrights@mediacomcc.com Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations in the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am 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</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified a in line 1 of space B.</li> </ul>	bace B; or able system as identified
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained h are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	nerein
	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 name: Kenneth J. Kohrs	
	Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	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.

Addiacom Southeast LLC 241 <b>Special Statement Concerning GROSS RECEIPTS EXCLUSIONS</b> The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sectores and amounts of subscribers and the gross amounts paid to the cable system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119. <sup>1</sup> 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? Y ES. Enter the total here and list the satellite carrier(s) below. <b>Sume Mane Maing Address Mane Maing Address During the total system for those royally payments submitted as a result of a late payment or underpayment. For more information on finerest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. <b>During the accounting period</b>, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carrier(s) below. <b>Sume Sume Sum</b> </b>	unting Period: 2022/1	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Sadeline home Viewer Act of 1988 amended The 17, section 111(0)(1)(1), of the Copyright Act by adding the following areance. The Sadeline home Viewer Act of 1988 amended The 17, section 111(0)(1)(1), of the Copyright Act by adding the following areance and amount collected from subscribers reaching areance pursues to section 118. 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. The form one information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. The form one information on when to exclude the sadeline carrier(s) below. There is the sadeline carrier to satellite carrier(s) below. There is the satellite carrier is baseline or royalty payments submitted as a result of a late payment or underpayment. For one exploration 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. For an explanation of interest rate <sup>*</sup> and enter the sum here	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Statellite Home Vewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- wing sentence. The determining the total number of subscribers and the gross amounts paid to the cable system for the basic sortice of providing secondary transmissions pursuant to section 111. <sup>2</sup> For more information on when to exclude these amounts, see the nole on page (vii) of the general instructions concert in the page 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? W NO YES. Enter the total here and list the satellite carrier(s) below. Norre Maining Address Nume Maining Address Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here x 0.00274 Line 3 Multiply line 1 by the interest rate* and enter the sum here x 0.00274 Line 4 Multiply line 1 by the interest rate* and enter the sum here x 0.00274 Line 4 Multiply line 1 by the interest rate* and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the filter as or block 3 line 6 x 0.00274 Line 4 Multiply line 1 by the interest rate and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the filterest assessment for one day late. More filterest, first community served, ID number, and accounting period as given in the original filting. Owner Address D number First community served D number D num	liacom Southeast LLC	2412
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 sellific carriers to satellife dish owners?         Image by sellific carriers to satellife carrier(s) below.       \$         Nome       Image disting address         Name       Maing Address         Name       Maing Address         Name       Maing Address         Nume       Maing Address         Nume       Maing Address         Nume       Maing Address         Maing Address       Maing Address         Nume       Maing Address         Maing Address       Maing Address         Interest Assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image Address         Line 1       Enter the amount of late payment or underpayment.       -         x	The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?         NO         VES. Enter the total here and list the satellite carrier(s) below.         Name         Maing Address         Line 1 Enter the amount of late payment or underpayment .         Maing Address         Line 2 Multiply line 3 by		
Name       Name         Maling Address       Marine         Maling Address       Marine         Maling Address       Marine         Maling Address       Marine         INTEREST ASSESSMENT       You must complete this worksheet for those royally 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.       Interest Assessment         Line 1 Enter the amount of late payment or underpayment.       x	made by satellite carriers to satellite dish owners?	
Mailing Address       Mailing Address       Image: Address       Ima	YES. Enter the total here and list the satellite carrier(s) below	
You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment       Image: Comparison of interest charge		
You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment       Image: Comparison of interest charge		
Line 1       Example         Line 2       Multiply line 1 by the interest rate* and enter the sum here         x	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
x	Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line 1 by the interest rate* 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	xdays	
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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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.	in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	_
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.	* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance 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	** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
Address       ID number       First community served		
First community served		
	list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	
	list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number	

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