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

for Secondary Transmissions by Cable Systems (Short Form) DATE RECEIVED AMOUNT \$ Coplicsoa@loc.gov For additional informatic contact the U.S. Copyrid	STATEM	ENT OF ACCOUNT	FOR COPYRIC	Return completed workbook by email to:	
Cable Systems (Short Form) General instructions are located in the first tab of this workbook D8/29/2022	-		DATE RECEIVED	AMOUNT	
Accounting Period Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Accounting Period Barcode Data Filing Period (optional - see instructions) Accounting Period Instructions: Gene 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. 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 royally fee payment covering the entire accounting period should submit a single statement of account and royally 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. [2139] LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MEDIACOM SOUTHEAST LLC (NORTONVILLE, KY) BUSINESS NAME(5) OF OWNER OF CABLE SYSTEM MEDIACOM SOUTHEAST LLC (NORTONVILLE, KY) BUSINESS NAME(5) OF OWNER OF CABLE SYSTEM MEDIACOM SOUTHEAST LLC (NORTONVILLE, KY) BUSINESS NAME(5) OF OWNER OF CABLE SYSTEM MEDIACOM SOUTHEAST LLC (MEDIACIDALISE) ONE MEDIACOM WAX MEDIACOM SOUTHEAST LLC (MEDIACIDALISE) MEDIACOM SOUTHEAST LLC (MEDIACIDALISE) System DENTIFICATION OF CABLE SYSTEM: MEDIACOM SOUTHEA	General instr	uctions are located	08/29/2022		For additional information, contact the U.S. Copyright Office Licensing Division at:
Accounting Period Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Accounting Period Barcode Data Filing Period (optional - see instructions) Accounting Period Instructions: Gene 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. 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 royally fee payment covering the entire accounting period should submit a single statement of account and royally 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. [2139] LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MEDIACOM SOUTHEAST LLC (NORTONVILLE, KY) BUSINESS NAME(5) OF OWNER OF CABLE SYSTEM MEDIACOM SOUTHEAST LLC (NORTONVILLE, KY) BUSINESS NAME(5) OF OWNER OF CABLE SYSTEM MEDIACOM SOUTHEAST LLC (NORTONVILLE, KY) BUSINESS NAME(5) OF OWNER OF CABLE SYSTEM MEDIACOM SOUTHEAST LLC (MEDIACIDALISE) ONE MEDIACOM WAX MEDIACOM SOUTHEAST LLC (MEDIACIDALISE) MEDIACOM SOUTHEAST LLC (MEDIACIDALISE) System DENTIFICATION OF CABLE SYSTEM: MEDIACOM SOUTHEA					
Accounting Period Instructions: B 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 on that of the parent corporation. Use 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. 24139 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 24139 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MeDiaAcom SouthEAST LLC (NORTONVILLE, KY) BuSiNESS NAME(S) OF OWNER OF CABLE SYSTEM Mailing ADDRESS OF OWNER OF CABLE SYSTEM Mailing ADDRESS OF OWNER OF CABLE SYSTEM Mailing ADDRESS OF OWNER OF CABLE SYSTEM Mailing ADDRESS OF OWNER OF CABLE SYSTEM Mailing ADDRESS OF OWNER OF CABLE SYSTEM Mailing ADDRESS OF OWNER OF CABLE SYSTEM ONE MEDIACOM PARK, NY 10918 Cay, town, state, not Mailing Address of the asside of the system, if different from the address given in space B System 1 DENTIFICATION OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC Mailing address of the system, if different from the address given in space B 30 NORTH NAIN Number, streat, unatrows, apatement, or state numbe	A	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (YYYY/(Period))	
Accounting Period 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 tille of the subsidiary, not that of the parent corporation. 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 should submit a single statement of account and royalty fee payment covering the entire accounting period. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MEDIACOM SOUTHEAST LLC (NORTONVILLE, KY) BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM MAILING ADDRESS OF OWNER OF CABLE SYSTEM ONE MEDIACOM WAY Watherer, street, rule nota, agartment, or suite number) MEDIACOM PARK, NY 10918 [CDty, rown, state, rule) IDENTIFICATION OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC NUMBER MEDIACOM SOUTHEAST LLC NUMBER 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 1 DENT		2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Period B Owner List any other 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. 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. 24139 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MEDIACCOM SOUTHEAST LLC (NORTONVILLE, KY) BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM MEDIACOM WAY [Number, steet, fund route, apartment, or sulte number) MEDIACOM WAY [Number, steet, fund route, apartment, or sulte number] MEDIACOM PARK, NY 10918 [Chr, town, stelle, 20] IDENTIFICATION OF CABLE SYSTEM: Mailung AdDRESS OF CABLE SYSTEM: Mailung AdDRESS OF CABLE SYSTEM: Mailung AdDRESS OF CABLE SYSTEM: Mailung address 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:			Barcode Data Filing Period (option	al - see instructions)	
B 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. B 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. 24139 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 24139 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MeDiaCOM SOUTHEAST LLC (NORTONVILLE, KY) 24139 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM MeDiaCOM WAY Netwer, street, ruar route, aparthenet, or sulte number) MEDIACOM WAY MEDIACOM WAY Note: street, ruar route, aparthenet, or sulte number) MEDIACOM SOUTHEAST LLC MeDiaCOM SOUTHEAST LLC System 1 IDENTIFICATION OF CABLE SYSTEM: MeDiaCOM SOUTHEAST LLC Mailung AdDRESS OF CABLE SYSTEM: MeDiaCOM SOUTHEAST LLC Mailung address of the system, if different from the address given in space B System 1 IDENTIFICATION OF CABLE SYSTEM: MeDiaCOM SOUTHEAST LLC Mailung address of CABLE SYSTE	-		_		
B 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. B 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. 24139 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 24139 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MeDiaCOM SOUTHEAST LLC (NORTONVILLE, KY) 24139 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM MeDiaCOM WAY Netwer, street, ruar route, aparthenet, or sulte number) MEDIACOM WAY MEDIACOM WAY Note: street, ruar route, aparthenet, or sulte number) MEDIACOM SOUTHEAST LLC MeDiaCOM SOUTHEAST LLC System 1 IDENTIFICATION OF CABLE SYSTEM: MeDiaCOM SOUTHEAST LLC Mailung AdDRESS OF CABLE SYSTEM: MeDiaCOM SOUTHEAST LLC Mailung address of the system, if different from the address given in space B System 1 IDENTIFICATION OF CABLE SYSTEM: MeDiaCOM SOUTHEAST LLC Mailung address of CABLE SYSTE		Instructions			
Construction Description 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. 24139 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 24139 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MEDIACOM SOUTHEAST LLC (NORTONVILLE, KY) BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM MAILING ADDRESS OF OWNER OF CABLE SYSTEM MAILING ADDRESS OF OWNER OF CABLE SYSTEM MEDIACOM WAY (Vumber, street, rural route, apartment, or sulie number) MEDIACOM SOUTHEAST LLC NSTRUCTIONS: 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 2 30 NORTH MAIN MAILING ADDRESS OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC 30 NORTH MAIN Superment, or suline number) MEDIACOM SOUTHEAST LLC MAILING ADDRESS OF CABLE SYSTEM: 9 NORTH MAIN	В	Give the full legal name of the owner of		bsidiary of another corporation, give the full	corporate
single statement of account and royalty fee payment covering the entire accounting period. 24139 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 24139 Image: Interview of account and royalty fee payment covering the entire accounting period. 24139 Image: Interview of account and royalty fee payment covering the entire accounting period. 24139 Image: Interview of account and royalty fee payment covering the entire accounting period. 24139 Image: Interview of account and royalty fee payment covering the entire accounting period. 24139 Image: Interview of account and royalty fee payment covering the entire accounting period. 24139 Image: Interview of account and royalty fee payment covering the entire account anumber) Image:	Owner	List any other name or names under w	hich the owner conducts the business o	of the cable system.	
Check here if this is the system's first filling. 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 (NORTONVILLE, KY) BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM ONE MEDIACOM WAY (Number, street, rural route, partment, or suite number) MEDIACOM PARK, NY 10918 (City, town, state, zip) 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 IDENTIFICATION OF CABLE SYSTEM: 2 BONORTH MAIN (Number, street, rural route, apartment, or suite number) BENTON, KY 42025		-			d submit a
MEDIACOM SOUTHEAST LLC (NORTONVILLE, KY) 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, zp) 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 1 IDENTIFICATION OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC 2 90 NORTH MAIN (Number, street, rural route, apartment, or suite number) BENTON, KY 42025		Check here if this is the system's first fi	iling. If not, enter the system's ID numb	er assigned by the Licensing Division.	24139
C 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 1 IDENTIFICATION OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC 2 90 NORTH MAIN (Number, street, rural route, apartment, or suite number) BENTON, KY 42025				M	
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 sulte number) MEDIACOM PARK, NY 10918 (City, town, state, zip) 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 1 IDENTIFICATION OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC 2 90 NORTH MAIN (Number, street, rural route, apartment, or suite number)					
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) 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 1 IDENTIFICATION OF CABLE SYSTEM: 1 MEDIACOM SOUTHEAST LLC MAILING ADDRESS OF CABLE SYSTEM: 2 90 NORTH MAIN Number, street, rural route, apartment, or sulte number) BENTON, KY 42025			· · · · · · · · · · · · · · · · · · ·		
ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918 (City, town, state, zip) 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 1 IDENTIFICATION OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC MAILING ADDRESS OF CABLE SYSTEM: 90 NORTH MAIN NUMBER, street, rural route, apartment, or suite number) BENTON, KY 42025 BENTON, KY 42025		BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFERE	NT)	
ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918 (City, town, state, zip) 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: 90 NORTH MAIN (Number, street, rural route, apartment, or suite number) BENTON, KY 42025			OF CABLE SYSTEM		
MEDIACOM PARK, NY 10918 (City, town, state, zip) C System 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 1 IDENTIFICATION OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC 2 90 NORTH MAIN (Number, street, rural route, apartment, or suite number) BENTON, KY 42025			<u></u>		
Image: City, town, state, zip) Image: City, town, state, zip, zip, zip, zip, zip, zip, zip, zip		(Number, street, rural route, apartment, or suit	e number)		
System 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: 90 NORTH MAIN (Number, street, rural route, apartment, or suite number) BENTON, KY 42025					
1 MEDIACOM SOUTHEAST LLC MAILING ADDRESS OF CABLE SYSTEM: 90 NORTH MAIN (Number, street, rural route, apartment, or suite number) BENTON, KY 42025	С				
MEDIACOM SOUTHEAST LLC MAILING ADDRESS OF CABLE SYSTEM: 90 NORTH MAIN (Number, street, rural route, apartment, or suite number) BENTON, KY 42025	System	1 IDENTIFICATION OF CABLE SYSTEM			
2 90 NORTH MAIN (Number, street, rural route, apartment, or suite number) BENTON, KY 42025					
Z (Number, street, rural route, apartment, or suite number) BENTON, KY 42025		MAILING ADDRESS OF CABLE SYST	EM:		
BENTON, KY 42025					
		(rtambor, ou bot, raiai roato, aparanont, or oat	e number)		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID					
Name	MEDIACOM SOUTHEAST LLC (NORTONVILLE, KY)	2413					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 hidentified city.	nome parks should be reported in parentheses below the					
First	CITY OR TOWN NORTONVILLE	STATE KY					
Community	CHRISTIAN COUNTY	KY					
	CROFTON	KY					
dd Rows as Necessary							
	ากการการการการการการการการการการการการกา						

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM ID		
Name								313	2413		
	MEDIACOM SOUTHEAS	ST LLC (NO	RIUN	IVILLE, KY)					2410		
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	BERS AND R	ATES						
E	In General: The information in s	•		-		•					
. .		em, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information It other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Secondary Transmission	last day of the accounting period				-		those exist	ling on the			
Service: Sub-	Number of Subscribers: Bot						ble system	ı, broken			
scribers and	down by categories of secondar	y transmission	service	e. In general, yo	ou can con	npute the numb	er of subsc	ribers in			
Rates	each category by counting the n							charged			
	separately for the particular serv Rate: Give the standard rate of					•	,	ne and the			
	unit in which it is generally billed										
	category, but do not include disc						io mann a	particular rate			
	Block 1: In the left-hand block										
	systems most commonly provide										
	that applies to your system. Not categories, that person or entity			-		-					
	subscriber who pays extra for ca				••		•				
	first set" and would be counted of										
	Block 2: If your cable system	-		•							
	printed in block 1 (for example, t										
	with the number of subscribers a sufficient.	and rates, in th	e ngni-	nanu biock. A t	wo- or the	e-word descrip		Service is			
	BLO	DCK 1					BLOCK	(2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE		
	Residential:				0,111			CODOCINDENCO			
	Service to first set		161	29.95-74.49							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		0	29.95-74.49							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC					ll vour cable sv	stem's serv	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										
	service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services										
Services	furnished at cost or (2) services										
Other Than Secondary	amount of the charge and the ur		usually	y billed. If any r	ates are ci	harged on a var	lable per-p	rogram basis,			
ransmissions:	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.										
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.										
	bhei (two- or three-word) descrip										
	CATEGORY OF SERVICE	BLO		GORY OF SER		RATE	CATECO	BLOCK 2 DRY OF SERVICE	RATE		
	Continuing Services:	RATE		ation: Non-res		RATE	CATEGO	DRI OF SERVICE	RATE		
	Pay cable	PP		otel, hotel	nuentiai		Family	Cable	97.0		
	Pay cable—add'l channel	PP		mmercial			i anny	Capic			
	Fire protection			y cable							
	•Burglar protection			y cable-add'l cl	nannel						
	Installation: Residential			e protection							
	• First set	109.99		rglar protection							
	Additional set(s)	15.00-49.00		services:							
	• FM radio (if separate rate)			connect		49.00					
	• Converter	10.50		sconnect							
							L				
			• 🗅	Itlet relocation		15.00-49.00					
				itlet relocation	ess	15.00-49.00					

	LEGAL NAME OF OWNER OF	CARLE SYSTEM		SYSTEM					
Name		AST LLC (NORTONVILLE, KY)		24					
	PRIMARY TRANSMITTERS: TELEVISION								
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, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station 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								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
Dever as Necostany	WEHT/WEHT (HD) ABC	7	N	EVANSVILLE, IN					
d Rows as Necessary	WEHT-DT2 Laff	7.2	I-M	EVANSVILLE, IN					
	WEHT-DT2 Carr	7.3	I-M	EVANSVILLE, IN					
	WEVV/WEVV (HD) CBS	45	N	EVANSVILLE, IN					
	WEVV/WEVV-DT2 (HD) FC	· · · · · · · · · · · · · · · · · · ·	I-M	EVANSVILLE, IN					
	WFIE/WFIE (HD) NBC	46	N	EVANSVILLE, IN					
	WFIE-DT2 MeTV	46.2	I-M	EVANSVILLE, IN					
	WFIE-DT3 Circle	46.3	I-M	EVANSVILLE, IN					
	WFIE-DT4 Grit	46.4	I-M	EVANSVILLE, IN					
	WFIE-DT5 DABLE	46.5	I-M	EVANSVILLE, IN					
	WFIE-DT6 True Crime	46.6	I-M	EVANSVILLE, IN					
	WJFB/WJFB(HD) MeTV	16	I	NASHVILLE, TN					
	WKMU/WKMU(HD) PBS K	36	E	MURRAY, KY					
	WKMU-DT2 KET2 HD	36.2	I-M	MURRAY, KY					
	WKMU-DT3 KET KY	36.3	I-M	MURRAY, KY					
	WKMU-DT4 PBS Kids	36.4	E-M	MURRAY, KY					
	WKRN/WKRN(HD) ABC	2	Ν	NASHVILLE, TN					
	WNAB-DT1 Dabl	17	I	NASHVILLE, TN					
	WNPT/WNPT(HD) PBS	18	E	NASHVILLE, TN					
	WPSD NBC	32	N	PADUCAH, KY					
	WSMV/WSMV (HD) NBC	4	N	NASHVILLE, TN					
	I	1	N						
	WTVF/ WTVF(HD) CBS	5	N	NASHVILLE, TN					
	WTVF/ WTVF(HD) CBS WTVW/WTVW (HD) CW	5 28	N 1	EVANSVILLE, IN					

ounting Period:	2022/1			FORM SA1-2E. PA					
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
Name	MEDIACOM SOUTHEA	ST LLC (NORTONVILLE, KY)		24					
	PRIMARY TRANSMITTERS:	TELEVISION							
^		ntify every television station (including							
G		during the accounting period, except	.,						
Primary		effect on June 24, 1981, permitting th (2) and (4), or 76.63 (referring to 76.6							
ransmitters:		explained in the next paragraph.							
Television		With respect to any distant stations ca	arried by your cable system on a s	ubstitute program					
	•	es, regulations, or authorizations:							
		in space G—but do list it in space I (the substitute basis	he Special Statement and Program	n Log)—if the					
	station was carried <i>only</i> on a	so in space I, if the station was carried	d both on a substitute basis and al	so on some other					
	,	concerning substitute basis stations,							
		s call sign. <i>Do not</i> report origination p							
	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.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WTVW-DT3 ION Mystery	28.3	I-M	EVANSVILLE, IN					
	WUXP MyNet	19	<u> </u>	NASHVILLE, TN					
	WZTV/WZTV(HD) FOX	20	I	NASHVILLE, TN					
	WZTV/WZTV-DT2(HD) CW	20.2	I-M	NASHVILLE, TN					

EGAL NAME OF			C (NORTONVILLE, KY)					SYSTEM II 241
	every radio s	station ca	rried on a separate and discrence in the second s					н
ceivable if (1) in the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: St Column 3: If gnal, indicate t Column 4: Gi	it is carried by nonitoring, to rmation abou m. entify the call tate whether t the radio stat his by placing ive the statior	y the sys be recei it 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. hal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	t 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 sta eneral ir eparate 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	
		2.2				2,0		

Accounting Perio	d: 2022/1						FORM	A SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	MEDIACOM SOUTHEA	ST LLC	NORTONVI	LLE, KY)				24139	
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a								
Substitute	substitute basis during the a explanation of the programm	ccounting p	eriod, under sp	pecific present and former	- FCC rules, reg	ulations, o	r authorizatior	ns. For a further	
Carriage:	1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE					
Special Statement and Program Log	 During the accounting per 	riod, did yo	ur cable syster	n carry, on a substitute b	asis, any noni	network te	levision prog	ram	
	broadcast by a distant sta	tion?					YES	× NO	
Flogram Log	<u>,</u>								
	Note: If your answer is "No log in block 2.	", leave the	e rest of this pa	ige blank. If your answer	is "Yes," you i	must comp	lete the prog	Iram	
	2. LOG OF SUBSTITUTE	E PROGR	AMS						
	In General: List each subs			ate line. Use abbreviatior	is wherever p	ossible, if t	their meaning	g is	
	clear. If you need more spa								
	Column 1: Give the title								
	period, was broadcast by a								
		Inder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. To not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or							
	"NBA Basketball: 76ers vs.		JVIES OF DASK	elball. List specific progr	an ules, for e	example,	I LOVE LUCY	0i	
	Column 2: If the program		dcast live, ent	er "Yes." Otherwise enter	"No."				
	Column 3: Give the call								
	Column 4: Give the broa						the FCC or,	in	
	the case of Mexican or Car								
	Column 5: Give the mor		when your sy	stem carried the substitut	e program. U	se numera	als, with the n	nonth	
	first. Example: for May 7 gi		o cubstituto pr	ogram was carried by you	ur cabla sveta	m lict the	timos accur	atoly	
	Column 6: State the tim to the nearest five minutes.							atery	
	stated as "6:00–6:30 p.m."	Example.	a program oan		1.10 p.iii. to c				
	Column 7: Enter the lett	er "R" if the	e listed prograr	n was substituted for proc	gramming that	t your syst	em was <i>requ</i>	ired	
	to delete under FCC rules a								
	was substituted for program	•	your system w	as permitted to delete un	der FCC rules	and regu	lations in		
	effect on October 19, 1976								
	S	UBSTITUT	E PROGRAM	1		N SUBST AGE OCC		7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION	
		103 01 10	ONEE OIGH		AND DAT	TROW	10		
							_		
					1		_		
							_		
					1		_		
]		_		
					1		_		
]		_		
					1				
					-				
					-				
					-				
					-				
					1		_		
					1		_		
					1		_		
]		_		
] [_		

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (NORTONVILLE, KY)	S	YSTEM ID# 24139
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	3,035.86 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	-
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2022/1			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: DUTHEAST LLC (NORTON	IVILLE, KY)	SYSTEM ID# 24139
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	number of channels on which	5	41
		-		63
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour	ER INFORMATION IS NEEDED (Identify an individual to whom t.)	
for Further Information	Name	Kenneth J. Kohrs	Tele	ephone 845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apart Mediacom Park, NY (City, town, state, zip)		
	Email	Copyrights@m	ediacomcc.com Fax (optional)	
O Certification	I, the undersigned (Owne (Agent in I (Office in I I have examined	ad, hereby certify that (Check of r other than corporation or p a of owner other than corpora- ine 1 of space B and that the of er or partner) I am an officer (ine 1 of space B. I the statement of account and e, and correct to the best of my on 1001(1986)] Typed or printed Title: (Title of o	Vice President, Financial Reporting ficial position held in corporation or partnership)	of space B; or e cable system as identified ed as owner of the cable system
		Date:	8/5/2022	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

ounting Period: 2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC (NORTONVILLE, KY)	2413
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	
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 <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. 	
Owner Address ID number First community served Accounting period	

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 th 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.