This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED AMOUNT						
08/29/2022	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Mediacom Southeast (Brewton, AL)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		ONE MEDIACOM WAY
		(Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:
	<u>'</u>	Mediacom Southeast (Brewton, AL)
		MAILING ADDRESS OF CABLE SYSTEM:
	2	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918 (City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal 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 SYSTEM						
Name								
	Mediacom Southeast (Brewton, AL) Instructions: List each separate community served by the cable system. A "commun	625						
D	"a separate and distinct community or municipal entity (including unincorporated codiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single ist will serve as a form of system identification hereafter kno						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below to							
Served	identified city.							
	CITY OR TOWN	STATE						
First	Brewton	AL						
Community	Atmore	AL						
	East Brewton	AL .						
Rows as Necessary	Escambia County	AL						

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Mediacom Southeast (Brewton, AL)

62540

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLOCK 1			BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,290	29.95-89.99			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	1	29.95-89.99			
Converter					
Residential					
Non-residential					
		T		l'''''''''	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family Cable	99.00
 Pay cable—add'l channel 	PP	Commercial			
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	109.99	Burglar protection			
 Additional set(s) 	15.00-49.00	Other services:			
• FM radio (if separate rate)		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-49.00		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62540

4. LOCATION OF STATION

Mediacom Southeast (Brewton, AL)

G

Primary
Transmitters:
Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER

I. CALL SIGN	2. B CAST CHANNEL NUMBER	3. TIPE OF STATION	4. LOCATION OF STATION
WALA/WALA (HD) FOX	9	<u>l</u>	Mobile, AL
WALA-DT2 CoziTV	9.2	I-M	Mobile, AL
WALA-DT3 Laff	9.3	I-M	Mobile, AL
WALA-DT4 ION Mystery	9.4	I-M	Mobile, AL
WALA-DT5 Circle	9.5	I-M	Mobile, AL
WAWD/WAWD (HD) IND	58	<u> </u>	Ft. Walton Beach, FL
WDPM Daystar HD	23	l	Mobile, AL
WDPM-DT Daystar	23.1	I-M	Mobile, AL
WEAR/WEAR(HD) ABC	17	N	Pensacola, FL
WEAR-DT2 TBD	17.2	I-M	Pensacola, FL
WEAR-DT3 Charge!	17.3	I-M	Pensacola, FL
WEIQ/WEIQ (HD) PBS	41	E	Mobile, AL
WFBD/WFBD (HD) TCT	12	l	Mobile, AL
WFGX/WFGX(HD) MYNET	50	l	FORT WALTON BEACH, FL
WFGX-DT2 getTV	50.2	I-M	FORT WALTON BEACH, FL
WFNA/WFNA(HD) CW	25	l	Gulf Shores, AL
WFNA-DT2 Bounce TV	25.2	I-M	Gulf Shores, AL
WFNA-DT3 getTV	25.3	I-M	Gulf Shores, AL
WFNA-DT4 Grit	25.4	I-M	Gulf Shores, AL
WHBR/WHBR HD (CTN)	34	l	Pensacola, FL
WJTC/WJTC (HD) IND	45	<u>l</u>	Pensacola, FL
WJTC-DT3 DABL	45.3	I-M	Pensacola, FL
WKRG/WKRG(HD) CBS	27	N	Mobile, AL
WKRG-DT3 MeTV HD	27.3	I-M	Mobile, AL
WKRG-DT4 Court TV	27.4	I-M	Mobile, AL

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62540 Mediacom Southeast (Brewton, AL) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections Primary 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 Transmitters: 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 Television basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

"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 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream

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
WMPV (TBN)	20	I	Mobile, AL
WPAN/WPAN Blab TV (HD)	21	I	Mobile, AL
WPMI/WPMI(HD) NBC	15	N	Mobile, AL
WPMI-DT2 WeatherNation	15.2	I-M	Mobile, AL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Mediacom Southeast (Brewton, AL)

62540

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
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Accounting Perio	d: 2022/1 LEGAL NAME OF OWNER OF	CADLE EVE	TEM:				FOR	M SA1-2E. PAGE 5.
Name	Mediacom Southeast (SYSTEM ID# 62540
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identification in the programming of the programming substitute basis during the accounting periphroadcast by a distant state of the programming of the proadcast by a distant state of the proadcast by a substitute of the proadcast by a sunder certain FCC rules, regulated to proadcast by a sunder certain FCC rules, regulated on the proadcast by a sunder certain FCC rules, regulated on the proadcast by a substitute of the proadcast by a sub	fy every nor counting pering that must CONCER od, did you tion? I leave the PROGRA itute prograce, please a of every nor distant statingulations, o es like "mor Bulls."	AL STATEMEI Innetwork televis eriod, under spe to be included in RNING SUBSI r cable system rest of this pag MS m on a separa add additional r nnetwork televition and that yo r authorizations vies" or "baske	sion program, broadcast be ecific present and former be this log, see page (v) of the tribute of this log, see page (v) of the tribute of this log, see page (v) of the tribute of this log, see page (v) of the get that." List specific program that is see page (v) of the get that." List specific program the tribute of tribute of the tribute of tribute of the tribute of the tribute of tribute o	by a distant state CC rules, regulate general instructions. The general instruction in the general instruction in titles, for experience of the program of the general instruction in titles, for experience of the program of the general instruction in titles, for experience of the program of the general instruction in titles, for experience of the general instruction in the g	lations, or au ructions in the stwork televis ust complete essible, if their at, during the gramming of ons for furthe	sion prograr YES e the progra r meaning is e accounting another sta er informatio	em carried on a For a further -2 form. NO m
	Column 3: Give the call s Column 4: Give the broat the case of Mexican or Cana Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	sign of the sidcast static adian statio th and day re "5/7." es when the Example: a rer "R" if the nd regulationing that y	station broadca on's location (the ons, if any, the of when your system e substitute pro- program carried listed program ons in effect du our system wa	esting the substitute programe community to which the community with which the tem carried the substitute gram was carried by you ed by a system from 6:01 was substituted for progring the accounting perios permitted to delete und	ram. e station is lice e station is ider e program. Use r cable system :15 p.m. to 6:2 ramming that y d; enter the let ler FCC rules a	ntified). List the time 28:30 p.m. slower system ter "P" if the and regulation	with the more accurate hould be was require listed programs in	ed ram
	1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		URRED TIMES — TO	7. REASON FOR DELETION

Accounting Period:	2022/1		FORM S	A1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#					
	Mediacom Southeast (Brewton, AL)			62540					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount all amounts (gross receipts) paid to your cable system by subscribers for the system's secc (as identified in space E) during the accounting period. For a further explanation of how to 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.	ondary transi compute this	mission services amount, see	8,600.53					
	COPYRIGHT ROYALTY FEE								
Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	\$527,600	\$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 raccounting period is \$52.00	must pay for t	this six-month						
	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 lines 1 and 2		<u>.</u>						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more	than \$137,1	100)						
	1. Base amount under statutory formula	3,800.00							
	2. Enter amount of gross receipts from space K								
	3. Subtract line 2 from line 1								
	4. Enter the amount of gross receipts from space K								
	5. Enter the amount from line 3								
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)	· · · · · · -							
	8. Interest charge. Enter the amount from line 4, space Q, page 8	· · · · · · · · · -		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	s than \$527	,600)						
	Enter the amount of gross receipts from space K	18,600.53							
	2. Base amount under statutory formula	63,800.00							
	3. Subtract line 2 from line 1	34,800.53							
	4. Multiply line 3 by .01	i	1,848.01						
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	i	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 \dots	· · · · · · · · · · · · · · · · · · ·	\$	3,167.01					
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		3,167.01						
Total Remittance Due	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	[\$	3,187.01					
	Important: Your remittance must be in the form of an electronic payment payable of See page i of the general instructions in the paper SA1-2 form for mo	-		ghts!					

Accounting Period:	2022/1						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER Mediacom Southeast						SYSTEM ID# 62540
M Channels	to its subscribers, and (2 1. Enter the total numbe system carried television 2. Enter the total numbe on which the cable sys	2) the cable system's ter of channels on which on broadcast stations or of activated channel stem carried television	total numl h the cab	mber able 	n which the cable system carried tele of activated channels during the acce	ounting period.	92
N Individual to Be Contacted	INDIVIDUAL TO BE CO we can contact about thi			ORI	IATION IS NEEDED (Identify an indiv	vidual to whom	
for Further Information	Name Ken ı	neth J. Kohrs				Telephone	845-443-2762
	(Numbe	Mediacom Way er, street, rural route, apart iacom Park, NY wn, state, zip)	10918	8			
	Email	Copyrights@m	ediacom	mcc.	com	Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]						
		Typed or printed Title: (Title of o	Enter sign d name:	an elesigna	s/ Kenneth J. Kohrs ctronic signature on the line above to ceure using an "/s/ signature" (e.g., /s/ Jo Cenneth J. Kohrs sident, Financial Reporting	hn Smith)	

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 the 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 telephon 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 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

ccounting Period: 2022/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ediacom Southeast (Brewton, AL)	62540
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."	Concerning Gross
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.	Receipts Exclusion
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	
Name Mailing Address 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	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	ys
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	

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.