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 COPYRIC	FOR COPYRIGHT OFFICE USE ONLY					
	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>				
General instr	<i>ems (Short Form)</i> uctions are located o of this workbook	08/29/2022	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150					
Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT: (YYYY/(Period))					
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		Barcode Data Filing Period (option	al - see instructions)					
Accounting Period								
B Owner	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. 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 fil	ing. If not, enter the system's ID numb	er assigned by the Licensing Division.	3306				
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTE	M					
	MEDIACOM SOUTHEAST LLC							
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFERE	NT)					
			,					
	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	dentify the business and operation of t the system, if different from the addre							
System	1							
	MEDIACOM SOUTHEAST LLC MAILING ADDRESS OF CABLE SYSTE	:M:						
	2 (Number, street, rural route, apartment, or suite	e number)						
	CARUTHERSVILLE, MO 63830							
	(City, town, state, zip code)							
Data and And Mark		with a visit of the Comparish to Office to collect	the personally identifying information (PII) require	- A - A				

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: MEDIACOM SOUTHEAST LLC	SYSTEM ID# 3306			
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 mo identified city.				
First		MO			
First Community	HAYTI	MO			
connunty	HAYTI HEIGHTS	MO			
Rows as Necessary					
tows as necessary					

	FORM SA1-2E.								
Name								313	330
Е	SECONDARY TRANSMISSION								
L	In General: The information in s system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period							C C	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n								
	separately for the particular serv							o onangoa	
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc					ard rate variatior	ns within a	particular rate	
	Block 1: In the left-hand block					condary transmi	ssion servi	ce that cable	
	systems most commonly provide	e to their subso	ribers.	Give the numb	er of subs	cribers and rate	for each li	sted category	
	that applies to your system. Not								
	categories, that person or entity subscriber who pays extra for ca						, i		
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t					,	,,	, 0	
	with the number of subscribers and rates, in the right-hand block. A two- or three-word description sufficient.							Service is	
	BLC	DCK 1			BLOCK 2				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:	CODOCIAD	LIKO	TUTE	0,111			CODOCITIDEITO	
	Service to first set		428	29.95-76.49					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	29.95-76.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATE	S				
F	In General: Space F calls for ra								
Г	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services		,		0		0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the rate column.								
ransmissions: Rates	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								
nutoo	listed in block 1 and for which a	• •			-	-	-		
	brief (two- or three-word) descrip	otion and inclue	de the r	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	sidential		F	Oshla	
	-			otel, hotel mmercial			Family	Cable	99.0
	• Pay cable	PP		mmercial					
	• Pay cable • Pay cable—add'l channel	PP PP							
	Pay cable Pay cable Pay cable—add'l channel Fire protection		• Pa	y cable	hannel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 		•Pa •Pa	y cable y cable-add'l cl	nannel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	PP	• Pa • Pa • Fir	y cable y cable-add'l cl e protection					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 		• Pa • Pa • Fir • Bu	y cable y cable-add'l cl					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	PP 109.99	• Pa • Pa • Fir • Bu Other	y cable y cable-add'l cl e protection rglar protection		49.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	PP 109.99	• Pa • Pa • Fir • Bu Other • Re	y cable y cable-add'l cl e protection rglar protection services:		49.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	PP 109.99 15.00-49.00	• Pa • Pa • Fir • Bu Other • Re • Dis	y cable y cable-add'l cl e protection rglar protection services: connect		49.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name				313121				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary ransmitters: 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 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, 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 (v) 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 identified. 							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KAIT ABC	8	N	JONESBORO, AR				
	KBSI/KBSI (HD) FOX	22	I	CAPE GIRARDEAU, MO				
d Rows as Necessary	KBSI-DT3 COMET	22.3	I-M	CAPE GIRARDEAU, MO				
	KFVS/KFVS (HD) CBS	12	N	CAPE GIRARDEAU, MO				
	KFVS-DT2/KFVS DT2 (HD) CW	12.2	I-M	CAPE GIRARDEAU, MO				
		(1						
	KFVS-DT3 Circle	12.3	I-M	CAPE GIRARDEAU, MO				
	KFVS-DT3 Circle KFVS-DT4 MeTV	12.3 12.4	I-M I-M	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO				
	KFVS-DT4 MeTV	12.4	I-M	CAPE GIRARDEAU, MO				
	KFVS-DT4 MeTV KFVS-DT5 Grit	12.4 12.5	I-M	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO				
	KFVS-DT4 MeTV KFVS-DT5 Grit WDKA/WDKA (HD) MyNet	12.4 12.5 49	i-M i-M i	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY				
	KFVS-DT4 MeTV KFVS-DT5 Grit WDKA/WDKA (HD) MyNet WDKA-DT2 Charge	12.4 12.5 49 49.2	I-M I I-M	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY				
	KFVS-DT4 MeTV KFVS-DT5 Grit WDKA/WDKA (HD) MyNet WDKA-DT2 Charge WDKA-DT3 TBD	12.4 12.5 49 49.2 49.3	I-M I-M I I-M I-M	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY Paducah, KY				
	KFVS-DT4 MeTV KFVS-DT5 Grit WDKA/WDKA (HD) MyNet WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium HD	12.4 12.5 49 49.2 49.3 49.4	I-M I-M I I.M I-M I-M	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY Paducah, KY Paducah, KY				
	KFVS-DT4 MeTV KFVS-DT5 Grit WDKA/WDKA (HD) MyNet WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium HD WKNO/WKNO(HD) PBS	12.4 12.5 49 49.2 49.3 49.4 49.4 29	I-M I I I-M I-M I-M E	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY Paducah, KY Paducah, KY MEMPHIS, TN				
	KFVS-DT4 MeTV KFVS-DT5 Grit WDKA/WDKA (HD) MyNet WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium HD WKNO/WKNO(HD) PBS WKNO-DT2 PBS Encore	12.4 12.5 49 49.2 49.3 49.4 29 29.2	I-M I I I-M I-M I-M E E E-M	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY Paducah, KY Paducah, KY MEMPHIS, TN MEMPHIS, TN				
	KFVS-DT4 MeTV KFVS-DT5 Grit WDKA/WDKA (HD) MyNet WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium HD WKNO/WKNO(HD) PBS WKNO-DT2 PBS Encore WKNO-DT3 PBS KIDS	12.4 12.5 49 49.2 49.3 49.3 49.4 29 29.2 29.2 29.3	I-M I I I I-M I-M I-M E E E-M E-M	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY Paducah, KY Paducah, KY MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN				
	KFVS-DT4 MeTV KFVS-DT5 Grit WDKA/WDKA (HD) MyNet WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium HD WKNO/WKNO(HD) PBS WKNO-DT2 PBS Encore WKNO-DT3 PBS KIDS WMC NBC	12.4 12.5 49 49.2 49.3 49.4 29 29.2 29.2 29.3 5	I-M I-M I I-M I-M I-M E E E E E M E-M E-M N	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY Paducah, KY Paducah, KY MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN				
	KFVS-DT4 MeTV KFVS-DT5 Grit WDKA/WDKA (HD) MyNet WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium HD WKNO/WKNO(HD) PBS WKNO-DT2 PBS Encore WKNO-DT2 PBS Encore WKNO-DT3 PBS KIDS WMC NBC	12.4 12.5 49 49.2 49.3 49.4 29 29.2 29.2 29.3 5 6	I-M I I I I-M I-M I-M E E E-M E-M N N	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY Paducah, KY Paducah, KY MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN Paducah, KY				
	KFVS-DT4 MeTV KFVS-DT5 Grit WDKA/WDKA (HD) MyNet WDKA-DT2 Charge WDKA-DT2 Charge WDKA-DT4 Stadium HD WKNO/WKNO(HD) PBS WKNO-DT2 PBS Encore WKNO-DT2 PBS Encore WKNO-DT3 PBS KIDS WMC NBC WPSD/WPSD (HD) NBC	12.4 12.5 49 49.2 49.3 49.4 29 29.2 29.2 29.2 29.3 5 5 6 6 6 6 6.2	I-M I-M I I I-M I-M I-M E E E-M E-M N N N N I-M	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY Paducah, KY Paducah, KY MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN Paducah, KY Paducah, KY				
	KFVS-DT4 MeTV KFVS-DT5 Grit WDKA/WDKA (HD) MyNet WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium HD WKNO/WKNO(HD) PBS WKNO-DT2 PBS Encore WKNO-DT3 PBS KIDS WMC NBC WPSD/WPSD (HD) NBC WPSD-DT2 Cozi TV WPSD-DT3 Antenna TV	12.4 12.5 49 49.2 49.3 49.4 29 29.2 29.2 29.3 5 5 6 6 6.2 6.3	M M M M M M M M	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY Paducah, KY Paducah, KY MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN Paducah, KY Paducah, KY				
	KFVS-DT4 MeTV KFVS-DT5 Grit WDKA-WDKA (HD) MyNet WDKA-DT2 Charge WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium HD WKNO/WKNO(HD) PBS WKNO-DT2 PBS Encore WKNO-DT2 PBS Encore WKNO-DT3 PBS KIDS WMC NBC WPSD/WPSD (HD) NBC WPSD-DT2 Cozi TV WPSD-DT3 Antenna TV WSIL/WSIL (HD) ABC	12.4 12.5 49 49.2 49.3 49.4 29 29.2 29.2 29.3 5 5 6 6 6 6.2 6.3 3	I-M IM I I I I I I I I I I I I I I I I I	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY Paducah, KY Paducah, KY MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN Paducah, KY Paducah, KY Paducah, KY				
	KFVS-DT4 MeTV KFVS-DT5 Grit WDKA/WDKA (HD) MyNet WDKA-DT2 Charge WDKA-DT2 Charge WDKA-DT3 TBD WDKA-DT4 Stadium HD WKNO/WKNO(HD) PBS WKNO-DT2 PBS Encore WKNO-DT2 PBS Encore WKNO-DT3 PBS KIDS WMC NBC WPSD/WPSD (HD) NBC WPSD-DT2 Cozi TV WPSD-DT2 Cozi TV WPSD-DT3 Antenna TV WSIL/WSIL (HD) ABC WSIL-DT2 H&I	12.4 12.5 49 49.2 49.3 49.4 29 29.2 29.3 5 6 6 6.2 6.3 3 3.2	I-M I-M I I I I I I I I I I I I I I I I	CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO Paducah, KY Paducah, KY Paducah, KY Paducah, KY MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN Paducah, KY Paducah, KY Paducah, KY Harrisburg, IL				

	FOWNER OF (SYSTEM II 33
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of or 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 statior	y the sys be recei it the Cc sign of e he static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	at the system's h system's FM an this point, see p sed by the cable ne station is lice	eadend, and (2 tenna, during c age (v) of the g system as a se nsed by the FC	2) it can ertain st jeneral ir eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						 		
								
						<u> </u>		
						 		
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						<u> </u>		
						_		

Accounting Perio	od: 2022/1						FOR	M SA1-2E. PAGE 5	
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#	
Maine	MEDIACOM SOUTHEA	AST LLC						3306	
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	ENT AND PROGRAM LO	G				
	In General: In space I, ident								
Substitute	substitute basis during the a								
Carriage:		explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Special	 During the accounting per 	-			sis, any nonr	network tel	evision prog	Iram	
Statement and Program Log	broadcast by a distant sta	ition?					YES	× NO	
0 0	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	log in block 2.			о ,					
	Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in 6								
	effect on October 19, 1976.					WHEN SUBSTITUTE CARRIAGE OCCURRED 7			
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM	1				7 REASON FOR	
					5. MONTH	6.	TIMES	7. REASON FOR DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION			-		
				4. STATION'S LOCATION	5. MONTH	6.	TIMES		
				4. STATION'S LOCATION	5. MONTH	6.	TIMES		
				4. STATION'S LOCATION	5. MONTH	6.	TIMES		
				4. STATION'S LOCATION	5. MONTH	6.	TIMES		
				4. STATION'S LOCATION	5. MONTH	6.	TIMES		
				4. STATION'S LOCATION	5. MONTH	6.	TIMES		
				4. STATION'S LOCATION	5. MONTH	6.	TIMES		
				4. STATION'S LOCATION	5. MONTH	6.	TIMES		
				4. STATION'S LOCATION	5. MONTH	6.	TIMES		
				4. STATION'S LOCATION	5. MONTH	6.	TIMES		
				4. STATION'S LOCATION	5. MONTH	6.	TIMES		
				4. STATION'S LOCATION	5. MONTH	6.	TIMES		
				4. STATION'S LOCATION	5. MONTH	6.	TIMES		
				4. STATION'S LOCATION	5. MONTH	6.	TIMES		
				4. STATION'S LOCATION	5. MONTH	6.	TIMES		
				4. STATION'S LOCATION	5. MONTH	6.	TIMES		
				4. STATION'S LOCATION	5. MONTH	6.	TIMES		
				4. STATION'S LOCATION	5. MONTH	6.	TIMES		
				4. STATION'S LOCATION	5. MONTH	6.	TIMES		
				4. STATION'S LOCATION	5. MONTH	6.	TIMES	7. REASON FOR DELETION	

Accounting Period:	2022/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC			S	YSTEM ID# 3306
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. IMPORTANT: You must complete a statement in space P concerning gross receipts	ystem's se on of how t	econdary transm o compute this a	ission service amount, see	2,443.44
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 the • Use block 3 if the amount of gross receipts in space K is more than \$263,800 the • See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less than nformatior	an \$527,600 n.	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 royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	pes 1 and 2	, ,		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				<u> </u>
	1. Base amount under statutory formula		263,800.00	,	
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	Enter the amount of gross receipts from space K			92,443.44	
	5. Enter the amount from line 3			71,356.56	
	6. Subtract line 5 from line 4			121,086.88	
	7. Multiply line 6 by .005 (enter figure here)			<u> </u>	605.43
	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		\$	605.43
	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)		\$	605.43	
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			\$	625.43
	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# 3306
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels	31
	on which the cable system carried television broadcast stations and nonbroadcast services	65
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 Telephone 845-	443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
O	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , 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 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 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)]	
	(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.

-	22/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER	R OF CABLE SYSTEM:	SYSTEM ID#
DIACOM SOUT	HEAST LLC	3306
The Satellite Hom lowing sentence: "In determi service of p scribers an	ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ining the total number of subscribers and the gross amounts paid to the cable system for the basic providing secondary transmissions of primary broadcast transmitters, the system shall not include sub and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." tion on when to exclude these amounts, see the note on page (vii) of the general instructions per SA1-2 form.	P Special Statement Concerning Gross Receipts Exclusion
made by satellite	nting period, did the cable system exclude any amounts of gross receipts for secondary transmissions carriers to satellite dish owners?	
Name Mailing Address	Name Mailing Address	
INTEREST AS	SESSMENT	
For an explanation	te this worksheet for those royalty payments submitted as a result of a late payment or underpayment. n of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply lir	xx	ays
Line 3 Multiply lir	ne 2 by the number of days late and enter the sum here	<u> </u>
1.5	ne 3 by 0.00274** and enter here ,, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ (interest charge)	<u> </u>
	nterest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please _icensing Division at (202) 707-8150 or licensing@loc.gov.	e
** This is the d	lecimal equivalent of 1/365, which is the interest assessment for one day late.	
•	filing this worksheet covering a statement of account already submitted to the Copyright Office, please er, address, first community served, ID number, and accounting period as given in the original filing.	•
Owner Address		
ID number First community s	erved	

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