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 COPYRIGH | IT OFFICE USE ONLY | Return completed workboo by email to: |
|--|---------------|------------------------|--|
| for Secondary Transmissions by Cable Systems (Short Form) | DATE RECEIVED | AMOUNT | <u>coplicsoa@loc.gov</u> |
| General instructions are located in the first tab of this workbook | 08/29/2022 | S ALLOCATION NUMBER | For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150 |
| | | | |

| Α | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) | |
|------------|--|---|
| | 2022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 | |
| Accounting | Barcode Data Filing Period (optional - see instructions) | |
| 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 LLC(EVERTON, MO) | |
| - | 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) | |
| | NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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: | |
| | P.O. BOX 249 | |
| | 2 [Number, street, rural route, apartment, or suite number] | |
| | EXCELSIOR SPRINGS, MO 64024 | |
| | (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 suffciency of the fing, a determination that would be made by a court of law.

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | FORM SA1-2E. PAG |
|---------------------|---|---|
| Name | | |
| | MEDIACOM SOUTHEAST LLC(EVERTON, MO) | 367 |
| D | Instructions: List each separate community served by the cable system. A "commur "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you l as the "first community." Please use it as the first community on all future filings. | ommunities within unincorporated areas and including single |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city. | home parks should be reported in parentheses below the |
| Served | | |
| | CITY OR TOWN | STATE |
| First | EVERTON | MO |
| Community | ASH GROVE | MO |
| | GOLDEN CITY | MO |
| d Rows as Necessary | GREENE COUNTY | MO |
| | GREENFIELD | MO |
| | LOCKWOOD | МО |
| | MILLER | MO |
| | | |
| | MOUNT VERNON | MO |
| | WALNUT GROVE | MO |
| | WILLARD | MO |
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| | LEGAL NAME OF OWNER OF C | | | | | | | FORM SA1 | TEM ID |
|-------------------------------|---|--------------------|----------|--------------------|--------------|-------------------|--------------|---------------------------|--------|
| Name | MEDIACOM SOUTHEAS | | RTON | . MO) | | | | 010 | 3677 |
| | | | | , . , | | | | | |
| Е | SECONDARY TRANSMISSION In General: The information in s | | - | - | - | v transmission a | onvice of th | o coblo | |
| _ | system, that is, the retransmission | | | | | | | | |
| Secondary | about other services (including p | | | | | | | | |
| Transmission | last day of the accounting period | | | | | | | | |
| Service: Sub- scribers and | Number of Subscribers: Both down by categories of secondary | | | | | | | | |
| Rates | each category by counting the n | | | | | | | | |
| | separately for the particular serv | ice at the rate i | ndicate | d-not the num | ber of set | s receiving serv | ice). | - | |
| | Rate: Give the standard rate c | | | | | | | | |
| | unit in which it is generally billed category, but do not include disc | | | | ny standa | | s within a p | | |
| | Block 1: In the left-hand block | | | | ies of sec | ondary transmis | sion service | e that cable | |
| | systems most commonly provide | | | | | | | | |
| | that applies to your system. Note | | | | | | | | |
| | 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. | | s ngnt-i | Iand Diock. A te | | | | | |
| | BLO | DCK 1 | | | | | BLOCK | 2 | |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIB | | RATE | CAT | EGORY OF SE | RVICE | NO. OF SUBSCRIBERS | RATE |
| | Residential: | GODOCIND | | | UAT | | WICE . | SOBSCIUDEILS | |
| | Service to first set | | 1,158 | 29.95-74.49 | | | | | |
| | Service to additional set(s) | | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | 1 | 29.95-74.49 | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | | | | | - | | | | |
| _ | SERVICES OTHER THAN SEC In General: Space F calls for rat | | | | | ll vour cable sve | tem's servi | res that were | |
| F | not covered in space E, that is, t | | , | | • | • • | | | |
| | service for a single fee. There ar | | | | | | | | |
| Services Other Than | furnished at cost or (2) services | | | | | | | | |
| Secondary | amount of the charge and the ur enter only the letters "PP" in the | | usually | Dilleu. Il ally la | lies are cri | larged on a valia | able per-pro | gram basis, | |
| ransmissions: | Block 1: Give the standard rat | e charged by t | | | | | | | |
| Rates | Block 2: List any services that | | | | | | | | |
| | listed in block 1 and for which a brief (two- or three-word) descrip | | | | snea. List | these other serv | lices in the | form of a | |
| | | | | | | | | | |
| | CATEGORY OF SERVICE | BLO RATE | | GORY OF SER | | RATE | CATEGO | BLOCK 2 DRY OF SERVICE | RATE |
| | Continuing Services: | NATE | | ation: Non-res | | NATE | CATEGO | DRT OF SERVICE | NATE |
| | • Pay cable | PP | | otel, hotel | | | Family | Cable | 99.0 |
| | • Pay cable—add'l channel | PP | | mmercial | | | | | |
| | Fire protection | | •Pa | y cable | | | | | |
| | •Burglar protection | | | y cable-add'l ch | annel | | | | |
| | Installation: Residential | | | e protection | | | | | |
| | • First set | 109.99 | • Bu | rglar protection | | | | | |
| | Additional set(s) | 15.00-49.00 | Other | services: | | | | | |
| | FM radio (if separate rate) | | •Re | connect | | 49.00 | | | |
| | Converter | 10.50 | • Dis | sconnect | | | | | |
| | | | | | | | | | |
| | | | • Ou | tlet relocation | | 15.00-49.00 | | | |

| | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM |
|---|--|--|---|--|
| Name | MEDIACOM SOUTHE | AST LLC(EVERTON, MO) | | 367 |
| | PRIMARY TRANSMITTERS: | | | |
| G Primary Transmitters: Television | carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location | also in space I, if the station was carrie in concerning substitute basis stations i's call sign. <i>Do not</i> report origination I with a station according to its over-the | tf (1) stations carried only on a part-tin the carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is | me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial indent), "I-M" inal multicast). s licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | KFJX/KFJX (HD) (FOX) | 13 | | Pittsburg, KS |
| | KFJX-DT2/KFJX-DT2 CW HD | 13.2 | I-M | Pittsburg, KS |
| Rows as Necess | KOAM/KOAM (HD) (CBS) | 7 | N | PITTSBURG, MO |
| | KODE/KODE (HD) (ABC) | 43 | N | JOPLIN, MO |
| | KODE-DT2 Grit | 43.2 | I-M | JOPLIN, MO |
| | KODE-DT3 Bounce TV | 43.3 | I-M | JOPLIN, MO |
| | KOLR/KOLR(HD) CBS | 10 | N | SPRINGFIELD, MO |
| | KOLR-DT2 Laff | 10.2 | I-M | SPRINGFIELD, MO |
| | KOLR-DT3 Grit | 10.3 | I-M | SPRINGFIELD, MO |
| | KOZK/KOZK(HD) PBS | 23 | E | SPRINGFIELD, MO |
| | KOZK-DT2 PBS KIDS | 23.2 | E-M | SPRINGFIELD, MO |
| | KOZK-DT2 CREATE | 23.3 | E-M | SPRINGFIELD, MO |
| | KOZK-DT4 PBS WORLD | 23.3 | E-M | SPRINGFIELD, MO |
| | | | | |
| | KOZL/KOZL(HD) MyNet | 28 | ı I-M | |
| | KOZL-DT2 ION Mystery | 28.2 | | |
| | KOZL-DT3 Bounce | 28.3 | I-M | SPRINGFIELD, MO |
| | KOZL-DT4 Rewind TV | 28.4 | I-M | SPRINGFIELD, MO |
| | KRBK/KRBK(HD) FOX | 49 | | OSAGE BEACH, MO |
| | KRBK-DT2 Antenna TV | 49.2 | I-M | OSAGE BEACH, MO |
| | KRBK-DT3 DABL | 49.3 | I-M | OSAGE BEACH, MO |
| | KSNF/KSNF (HD) (NBC) | 46 | N | JOPLIN, MO |
| | | | | |
| | KSNF-DT2 LAFF | 46.2 | I-M | JOPLIN, MO |
| | KSNF-DT2 LAFF KSNF-DT3 ION Mystery KSNF-DT4 Antenna | 46.2 46.3 46.4 | I-M I-M | JOPLIN, MO JOPLIN, MO JOPLIN, MO |

| N | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTE |
|-------------------------|--|---|--|---|
| Name | MEDIACOM SOUTHEA | AST LLC(EVERTON, MO) | | 3 |
| , | PRIMARY TRANSMITTERS: | TELEVISION | | |
| G | carried by your cable system | ntify every television station (including tra n during the accounting period, <i>except</i> (| (1) stations carried only on a par | t-time basis under |
| Primary ransmitters: | 76.59(d)(2) and (4), 76.61(e) | n effect on June 24, 1981, permitting the)(2) and (4), or 76.63 (referring to 76.61(explained in the next paragraph. | | |
| Television | Substitute Basis Stations: | With respect to any distant stations carr | ried by your cable system on a s | ubstitute program |
| | • Do not list the station here | es, regulations, or authorizations: in space G—but do list it in space I (the | e Special Statement and Prograr | n Log)—if the |
| | station was carried <i>only</i> on a | | · | |
| | | lso in space I, if the station was carried b n concerning substitute basis stations, se | | |
| | Column 1: List each station' | 's call sign. <i>Do not</i> report origination pro | ogram services such as HBO, E | SPN, etc. Identify each |
| | "WETA-2" as the same on th | with a station according to its over-the-ane form. | air designation. For example, re | port multistream |
| | Column 2: Give the channel | I number the FCC assigned to the televis | sion station for broadcasting over | er the air in its community |
| | | The second se | | |
| | | RC is channel 4 in Washington, D.C. case whether the station is a network sta | ation, an independent station, o | a noncommercial |
| | Column 3: Indicate in each educational station, by enter | case whether the station is a network staining the letter "N" (for network), "N-M" (fo | or network multicast), "I" (for inde | pendent), "I-M" |
| | Column 3: Indicate in each educational station, by enter (for independent multicast), ' | case whether the station is a network sta | or network multicast), "I" (for inde "E-M" (for noncommercial educa | pendent), "I-M" |
| | Column 3: Indicate in each of educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location | case whether the station is a network sta ing the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list th | or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. ne community to which the static | pendent), "I-M" ational multicast). n is licensed by the |
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| | Column 3: Indicate in each of educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location | case whether the station is a network sta ing the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list th | or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. ne community to which the static | pendent), "I-M" ational multicast). n is licensed by the |
| | Column 3: Indicate in each of educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad | case whether the station is a network str ing the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rms, see page (iv) of the general instruct of each station. For U.S. stations, list th ian stations, if any, give the name of the | or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. ne community to which the static e community with which the static | pendent), "I-M" ational multicast). In is licensed by the on is identified. |
| | Column 3: Indicate in each educational station, by enter (for independent multicast), 'For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad | case whether the station is a network sta ing the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list th ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER | or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the static community with which the static 3. TYPE OF STATION | ependent), "I-M" ational multicast). In is licensed by the on is identified. 4. LOCATION OF STATION |
| | Column 3: Indicate in each of educational station, by enter (for independent multicast), ' For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad | case whether the station is a network sta ing the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list th ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 19.2 | or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the static community with which the static 3. TYPE OF STATION I-M | ependent), "I-M" ational multicast). In is licensed by the on is identified. 4. LOCATION OF STATION SPRINGFIELD, MO |
| | Column 3: Indicate in each of educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad | case whether the station is a network sta ing the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list th ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 19.2 19.3 | or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. The community to which the static e community with which the static 3. TYPE OF STATION I-M I-M | ependent), "I-M" ational multicast). In is licensed by the on is identified. 4. LOCATION OF STATION SPRINGFIELD, MO SPRINGFIELD, MO |
| | Column 3: Indicate in each of educational station, by enter (for independent multicast), ' For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KSPR-DT2/KSPR-DT2 (HD) C KSPR-DT3 MeTV KWBM (DAYSTAR) | case whether the station is a network sta ing the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list th ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 19.2 19.3 31 | or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the static community with which the static 3. TYPE OF STATION I-M I-M I | ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION SPRINGFIELD, MO HARRISON, AR |
| | Column 3: Indicate in each of educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KSPR-DT2/KSPR-DT2 (HD) C KSPR-DT3 MeTV KWBM (DAYSTAR) KYCW/KYCW (HD) CW | case whether the station is a network sta ing the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or "ms, see page (iv) of the general instruct of each station. For U.S. stations, list the ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 19.2 19.3 31 19 | or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the static community with which the static 3. TYPE OF STATION I-M I I | ependent), "I-M" ational multicast). In is licensed by the on is identified. 4. LOCATION OF STATION SPRINGFIELD, MO HARRISON, AR SPRINGFIELD, MO |
| | Column 3: Indicate in each of educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KSPR-DT2/KSPR-DT2 (HD) C KSPR-DT3 MeTV KWBM (DAYSTAR) KYCW/KYCW (HD) CW KYCW-DT2 COZI TV | case whether the station is a network sta ing the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or "ms, see page (iv) of the general instruct of each station. For U.S. stations, list the ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 19.2 19.3 31 19 19.2 | or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the static community with which the static 3. TYPE OF STATION I-M I I I I I | ependent), "I-M" titional multicast). In is licensed by the on is identified. 4. LOCATION OF STATION SPRINGFIELD, MO HARRISON, AR SPRINGFIELD, MO SPRINGFIELD, MO |

| Accounting F | Period: 2022 | /1 | | | | | FORM | /I SA1-2E. PAGE 4. |
|---|--|--|---|--|---|-----------------------------------|--|-------------------------------|
| LEGAL NAME OF | | | | | | | | SYSTEM ID# |
| MEDIACOM | SOUTHEA | ST LLC | C(EVERTON, MO) | | | | | 36774 |
| all-band basis v Special Instrue | t every radio s whose signals ctions Conce | station ca were ge rning Al | arried on a separate and discronnerally receivable by your cab I-Band FM Carriage: Under Carriage and the second statem whenever it is received a | le system during Copyright Office r | the accountin egulations, ar | ng perioo n FM sig | l. nal is generally | H Primary Transmitters: |
| on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate | monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing | be recein to the Co l sign of the the static tion's sig g a check | ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th | system's FM ante his point, see pa ed by the cable s | enna, during c ge (v) of the g system as a se | ertain si jeneral i eparate | ated intervals. nstructions in the. and discrete | Radio |
| | | s, if any, | the community with which the | station is identifi | ed). | | | |
| 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 | od: 2022/1 | | | | | FOR | M SA1-2E. PAGE 5. |
|--------------------------|--|-----------------------|---------------------------|--|---------------------|--|---------------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | SYSTEM ID# |
| Name | MEDIACOM SOUTHEA | ST LLC(E | EVERTON, N | IO) | | | 36774 |
| | SUBSTITUTE CARRIAG | | | | 6 | | |
| 1 | In General: In space I, ident | | | | | ion that your cable syste | m carried on a |
| • | substitute basis during the a | | | | | | |
| Substitute | explanation of the programm | | | | | | |
| Carriage: | 1. SPECIAL STATEMEN | | RNING SUBST | ITUTE CARRIAGE | | | |
| Special Statement and | During the accounting per | iod, did you | r cable system | carry, on a substitute basi | is, any nonne | twork telev <u>ision</u> prograr | |
| Program Log | broadcast by a distant sta | tion? | | | | YES | × NO |
| | Note: If your answer is "No | . leave the | rest of this pac | e blank. If vour answer is ' | "Yes." vou mu | ist complete the progra | m |
| | log in block 2. | , | | , | ··, j ···· | ···· ··· ··· ··· ··· ··· ··· ··· ··· · | |
| | 2. LOG OF SUBSTITUTI | E PROGRA | MS | | | | |
| | In General: List each subst | | | | wherever pos | sible, if their meaning is | 5 |
| | clear. If you need more spa | | | rows to the tables. ision program ("substitute | program") tha | t during the accounting | |
| | period, was broadcast by a | | | | | | |
| | under certain FCC rules, re | gulations, o | r authorization | s. See page (v) of the gene | eral instruction | ns for further informatio | |
| | Do not use general categor | | vies" or "baske | tball." List specific progran | n titles, for exa | ample, "I Love Lucy" or | |
| | "NBA Basketball: 76ers vs. | | lcast live ente | r "Yes." Otherwise enter "N | lo " | | |
| | | | | sting the substitute progra | | | |
| | | | | e community to which the | | | |
| | the case of Mexican or Car | | | community with which the tem carried the substitute | | | ath |
| | first. Example: for May 7 give | | when your sys | | piogram. Use | | iui |
| | Column 6: State the time | es when the | | gram was carried by your | | | ly |
| | to the nearest five minutes. | Example: a | i program carri | ed by a system from 6:01: | 15 p.m. to 6:2 | 8:30 p.m. should be | |
| | stated as "6:00–6:30 p.m." Column 7: Enter the left | er "R" if the | listed program | was substituted for progra | amming that v | our system was <i>require</i> | d |
| | to delete under FCC rules a | | | | | | |
| | was substituted for program | | our system wa | s permitted to delete unde | r FCC rules a | nd regulations in | |
| | effect on October 19, 1976. | | | | | | |
| | | | | | WHE | N SUBSTITUTE | |
| | s | UBSTITUT | E PROGRAM | 1 | CARRI | AGE OCCURRED | 7. REASON FOR DELETION |
| | 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TIMES FROM — TO | DELETION |
| | | 103 01 140 | ONLE OIGH | | | | |
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| Accounting Period: | 2022/1 | | | FORM S | SA1-2E. PAGE 6. |
|------------------------------------|---|-----------------------|---------------------------------------|---|---------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC(EVERTON, MO) | | | ç | SYSTEM ID# 36774 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and 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 | vstem's s n of how | econdary trans to compute this | mission servi s amount, see \$ 44 | се |
| 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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in | out less th | nan \$527,600 | \$263,800 | |
| | BLOCK 1: GROSS RECEIPTS OF \$137,1 | 100 OR I | ESS | | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty f accounting period is \$52.00 | fee that y | ou must pay for | this six-month | 1 |
| | 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 | s 1 and 2 | | · | |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS | 6 (but mo | ore than \$137, | 100) | |
| | 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 | | | | |
| | 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 | | | | |
| | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 ar | nd 8 | | | |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8 | 300 (but | less than \$527 | ,600) | |
| | 1. Enter the amount of gross receipts from space K | | 443,278.64 | | |
| | 2. Base amount under statutory formula | | 263,800.00 | | |
| | 3. Subtract line 2 from line 1 | | 179,478.64 | | |
| | 4. Multiply line 3 by .01 | | \$ | 1,794.79 | |
| | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \ldots | | \$ | 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 | 5, and 6 . | · · · · · · · · · · · · · · · · · · · | \$ | 3,113.79 |
| | 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) | ••••• | \$ | 3,113.79 | |
| 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 | | | \$ | 3,133.79 |
| | Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2 | | - | | ghts! |

| Accounting Period: | 2022/1 | | FORM SA1-2E. PAGE 7 |
|------------------------------------|--|--|---------------------|
| Name | LEGAL NAME OF OWNER OF CABLE MEDIACOM SOUTHEAST LLC | | SYSTEM ID# 36774 |
| M Channels | to its subscribers, and (2) the cab 1. Enter the total number of chann system carried television broadd | cast stations | 44 |
| | Enter the total number of activa on which the cable system carrie and nonbroadcast services | | 74 |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTE we can contact about this stateme | D IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ent of account.) | |
| for Further Information | Name Kenneth J. | Kohrs Telephone 84 | 45-443-2762 |
| | | rral route, apartment, or suite number) Park, NY 10918 | |
| | | yrights@mediacomcc.com Fax (optional) | |
| O | I, the undersigned, hereby certify t (Owner other than corp. X (Agent of owner other the in line 1 of space B at in line 1 of space B. (Officer or partner) I ar in line 1 of space B. I have examined the statement of are true, complete, and correct to the [18 U.S.C., Section 1001(1986)] | of account must be certified and signed in accordance with Copyright Office regulations) hat (Check one, but only one, of the boxes.) poration or partnership) I am the owner of the cable system as identified in line 1 of space B; or than corporation or partnership) I am the duly authorized agent of the owner of the cable system and that the owner is not a corporation or partnership; or m an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner or account and hereby declare under penalty of law that all statements of fact contained herein ne best of my knowledge, information, and belief, and are made in good faith. Image: X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) ed or printed name: Kenneth J. Kohrs | em as identified |
| | Title | (Title of official position held in corporation or partnership) | 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 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 t 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 lav

| unting Period: 2022/1 | FORM SA1-2E. PAG |
|--|---|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
| DIACOM SOUTHEAST LLC(EVERTON, MO) | 367 |
| 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 scribers 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 transmission made by satellite carriers to satellite dish owners? X NO | sub- " Concerning Gros Receipts Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below | |
| Name Mailing Address Mailing Address | |
| | |
| INTEREST ASSESSMENT | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaym | ont |
| | |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form | |
| | |
| 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 | |
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| Line 1 Enter the amount of late payment or underpayment | |
| Line 1 Enter the amount of late payment or underpayment | n. Q Interest Assessm |
| Line 1 Enter the amount of late payment or underpayment | n. Q Interest Assessme |
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