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	ACCOUNTING 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 LLC						
	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	<b>INSTRUCTIONS:</b> 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:						
	2 ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)						
	MEDIACOM PARK, NY 10918 (City, town, state, zip code)						
	(Oity, tomit, state, £lp oote)						

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 fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGI							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI							
	MEDIACOM SOUTHEAST LLC	4							
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 know as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Area		le home parks should be reported in parentheses below the							
Served	identified city.								
	CITY OR TOWN	STATE							
First	SUMMERSHADE	KY							
Community	EDMONTON	KY							
	Barren	KY							
Rows as Necessary									
•									
		***************************************							

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **MEDIACOM SOUTHEAST LLC**

417

## 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.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	94	39.59-57.41			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	0	39.59-57.41			
Converter					
Residential					
Non-residential					
				1	i

# 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	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family	97.00
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial			
Fire protection		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		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#

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### MEDIACOM SOUTHEAST LLC

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, 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WBKO/WBKO(HD) ABC	13	N	BOWLING GREEN, KY
WBKO-DT2/WBKO-DT2 (HD) FOX	13.2	I-M	BOWLING GREEN, KY
WBKO-DT3 (CW)	13.3	I-M	BOWLING GREEN, KY
WDRB FOX	49	I	LOUISVILLE, KY
WKSO/WKSO KET (HD) PBS	14	E	SOMERSET, KY
WKSO-DT2 KET2 HD	14.2	E-M	SOMERSET, KY
WKSO-DT3 KET KY	14.3	E-M	SOMERSET, KY
WKSO-DT4 KET PBS KIDS	14.4	E-M	SOMERSET, KY
WKYU/WKYU(HD) PBS	18	E	BOWLING GREEN, KY
WKYU-DT2 Create	18.2	E-M	BOWLING GREEN, KY
WKYU-DT3 Radar	18.3	E-M	BOWLING GREEN, KY
WLKY CBS	26	N	LOUISVILLE, KY
WNKY/WNKY(HD) NBC	16	N	BOWLING GREEN, KY
WNKY-DT2/WNKY-DT2 (HD) CBS	16.2	N-M	BOWLING GREEN, KY
WPBM IND	46	I	SCOTTSVILLE, KY
WSMV NBC	10	N	NASHVILLE, TN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **MEDIACOM SOUTHEAST LLC**

417

### 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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od: 2022/1						FOR	M SA1-2E. PAGE 5.	
LEGAL NAME OF OWNER O		STEM:					SYSTEM ID#	
MEDIACOM SOUTHEAST LLC 417								
In General: In space I, ider substitute basis during the explanation of the programs.  1. SPECIAL STATEMEN.  During the accounting period broadcast by a distant standard stan	atify every no accounting printing that multiple that mult	e rest of this paradd additional and that y	ision program, broadcast by precific present and former F in this log, see page (v) of the strict CARRIAGE of the carry, on a substitute base page blank. If your answer is rate line. Use abbreviations I rows to the tables. Evision program ("substitute your cable system substitute your cable system substitute."	y a distant state CC rules, reg the general instants asis, any nonres "Yes," you res wherever possible program") the dor the program.	ulations, ostructions in the structions in the structions in the structions in the struction in the structure in the structur	elevision progression progress	ons. For a further SA1-2 form.  gram  X NO  gram  gram  gris  tting station	
"NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g Column 6: State the tint to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let o delete under FCC rules was substituted for progra	Bulls." Im was broad I sign of the badcast statinadian stationth and day ive "5/7." In es when the sexample: Itter "R" if the and regulate mming that	dcast live, ent station broadd on's location ( ons, if any, the when your sy e substitute pr a program car e listed progrations in effect of	ther "Yes." Otherwise enter casting the substitute programe community to which the community with which the community with which the community with estem carried the substitute rogram was carried by you ried by a system from 6:0° m was substituted for programing the accounting period	"No." ram. e station is lide station is ide program. Use r cable system 1:15 p.m. to 6 ramming that bd; enter the lider FCC rules	censed by entified). se numera m. List the :28:30 p.r your syst etter "P" is and regu	the FCC or als, with the etimes accum. should be tem was req f the listed pulations in	, in month rately uired	
5				CARRI	AGE OC	CURRED	7. REASON FOR DELETION	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN 4. STATION'S LOCATION		5. MONTH AND DAY	FROM	— TO		
	In General: In space I, ider substitute basis during the explanation of the program.  1. SPECIAL STATEMEN.  During the accounting period broadcast by a distant state.  Note: If your answer is "Note in block 2.  2. LOG OF SUBSTITUT in General: List each subsclear. If you need more specified, was broadcast by sunder certain FCC rules, reponding to the title period, was broadcast by sunder certain FCC rules, reponding to the case of Mexican or Calumn 2: If the program Column 3: Give the cale Column 4: Give the broadcast of Mexican or Calumn 5: Give the mofirst. Example: for May 7 general case of Mexican or Calumn 6: State the tint to the nearest five minutes stated as "6:00–6:30 p.m."  Column 7: Enter the left to delete under FCC rules was substituted for program effect on October 19, 1976	In General: In space I, identify every no substitute basis during the accounting pexplanation of the programming that mu.  1. SPECIAL STATEMENT CONCEI  • During the accounting period, did yo broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progrelar. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant statunder certain FCC rules, regulations, Do not use general categories like "me"NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcours and the case of Mexican or Canadian static Column 5: Give the broadcast statif the case of Mexican or Canadian static Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when the tothe nearest five minutes. Example: stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the tothe delete under FCC rules and regulat was substituted for programming that effect on October 19, 1976.  SUBSTITUT  1. TITLE OF PROGRAM  2. LIVE?	In General: In space I, identify every nonnetwork televisubstitute basis during the accounting period, under spexplanation of the programming that must be included.  1. SPECIAL STATEMENT CONCERNING SUBS.  • During the accounting period, did your cable syste broadcast by a distant station?  Note: If your answer is "No", leave the rest of this palog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork teleperiod, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "basis" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadd Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your syfirst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program care stated as "6:00—6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former Fexplanation of the programming that must be included in this log, see page (v) of the SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE.  **During the accounting period, did your cable system carry, on a substitute bash broadcast by a distant station?  **Note:* If your answer is "No", leave the rest of this page blank. If your answer is log in block 2.  **2.* LOG OF SUBSTITUTE PROGRAMS*  In General:* List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables.  **Column 1:* Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls."  **Column 2:* If the program was broadcast live, enter "Yes." Otherwise enter Column 3:* Give the call sign of the station broadcasting the substitute program 4:* Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5:* Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7."  **Column 6:* State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:0' stated as "6:00–6:30 p.m."  **Column 7:* Enter the letter "R" if the listed program was substituted for prog to delete under FCC rules and regulations in effect during the accounting peric was substituted for programming that your system was permitted to delete underfect on October 19, 1976.  **SUBSTITUTE PROGRAM**  1. TITLE OF PROGRAM**  2. LIVE?  3. STATION'S	substitute basis during the accounting period, under specific present and former FCC rules, reg explanation of the programming that must be included in this log, see page (v) of the general instance of the programming that must be included in this log, see page (v) of the general instance of the programming that must be included in this log, see page (v) of the general instance of the program of the program of the general instance of the program of the	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that y substitute basis during the accounting period, under specific present and former FCC rules, regulations, c explanation of the programming that must be included in this log, see page (v) of the general instructions.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork to broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must com log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, duriny period, was broadcast by a distant station and that your cable system substituted for the programmin under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for fundor on to use general categories like "movies" or "basketball." List specific program titles, for example, "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 case of Mexican or Canadian stations, if any, the community with which the station is licensed by 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 by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.J. stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable sysubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizatic explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper of the general instructions for further information of the general instruction of the general instructions for further information of the general instruction of the general instructions for further information of the general instruction of the general instructions for further information of the general instruction of the general instructions for further information of the general instruction of the general instructions for further information of the general instruction of the general instructions for further information. See page (v) of the general instructions for further information of the general instructions for further information of the general instru	

Accounting Period:	2022/1	FORM SA	1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID					
Nume	MEDIACOM SOUTHEAST LLC		41					
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	\$ 29 (Amount of gro	9,760.53					
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 or equal to \$2  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600  See page (vi) of the general instructions located in the paper SA1-2 form for more information.							
	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 t accounting period is \$52.00	his 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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00						
Total Remittance Due	Filing Fee (See the instructions for more information on filing fee calculations)	15.00						
	2 TOTAL AMOUNT DUE FOR ACCOUNTING REPIOR Add lines 0 and 0	•	67.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$						
	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 informati		nts!					

Accounting Period:	2022/1			FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: OUTHEAST LLC		SYSTEM ID# 417
M Channels		• , ,	f channels on which the cable system carried television broadcast stations otal number of activated channels during the accounting period.	
		number of channels on which television broadcast stations	the cable	22
	on which the ca	number of activated channels able system carried television ast services		88
N Individual to Be Contacted		BE CONTACTED IF FURTH	ER INFORMATION IS NEEDED (Identify an individual to whom it.)	
for Further Information	Name	Kenneth J. Kohrs	Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartr		
		Mediacom Park, NY (City, town, state, zip)		
	Email	Copyrights@me	ediacomcc.com Fax (optional)	
O Certification			ust be certified and signed in accordance with Copyright Office regulations) one, but only one, of the boxes.)	
	(Owner	r other than corporation or p	artnership) I am the owner of the cable system as identified in line 1 of space	B; or
			ation or partnership) I am the duly authorized agent of the owner of the cable where is not a corporation or partnership; or	system as identified
		er or partner) I am an officer ( ine 1 of space B.	if a corporation) or a partner (if a partnership) of the legal entity identified as ow	ner of the cable system
		e, and correct to the best of my	hereby declare under penalty of law that all statements of fact contained hereir knowledge, information, and belief, and are made in good faith.	1
			X /s/ Kenneth J. Kohrs	
			Enter an electronic signature on the line above to certify this statement.  Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name: Kenneth J. Kohrs	
		Title:	Vice President, Financial Reporting ficial 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 fling, a determination that would be made by a court of law.

Accounting Period: 2022/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 417 MEDIACOM SOUTHEAST LLC 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 fol-"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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. . . . . . . . . . . . . . \$ Name 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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs 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 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.

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Owner Address

ID number

First community served Accounting period