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 C	OFFICE USE ONLY					
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. (BRUNSWICK, 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)						
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these						
С	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 P.O. BOX 249 (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 fling, a determination that would be made by a court of law.

Accounting Period:	2022/1	FORM SA1-2E. PAGE 1b.								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	MEDIACOM SOUTHEAST LLC. (BRUNSWICK, MO)	537								
	Instructions: List each separate community served by the cable system. A "co									
D	"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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the									
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below identified city.									
	CITY OR TOWN	STATE								
First	BRUNSWICK	MO								
Community	SALISBURY	MO								
Add 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. (BRUNSWICK, MO)

537

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.

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	79	30.49-56.04			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	0	30.49-56.04			
Converter					
Residential					
Non-residential					
					······································

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	99.00
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	109.99	Burglar protection			
Additional set(s)	15.00-49.00	Other services:			
 FM radio (if separate rate) 		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-49.99		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM SOUTHEAST LLC. (BRUNSWICK, MO)

537

G

Primary Transmitters: Television

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
KCPT PBS	18	E	KANSAS CITY, MO
KMBC ABC	29	N	KANSAS CITY, MO
KMIZ/KMIZ(HD) ABC	17	N	COLUMBIA, MO
KMIZ-DT2 (MeTV)	17.2	I-M	COLUMBIA, MO
KMIZ-DT3 MyNet	17.3	I-M	COLUMBIA, MO
KMOS/KMOS(HD) PBS	15	E	SEDALIA, MO
KMOS-DT2 PBS CREATE	15.2	E-M	SEDALIA, MO
KMOS-DT3 Emerge	15.3	E-M	SEDALIA, MO
KMOS-DT4 PBS KIDS	15.4	E-M	SEDALIA, MO
KNLJ CTN	20	I	JEFFERSON CITY, MO
KOMU/KOMU(HD) NBC	8	N	COLUMBIA, MO
KOMU-DT3/KOMU-DT3 (HD) (CW	8.3	I-M	COLUMBIA, MO
KQFX/KQFX(HD) FOX	22	l	COLUMBIA, MO
KRCG/KRCG(HD) CBS	12	N	JEFFERSON CITY, MO
KRCG-DT2 COMET	12.2	I-M	JEFFERSON CITY, MO
KRCG-DT3 Charge!	12.3	I-M	JEFFERSON CITY, MO
KRCG-DT4 TBD	12.4	I-M	JEFFERSON CITY, MO
WDAF FOX	34	<u>l</u>	KANSAS CITY, MO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM SOUTHEAST LLC. (BRUNSWICK, MO)

F 2 7

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						EOE	M SA1-2E. PAGE 5
LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FOR	SYSTEM ID#
MEDIACOM SOUTHE	AST LLC.	(BRUNSWI	CK, MO)				537
SUBSTITUTE CARRIAGE In General: In space I, iden substitute basis during the explanation of the programm 1. SPECIAL STATEMEN • During the accounting per broadcast by a distant state Note: If your answer is "Note in block 2. 2. LOG OF SUBSTITUT In General: List each subsiclear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, in Do not use general categor "NBA Basketball: 76ers vs Column 2: If the programm Column 3: Give the cale Column 4: Give the brothe case of Mexican or Calumn 5: Give the more substituted in the case of Mexican or Calumn 5: Give the more substituted in the case of Mexican or Calumn 5: Give the more substituted in the case of Mexican or Calumn 5: Give the more substituted in the substituted in the substitute of the case of Mexican or Calumn 5: Give the more substituted in the substitute of the case of Mexican or Calumn 5: Give the more substituted in the substitute of the substitute o	E: SPECIA accounting p ming that mu IT CONCER eriod, did you ation? D", leave the E PROGRA stitute progra ace, please e of every no a distant sta egulations, o rives like "mo Bulls." m was broa a sign of the badcast stati nadian stati natian stati natian stati natian stati	AL STATEME nnetwork televeriod, under syst be included RNING SUBS ur cable system e rest of this paramon a sepanadd additional additional context of the system of the station broaddon's location (ons, if any, the	ENT AND PROGRAM LO ision program, broadcast by cecific present and former F in this log, see page (v) of to intribute CARRIAGE m carry, on a substitute bate age blank. If your answer is rate line. Use abbreviations if rows to the tables. evision program ("substitute ious cable system substitute ious See page (v) of the ge interest as the program is specific progra	y a distant state of CC rules, regular for the general instruction of the program") the deformantitles, for each of the program of the formal instruction of the program.	ulations, o tructions in tructions in tructions in tructions in tructions in tructions in tructions for further tructions for furthe	r authorization the paper selevision progression progr	stem carried on a ons. For a further SA1-2 form. gram X NO gram gram ' or , in
stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for progra	ter "R" if the and regulat mming that	e listed programions in effect o	m was substituted for prog during the accounting perio	ramming that od; enter the l der FCC rules	your syst etter "P" if and regu	em was <i>req</i> fthe listed p lations in	uired rogram
				CARRIAGE OCCURRED			7. REASON FOR DELETION
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO	
	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the explanation of the program 1. SPECIAL STATEMEN • During the accounting per 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 sp Column 1: Give the title period, was broadcast by a under certain FCC rules, in Do not use general catego. "NBA Basketball: 76ers vs Column 2: If the prograte Column 3: Give the cale Column 4: Give the broadcast by a column 5: Give the modifiest. Example: for May 7 g Column 5: Give the modifiest. Example: for May 7 g Column 6: State the time 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 prograte effect on October 19, 1976	SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every no substitute basis during the accounting pexplanation of the programming that mu 1. SPECIAL STATEMENT CONCER • During the accounting period, did you 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 prograclear. 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, on Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the Column 4: Give the broadcast statif the case of Mexican or Canadian statifuc Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: stated as "6:00—6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulat was substituted for programming that seffect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork telev substitute basis during the accounting period, under sp explanation 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 pa log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separ clear. If you need more space, please add additiona Column 1: Give the title of every nonnetwork tele period, was broadcast by a distant station and that y under certain FCC rules, regulations, or authorizatio Do not use general categories like "movies" or "bask "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, ent Column 3: Give the call sign of the station broadc 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 sy first. Example: for May 7 give "5/7." Column 6: State the times when the substitute pr to the nearest five minutes. Example: a program car 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 w 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 F explanation of the programming that must be included in this log, see page (v) of the substitute basis during the accounting period, did your cable system carry, on a substitute basis 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 twith which the case of Mexican or Canadian stations, if any, the community twith which the case of Mexican or Canadian stations in cate of 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 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 CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant stat substitute basis during the accounting period, under specific present and former FCC rules, regiexplanation of the programming that must be included in this log, see page (v) of the general instance 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 1. During the accounting period, did your cable system carry, on a substitute basis, any none broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you not log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever poctear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substitute for the prounder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction bo not use general categories like "movies" or "basketball." List specific program titles, for e "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 lict the case of Mexican or Canadian stations, if any, the community with which the station is lict the case of Mexican or Canadian stations, if any, the community with which the station is lict the case of Mexican or Canadian stations is location (the community to which the station is lict the case of Mexican or Canadian stations, if any, the community to which the station is lict the case of Mexican or Canadian stations is for any, the community to which the station is lict the case	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG 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, o explanation of the programming that must be included in this log, see page (v) of the general instructions in the substitute basis, and instructions in 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 complog 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, during 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 furth to not 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 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.n. stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your syst to delete under FCC rules and regulatio	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable sy substitute 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 program in the paper of the programming that must be included in this log, see page (v) of the general instructions in the paper of the program of the p

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	9	YSTEM II				
Name	MEDIACOM SOUTHEAST LLC. (BRUNSWICK, MO)		5				
K 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	\$ 5	4,951.80				
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gr	oss receipts)				
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 but less than or equal to 1. 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.	\$263,800					
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay fo accounting period is \$52.00	r this six-mon					
	Line 1. Royalty fee for accounting period	. \$	52.00				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00				
	Elito El interest energe. Elitor de uniodificion illo 4, opesos a, page e		0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	•					
	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 \$52	7,600)					
	1. Enter the amount of gross receipts from space K	_					
	2. Base amount under statutory formula	<u>. </u>					
	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		50.00					
Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00					
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00				
	Important: Your remittance must be in the form of an electronic payment payable to the Reg	ister of Convri	ıhts!				

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: UTHEAST LLC. (BRUNS)	ICK, MO)		SYSTEM ID# 537
M Channels	to its subscribers,	• , ,	channels on which the cable system of all number of activated channels during the cable		
					24
	on which the cab	number of activated channels ble system carried television st services	oadcast stations		61
N Individual to Be Contacted		BE CONTACTED IF FURTH rout this statement of accour	R INFORMATION IS NEEDED (Ident)	ify an individual to whom	
for Further Information		Kenneth J. Kohrs		Telephone 8 4	45-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartr	nt, or suite number)		
		Mediacom Park, NY (City, town, state, zip)	0918		
	Email	Copyrights@me	liacomcc.com	Fax (optional)	
	CERTIFICATION (7	This statement of account mo	t be certified and signed in accordance	ce with Copyright Office regulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check c	e,but only one, of the boxes.)		
	(Owner	other than corporation or p	rtnership) I am the owner of the cable	system as identified in line 1 of space B;	or
			on or partnership) I am the duly authoner is not a corporation or partnership;	orized agent of the owner of the cable sys or	stem as identified
		r or partner) I am an officer (ne 1 of space B.	a corporation) or a partner (if a partner	ship) of the legal entity identified as owne	er of the cable system
		and correct to the best of my	ereby declare under penalty of law that nowledge, information, and belief, and	all statements of fact contained herein are made in good faith.	
			X /s/ Kenneth J. Kohrs		
			Enter an electronic signature on the line a Enter signature using an "/s/ signature" (d	•	
		Typed or printed	name: Kenneth J. Kohrs		
		Title:	Vice President, Financial Recial 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: 537 MEDIACOM SOUTHEAST LLC. (BRUNSWICK, MO) 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

First community served

Accounting period

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* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please

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.

Line 4 Multiply line 3 by 0.00274** and enter here

Owner Address

ID number

in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6

** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.

contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.

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