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

FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:	
DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>	
3/1/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
ERED BY THIS STATEMENT: (Y	YYY/(Period)) Period 2 = July 1 - December 31		
	DATE RECEIVED 3/1/23 ERED BY THIS STATEMENT: (Y	3/1/23 \$ ALLOCATION NUMBER ERED BY THIS STATEMENT: (YYYY/(Period))	

		Barcode Data Filing Period (optional - see instructions)
Accounting		
Period		
		laster stienen
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 (GREENSBORO, AL)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		ONE MEDIACOM WAY
		(Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918 (City, town, state, zip)
С		Succion and the system unless or trade names used to identify the business and operation of the system unless these are 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		IDENTIFICATION OF CABLE SYSTEM:
	1	MEDIACOM SOUTHEAST LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	5973 HWY. 90 W.
	2	(Number, street, rural route, apartment, or suite number)
		THEODORE, AL 36582 (City, town, state, zip code)
	1	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (GREENSBORO, AL)	SYSTEM ID# 2179
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing	munity" is the same as a "community unit" as defined in FCC rules: ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter knowr
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	
Served		
	CITY OR TOWN	STATE
First Community	GREENSBORO HALE COUNTY	AL AL
,	LINDEN	
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM		FOILEGAL NAME OF OWNER OF CABLE SYSTEM:							
Name	MEDIACOM SOUTHEAS			BORO, AL)				010	rem ID 217		
	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES										
E	In General: The information in s					ry transmission	service of	he cable			
	system, that is, the retransmission			-		•					
Secondary	about other services (including p	, , ,			,		those exist	ing on the			
Transmission	last day of the accounting period	•				,	hla avatam	halten			
Service: Sub- scribers and	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										
Rates	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										
	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 of	-	-	•				-			
	unit in which it is generally billed					rd rate variation	s within a	particular rate			
	category, but do not include disc Block 1: In the left-hand block					ondary transmis	sion servi	ce that cable			
	systems most commonly provide	•		•		•					
	that applies to your system. Not										
	categories, that person or entity						•				
	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										
	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 a					•	,.				
	sufficient.			1	1			- ·			
	BLC	DCK 1 NO. OF					BLOCK	X 2 NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	Service to first set		415	76.49							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		0	76.49							
	Converter										
	Residential										
	Non-residential										
					1						
	SERVICES OTHER THAN SEC						stom's con	views that work			
F	In General: Space F calls for rain not covered in space E, that is, t	•	,		-	• •					
	service for a single fee. There are					,	,				
Services	furnished at cost or (2) services										
Other Than	amount of the charge and the ur		usually	v billed. If any r	ates are cł	narged on a vari	able per-p	rogram basis,			
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cahl	e system for e	ach of the	annlicable servi	ces listed				
Rates	Block 2: List any services that							were not			
	listed in block 1 and for which a	separate charg	ge was	made or establ	ished. List	these other ser	vices in the	e form of a			
	brief (two- or three-word) description and include the rate for each.										
		otion and inclue	de the r	ate for each.				BLOCK 2			
		otion and inclue		ate for each.				BLOCK 2			
			CK 1	ate for each. GORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE		
	brief (two- or three-word) descrip	BLO	CK 1 CATEC			RATE		DRY OF SERVICE	RATE		
	brief (two- or three-word) descrip CATEGORY OF SERVICE	BLO	CK 1 CATEC Install	GORY OF SER		RATE	CATEGO Family	DRY OF SERVICE			
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO RATE	CK 1 CATEC Install	GORY OF SER ation: Non-res		RATE		DRY OF SERVICE			
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOO RATE PP	CK 1 CATEC Install • Mo • Co	GORY OF SER ation: Non-res tel, hotel		RATE		DRY OF SERVICE			
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLOO RATE PP	CK 1 CATEC Install • Mo • Co • Pag	GORY OF SER ation: Non-res tel, hotel mmercial	idential	RATE		DRY OF SERVICE	RATE		
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOO RATE PP	CK 1 CATE(Install • Mo • Co • Pa	GORY OF SER ation: Non-res tel, hotel mmercial y cable	idential	RATE		DRY OF SERVICE			
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLOO RATE PP	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl	idential	RATE		DRY OF SERVICE			
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOO RATE PP PP	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire • Bu	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection	idential	RATE		DRY OF SERVICE			
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOO RATE PP PP 109.99	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire • Bui Other	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection	idential	RATE		DRY OF SERVICE			
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOO RATE PP PP 109.99	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire • Bu • Bu • Re	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services:	idential			DRY OF SERVICE			
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLO0 RATE PP PP 109.99 15.00-49.00	CK 1 CATEC Installi • Mo • Co • Pa • Fire • Bui Other • Re • Dis	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	idential			DRY OF SERVICE			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
Name		AST LLC (GREENSBORO, AL)		2					
	PRIMARY TRANSMITTERS:								
G Primary ransmitters: Television	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 rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations : With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station 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 lic							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WABM-DT (MyNet)	36		BIRMINGHAM, AL					
	WABM-DT2/WABM-DT2 HD (ABC	36.2	N-M	BIRMINGHAM, AL					
ows as Necessary	WABM-DT3 ACCUWEATHER	36.3	I-M	BIRMINGHAM, AL					
,	WAKA/WAKA(HD) CBS	42	N	SELMA, AL					
	WAKA-DT2 MeTV	42.2	I-M	SELMA, AL					
	WBIH IND	29	I	SELMA, AL					
	WBRC/WBRC(HD) FOX	50	I	BIRMINGHAM, AL					
	WBRC-DT2 Bounce TV	50.2	I-M	BIRMINGHAM, AL					
	WBRC-DT3 Circle	50.3	I-M	BIRMINGHAM. AL					
	WBRC-DT3 Circle WBRC-DT4 Laff	50.3 50.4	I-M I-M	BIRMINGHAM, AL					
				BIRMINGHAM, AL					
	WBRC-DT4 Laff	50.4	I-M	BIRMINGHAM, AL BIRMINGHAM, AL					
	WBRC-DT4 Laff WBRC-DT5 Grit	50.4	I-M I-M	BIRMINGHAM, AL BIRMINGHAM, AL MONTGOMERY, AL					
	WBRC-DT4 Laff WBRC-DT5 Grit WCOV/WCOV (HD) FOX	50.4 50.5 20	I-M	BIRMINGHAM, AL BIRMINGHAM, AL					
	WBRC-DT4 Laff WBRC-DT5 Grit WCOV/WCOV (HD) FOX WCOV-DT2 Antenna TV	50.4 50.5 20 20.2	I-M I-M I I-M	BIRMINGHAM, AL BIRMINGHAM, AL MONTGOMERY, AL MONTGOMERY, AL					
	WBRC-DT4 Laff WBRC-DT5 Grit WCOV/WCOV (HD) FOX WCOV-DT2 Antenna TV WCOV-DT3 This TV	50.4 50.5 20 20.2 20.3	I-M I-M I I-M I-M	BIRMINGHAM, AL BIRMINGHAM, AL MONTGOMERY, AL MONTGOMERY, AL					
	WBRC-DT4 Laff WBRC-DT5 Grit WCOV/WCOV (HD) FOX WCOV-DT2 Antenna TV WCOV-DT3 This TV WDBB/WDBB (HD) CW	50.4 50.5 20 20.2 20.3 18	I-M I-M I I I-M I-M I	BIRMINGHAM, AL BIRMINGHAM, AL MONTGOMERY, AL MONTGOMERY, AL BESSEMER, AL					
	WBRC-DT4 Laff WBRC-DT5 Grit WCOV/WCOV (HD) FOX WCOV-DT2 Antenna TV WCOV-DT3 This TV WDBB/WDBB (HD) CW WDBB-DT2 Antenna WIAT/WIAT(HD) CBS	50.4 50.5 20 20.2 20.3 18 18.2	I-M I-M I I I-M I-M I N-M N	BIRMINGHAM, AL BIRMINGHAM, AL MONTGOMERY, AL MONTGOMERY, AL BESSEMER, AL BESSEMER, AL BIRMINGHAM, AL					
	WBRC-DT4 Laff WBRC-DT5 Grit WCOV/WCOV (HD) FOX WCOV-DT2 Antenna TV WCOV-DT3 This TV WDBB/WDBB (HD) CW WDBB-DT2 Antenna WIAT/WIAT(HD) CBS WIAT-DT2 ION Mystery	50.4 50.5 20 20.2 20.3 18 18.2 30	I-M I-M I I-M I-M I-M I N-M	BIRMINGHAM, AL BIRMINGHAM, AL MONTGOMERY, AL MONTGOMERY, AL BESSEMER, AL BESSEMER, AL BIRMINGHAM, AL BIRMINGHAM, AL					
	WBRC-DT4 Laff WBRC-DT5 Grit WCOV/WCOV (HD) FOX WCOV-DT2 Antenna TV WCOV-DT3 This TV WDBB/WDBB (HD) CW WDBB-DT2 Antenna WIAT/WIAT(HD) CBS	50.4 50.5 20 20.2 20.3 18 18.2 30 30.2	I-M I-M I I I-M I I N-M N I-M	BIRMINGHAM, AL BIRMINGHAM, AL MONTGOMERY, AL MONTGOMERY, AL BESSEMER, AL BESSEMER, AL BIRMINGHAM, AL					
	WBRC-DT4 Laff WBRC-DT5 Grit WCOV/WCOV (HD) FOX WCOV-DT2 Antenna TV WCOV-DT3 This TV WDBB/WDBB (HD) CW WDBB-DT2 Antenna WIAT/WIAT((HD) CBS WIAT-DT2 ION Mystery WIAT-DT3 True Crime WIAT-DT3 True Crime	50.4 50.5 20 20.2 20.3 18 18.2 30 30.2 30.3	I-M I-M I I I I I I N-M I I N-M I I I I I I I I I I I I I I I I I I I	BIRMINGHAM, AL BIRMINGHAM, AL MONTGOMERY, AL MONTGOMERY, AL BESSEMER, AL BESSEMER, AL BIRMINGHAM, AL BIRMINGHAM, AL BIRMINGHAM, AL BIRMINGHAM, AL					
	WBRC-DT4 Laff WBRC-DT5 Grit WCOV/WCOV (HD) FOX WCOV-DT2 Antenna TV WCOV-DT3 This TV WDBB/WDBB (HD) CW WDBB-DT2 Antenna WIAT/WIAT(HD) CBS WIAT-DT2 ION Mystery WIAT-DT3 True Crime	50.4 50.5 20 20.2 20.3 18 18.2 30 30.2 30.3 30.4	I-M I-M I I I I I I I I I I I I I I I I	BIRMINGHAM, AL BIRMINGHAM, AL MONTGOMERY, AL MONTGOMERY, AL MONTGOMERY, AL BESSEMER, AL BESSEMER, AL BIRMINGHAM, AL BIRMINGHAM, AL BIRMINGHAM, AL					
	WBRC-DT4 Laff WBRC-DT5 Grit WCOV/WCOV (HD) FOX WCOV-DT2 Antenna TV WCOV-DT3 This TV WDBB/WDBB (HD) CW WDBB-DT2 Antenna WIAT/WIAT(HD) CBS WIAT-DT2 ION Mystery WIAT-DT3 True Crime WIAT-DT4 TrueReal WIAT-DT4 TrueReal	50.4 50.5 20 20.2 20.3 18 18.2 30 30.2 30.3 30.4 19	M M M M M M M M M M	BIRMINGHAM, AL BIRMINGHAM, AL MONTGOMERY, AL MONTGOMERY, AL BESSEMER, AL BESSEMER, AL BIRMINGHAM, AL					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	MEDIACOM SOUTHEAST LLC (GREENSBORO, AL)							
	PRIMARY TRANSMITTERS:	TELEVISION						
G		ntify every television station (including						
Ŭ	carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections							
Primary		(2) and (4), or 76.63 (referring to 76.	61(e)(2) and (4))]; and (2) certain sta	ations carried on a				
ansmitters: Felevision		explained in the next paragraph. With respect to any distant stations of	carried by your cable system on a su	bstitute program				
	basis under specific FCC rul	es, regulations, or authorizations:						
	 Do not list the station here station was carried only on a 	in space G—but do list it in space I (the Special Statement and Program	Log)—if the				
		so in space I, if the station was carrie	ed both on a substitute basis and als	o on some other				
		n concerning substitute basis stations						
		s call sign. <i>Do not</i> report origination with a station according to its over-th						
	"WETA-2" as the same on th	ne form.	.					
		I number the FCC assigned to the tel RC is channel 4 in Washington, D.C.	evision station for broadcasting over	the air in its community				
		case whether the station is a network	station, an independent station, or	a noncommercial				
		ing the letter "N" (for network), "N-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.							
	0	of each station. For U.S. stations, lis	1 1	is licensed by the				
		ian stations, if any, give the name of	-	-				
			,					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WNCF/WNCF(HD) ABC	32	N	MONTGOMERY, AL				
	WNCF-DT2 /WNCF-DT2 (HD) CW	31.2	I-M	SELMA, AL				
	WSFA/WSFA(HD) NBC	12	N	MONTGOMERY, AL				
	WSFA-DT2 Bounce TV							
		12.2	I-M	MONTGOMERY, AL				
	WSFA-DT3 Circle	12.2	I-M	MONTGOMERY, AL MONTGOMERY, AL				
	WSFA-DT3 Circle	12.3	I-M	MONTGOMERY, AL				
	WSFA-DT3 Circle WSFA-DT4 Grit	12.3 12.4	I-M I-M	MONTGOMERY, AL MONTGOMERY, AL				
	WSFA-DT3 Circle WSFA-DT4 Grit WSFA-DT5 DABL	12.3 12.4 12.5	I-M I-M I-M	MONTGOMERY, AL MONTGOMERY, AL MONTGOMERY, AL				
	WSFA-DT3 Circle WSFA-DT4 Grit WSFA-DT5 DABL WVTM/WVTM(HD) NBC	12.3 12.4 12.5 13	I-M I-M I-M N	MONTGOMERY, AL MONTGOMERY, AL MONTGOMERY, AL BIRMINGHAM, AL				
	WSFA-DT3 Circle WSFA-DT4 Grit WSFA-DT5 DABL WVTM/WVTM(HD) NBC WVTM-DT2 MeTV WVUA/WVUA(HD) IND	12.3 12.4 12.5 13 13.2	I-M I-M I-M N I-M	MONTGOMERY, AL MONTGOMERY, AL MONTGOMERY, AL BIRMINGHAM, AL BIRMINGHAM, AL TUSCALOOSA, AL				
	WSFA-DT3 Circle WSFA-DT4 Grit WSFA-DT5 DABL WVTM/WVTM(HD) NBC WVTM-DT2 MeTV	12.3 12.4 12.5 13 13.2 7	I-M I-M I-M N I-M I-M	MONTGOMERY, AL MONTGOMERY, AL MONTGOMERY, AL BIRMINGHAM, AL BIRMINGHAM, AL				
	WSFA-DT3 Circle WSFA-DT4 Grit WSFA-DT5 DABL WVTM/WVTM(HD) NBC WVTM-DT2 MeTV WVUA/WVUA(HD) IND	12.3 12.4 12.5 13 13.2 7	I-M I-M I-M N I-M I-M	MONTGOMERY, AL MONTGOMERY, AL MONTGOMERY, AL BIRMINGHAM, AL BIRMINGHAM, AL TUSCALOOSA, AL				

MEDIACOM	SOUTHEA	ST LLC	C (GREENSBORO, AL)					21
	t every radio s	station ca	nrried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for	it is carried by monitoring, to prmation abou rm.	y the sys be recei it the Co	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried.	t the system's he system's FM ante	adend, and (2 nna, during c	!) it can l ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 3: If ignal, indicate Column 4: G	the radio stat this by placing live the station	ion's sigi g a checł n's locatio	n is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which th the community with which the	e station is licens	ed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,D		ONLE CICIL		CID		

Accounting Perio	od: 2022/2						FOR	VI SA1-2E. PAGE 5.
_	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC	(GREENSBO	DRO, AL)				2179
Substitute	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	ify every no	nnetwork telev period, under sp	<i>sion program,</i> broadcast becific present and former	by a <i>distant</i> sta FCC rules, reg	ulations, o	r authorization	ns. For a further
Carriage:	1. SPECIAL STATEMEN				ute general in		in the paper e	
Special						naturali ta	louision nrog	
Statement and	During the accounting per	-	ur cable syster	n carry, on a substitute t	asis, any non	network te		
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer	is "Yes," you	must com	plete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				ns wherever p	ossible, if	their meaning	g is
	clear. If you need more spa Column 1: Give the title				to program") t	hot during	the economi	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific prog	ram titles, for	example, "	I Love Lucy"	or
	"NBA Basketball: 76ers vs.			»("Oll :)	46 L 11			
	Column 2: If the program Column 3: Give the call							
	Column 4: Give the broa	0		0 1	0	censed by	the FCC or.	in
	the case of Mexican or Car							
	Column 5: Give the more	nth and day					als, with the n	nonth
	first. Example: for May 7 gi							
	Column 6: State the tim							ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ned by a system from 6.	51:15 p.m. to e	5:26:30 p.r	n. snouid be	
	Column 7: Enter the lett	er "R" if the	e listed program	n was substituted for pro	arammina tha	t vour svst	em was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program	•	your system w	as permitted to delete u	nder FCC rule	s and regu	lations in	
	effect on October 19, 1976							
					WHE	N SUBST	TUTE	
	S		E PROGRAM	1	CARR	AGE OC	CURRED	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. FROM	TIMES — TO	
							_	
					-			
			+					
							-	
							_	
			+					
			L					
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			+					

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (GREENSBORO, AL)	SI	/STEM ID# 2179
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	,262.38 ss 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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 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 for t accounting period is \$52.00	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
	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	-	
	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		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 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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		its!

Accounting Period:	2022/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CA		, AL)	SYSTEM ID# 2179
M Channels	 to its subscribers, and (2) the 1. Enter the total number of cl system carried television bro 2. Enter the total number of a on which the cable system carried 	cable system's total num channels on which the cal roadcast stations activated channels carried television broadca		tations 47 74
N Individual to Be Contacted	INDIVIDUAL TO BE CONTAGE we can contact about this state		ORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Kenneth	n J. Kohrs	Tel	lephone 845-443-2762
	(Number, stre	diacom Way eet, rural route, apartment, or s om Park, NY 10918 tate, zip)		
	Email	Copyrights@mediacor	ncc.com Fax (optional)	
O Certification	 I, the undersigned, hereby ce (Owner other than X (Agent of owner ot in line 1 of space (Officer or partner in line 1 of space I have examined the statement are true, complete, and correct [18 U.S.C., Section 1001(1986) 	ertify that (Check one, but of corporation or partners ther than corporation or se B and that the owner is r) I am an officer (if a corp se B. ent of account and hereby t to the best of my knowle b)] $\qquad \qquad $	hip) I am the owner of the cable system as identified in line 1 of partnership) I am the duly authorized agent of the owner of the not a corporation or partnership; or oration) or a partner (if a partnership) of the legal entity identified declare under penalty of law that all statements of fact contained dge, information, and belief, and are made in good faith. /s/ Kenneth J. Kohrs n electronic signature on the line above to certify this statement. gnature using an "/s/ signature" (e.g., /s/ John Smith)	of space B; or ne cable system as identified ied as owner of the cable system ed herein
		Date:	2/6/2023	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

Accounting Period: 2022/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
MEDIACOM SOUTHEAST LLC (GREENSBORO, AL)	2179
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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. 	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here 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.	
Owner Address	
ID number First community served Accounting period	

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