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 COPYRIG	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	3/1/23	3/1/23	
A ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT: (Y	YYY/(Period))	

Α	ACCO	DUNTING 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 (BEAUMONT, MS)
		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)
	INIOTE	
С		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these a 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	5973 HWY. 90 W.
	2	(Number, street, rural route, apartment, or suite number)
		THEODORE, AL 36582 (City, town, state, zip code)
		ניטוא, ניאוו, אמוס, בוף ניטע <i>ב</i> ן

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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
	MEDIACOM SOUTHEAST LLC (BEAUMONT, MS)	2204						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and includi discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification here as the "first community." Please use it as the first community on all future filings.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob identified city.	ile home parks should be reported in parentheses below the						
	CITY OR TOWN	STATE						
First	BEAUMONT	MS						
Community								
dd Rows as Necessary								

								FORM SA1	-2E. PAGE : TEM ID:	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
	MEDIACOM SOUTHEAS	ST LLC (BE	AUMO	ONT, MS)					22043	
_	SECONDARY TRANSMISSION		IBSCR	BERS AND R	ATES					
Е	In General: The information in s					y transmission	service of	he cable		
	system, that is, the retransmission									
Secondary	about other services (including p				-		those exist	ing on the		
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	`				,	hla svetor	broken		
scribers and	down by categories of secondar	•					2			
Rates	each category by counting the n	•		•		•				
	separately for the particular serv	ice at the rate	indicate	ed—not the nur	nber of se	ts receiving serv	/ice).	Ū		
	Rate: Give the standard rate of									
	unit in which it is generally billed					rd rate variatior	is within a	particular rate		
	category, but do not include disc Block 1: In the left-hand block					ondary transmi	ssion servi	ce that cable		
	systems most commonly provide			-		•				
	that applies to your system. Not									
	categories, that person or entity				••		•			
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system					convice that are	difforent f	rom those		
	printed in block 1 (for example, t	Ű		•						
	with the number of subscribers a						,.			
	sufficient.	,	5							
	BLC	DCK 1					BLOCK	(2		
		NO. OF		DATE	0.17		2010	NO. OF	DATE	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE	
	Residential:		-							
	Service to first set		7	29.95-55.04						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel		_							
	Commercial		0	29.95-55.04						
	Converter									
	Residential									
	Non-residential									
					· C					
_	SERVICES OTHER THAN SEC In General: Space F calls for rai					Il vour cable sv	stem's serv	vices that were		
F	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									
Services	furnished at cost or (2) services									
Other Than	amount of the charge and the ur		usually	y billed. If any r	ates are cl	narged on a vari	able per-p	rogram basis,		
Secondary ransmissions:	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.									
Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	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.									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE	
	Continuing Services:		Install	ation: Non-res	idential					
	• Pay cable	PP	• Mc	otel, hotel			Family	TV	####	
	• Pay cable—add'l channel	PP	• Co	mmercial						
	Fire protection		•Pa	y cable						
	•Burglar protection		•Pa	y cable-add'l cł	nannel					
	Installation: Residential		• Fir	e protection						
	• First set	49.99	• Bu	rglar protection						
	Additional set(s)	15.00-49.00		services:						
	• FM radio (if separate rate)			connect		49.00				
	, , , ,								h	
	Converter		• Dis	sconnect						
	Converter			sconnect		15.00-49.00				
	Converter		• Ou	sconnect itlet relocation ove to new addr	Pess	15.00-49.00				

counting Period:	2022/2			FORM SA1-2E. PAGE 3.	
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#	
		AST LLC (BEAUMONT, MS)		22043	
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, W	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the	t (1) stations carried only on a part-tin the carriage of certain network program 51(e)(2) and (4))]; and (2) certain station carried by your cable system on a subs the Special Statement and Program Long and both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, repor evision station for broadcasting over th	evision stations) ne basis under ns [sections ons carried on a stitute program og)—if the on some other on some other ons. N, etc. Identify each t multistream ne air in its community	
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	ering the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instru n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	nal multicast). s licensed by the s identified.	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	WDAM NBC	7	N	LAUREL, MS	
	WHLT CBS	22	N	HATTIESBURG, MS	
ws as Necessary	WLOX ABC	39	N	BILOXI, MS	
	WMAH PBS	16	E	BILOXI, MS	
	WXXV FOX	48	<b>I</b>	GULFPORT, MS	

All-band basis w Special Instruct eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If	t every radio s whose signals ctions Concer it is carried by monitoring, to	tation ca were ger rning Al	arried on a separate and discr nerally receivable by your cab		4			
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If	it is carried by monitoring, to			ble system during				н
	lentify the call tate whether t the radio stati	be recei t the Co sign of e he statio ion's sign	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process	t the system's he system's FM ante this point, see pag	adend, and (2 nna, during c ge (v) of the g	) it can t ertain sta eneral ir	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
Column 4: G	ive the station	n's locatio	< mark in the "S/D" column. on (the community to which th the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2022/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC	(BEAUMON	Г, MS)				22043
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM L	CG			
	In General: In space I, ident	ify every no	nnetwork televi	<i>sion program</i> , broadcast b	y a <i>distant</i> sta	tion, that you	cable syst	tem carried on a
Substitute	substitute basis during the a explanation of the programm	iccounting p	period, under sp	pecific present and former	FCC rules, reg	ulations, or a	uthorization	ns. For a further
Carriage:	1. SPECIAL STATEMEN				0			
Special	During the accounting per				asis any non	network telev	ision nroa	ram
Statement and	• • • •	•	ui cable syster	in carry, on a substitute b	asis, any nom			
Program Log	broadcast by a distant sta						YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer	is "Yes," you i	must complet	e the prog	ram
	log in block 2. 2. LOG OF SUBSTITUTE		AMS					
	In General: List each subs			ate line. Use abbreviatior	ns wherever p	ossible, if the	ir meaning	g is
	clear. If you need more spa	ace, please	add additional	rows to the tables.			-	
	Column 1: Give the title							
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			etball. List specific progr	ani ules, ioi e	skample, i L	Jve Lucy	01
	Column 2: If the program		dcast live, ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broadd	asting the substitute pro	gram.			
	Column 4: Give the broa						e FCC or,	in
	the case of Mexican or Car Column 5: Give the mor						with the n	aanth
	first. Example: for May 7 gi	-	when your sy		le program. O	se numerais,	with the fi	IONUT
	Column 6: State the tim		e substitute pr	ogram was carried by vo	ur cable svste	m. List the tir	nes accura	atelv
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."							
	Column 7: Enter the lett							
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976	•	your system w			anu regulati		
		•						
					WHE	N SUBSTIT	JTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCU		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. TIN FROM —	IES TO	DELETION
					•			
					•			
					.4			
1			L					

Accounting Period:	2022/2	FORM S	A1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (BEAUMONT, MS)	S	YSTEM ID# 22043						
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, see	2,670.23 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 • 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 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						
	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	,100)							
	1. Base amount under statutory formula \$ 263,800.00	<u>)</u>							
	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									
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 See page i of the general instructions in the paper SA1-2 form for more inform		hts!						

Accounting Period:	2022/2			FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: DUTHEAST LLC (BEAUMO	DNT, MS)	SYSTEM ID# 22043
M Channels	to its subscribers. 1. Enter the total system carried t 2. Enter the total on which the ca	, and (2) the cable system's t number of channels on which television broadcast stations number of activated channels ble system carried television	s	5
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour	IER 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, apart Mediacom Park, NY (City, town, state, zip)		
	Email	Copyrights@m	ediacomcc.com Fax (optional)	
O Certification	I, the undersigne     (Owner     (Agent     in li     (Office     in li     I have examined	ed, hereby certify that (Check of r other than corporation or p of owner other than corpora ne 1 of space B and that the of er or partner) I am an officer ( ne 1 of space B. the statement of account and e, and correct to the best of my in 1001(1986)] Typed or printed Title:	ust be certified and signed in accordance with Copyright Office regulations) one, <i>but only one</i> , of the boxes.) <b>partnership</b> ) I am the owner of the cable system as identified in line 1 of space <b>ation or partnership</b> ) I am the duly authorized agent of the owner of the cable owner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified as or hereby declare under penalty of law that all statements of fact contained here <i>k</i> knowledge, information, and belief, and are made in good faith. <b>X</b> /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) d name: <b>Kenneth J. Kohrs</b> <b>Vice President, Financial Reporting</b> ficial position held in corporation or partnership)	B; or system as identified wner of the cable system
		Date:	2/6/2023	

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ounting Period: 2022/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EDIACOM SOUTHEAST LLC (BEAUMONT, MS)	22043
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: <ul> <li>"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.</li></ul>	<b>P</b> 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
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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