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					
3/1/23	\$  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)							
	Versit count calculated							

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.

	<u> </u>	FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMID					
	Mediacom Southeast LLC	2413					
	Instructions: List each separate community served by the cable system. A "communit						
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including si						
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	t 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 ho	ama narke chould be reported in parentheses hele the					
Area	identified city.	ome parks should be reported in parentheses below the					
Served	identified city.						
	CITY OR TOWN	STATE					
First	Marion	KY					
Community	Caldwell County	KY					
	Crittenden	KY					
	Fredonia	KY					
Rows as Necessary	Hopkins County (Madisonville)	KY					
	Princeton	KY					
	Salem	KY					

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Mediacom Southeast LLC** 

#SYSTEM ID 24131

# 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	646	29.95-61.54				
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial	0	29.95-61.54				
Converter						
Residential						
Non-residential						
					1	

# 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 Cable	#####
<ul> <li>Pay cable—add'l channel</li> </ul>	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	15.00-49.00		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24131

#### **Mediacom Southeast LLC**

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
KBSI/KBSI (HD) FOX	22	<u>l</u>	CAPE GIRARDEAU, MO
KBSI-DT3 Comet	22.3	I-M	CAPE GIRARDEAU, MO
KFVS/KFVS(HD) CBS	12	N	Cape Girardeau, MO
KFVS-DT2/KFVS-DT2 (HD) CV	12.2	I-M	Cape Girardeau, MO
KFVS-DT3 Circle	12.3	I-M	Cape Girardeau, MO
KFVS-DT4 MeTV	12.4	I-M	Cape Girardeau, MO
KFVS-DT5 Grit	12.5	I-M	Cape Girardeau, MO
WDKA/WDKA (HD) (MyNet)	49	<u> </u>	Paducah, KY
WDKA-DT2 Charge	49.2	I-M	Paducah, KY
WDKA-DT3 TBD	49.3	I-M	Paducah, KY
WDKA-DT4 Stadium (HD)	49.4	I-M	Paducah, KY
WEHT/WEHT (HD) (ABC)	7	N	Evansville, KY
WEHT-DT2 Laff	7.2	I-M	Evansville, KY
WEHT-DT3 Cozi	7.3	I-M	Evansville, KY
WEVV/WEVV (HD) CBS	45	N	Evansville, KY
WEVV/WEVV-DT2 (HD) FOX	45.2	I-M	Evansville, KY
WFIE/WFIE (HD) NBC	46	N	EVANSNVILLE, IN
WFIE-DT2 MeTV	46.2	I-M	EVANSNVILLE, IN
WFIE-DT3 Circle	46.3	I-M	EVANSNVILLE, IN
WFIE-DT4 Grit	46.4	I-M	EVANSNVILLE, IN
WFIE-DT5 DABLE	46.5	I-M	EVANSNVILLE, IN
WFIE-DT6 True Crime Netwo	46.6	I-M	EVANSNVILLE, IN
WKMU/WKMU(HD)PBS KET	36	E	Murray, KY
WKMU-DT2 KET2 (HD)	36.2	E-M	Murray, KY

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24131

#### **Mediacom Southeast LLC**

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WKMU-DT3 KET KY	36.3	E-M	Murray, KY
WKMU-DT4 PBS Kids	36.4	E-M	Murray, KY
WPSD/WPSD(HD) NBC	32	N	Paducah, KY
WPSD-DT2 Cozi TV	32.2	I-M	Paducah, KY
WPSD-DT3 ANTENNA TV	32.3	I-M	Paducah, KY
WSIL/WSIL(HD) ABC	34	N	Harrisburgh, KY
WSIL-DT2 Heroes & Icons HD	34.2	I-M	Harrisburgh, KY
WSIL-DT3 True Crime	34.3	I-M	Harrisburgh, KY
WSIL-DT4 Court TV HD	34.4	I-M	Harrisburgh, KY
WSMV (NBC)	10	N	Nashville, TN
WTVF (CBS)	5	N	Nashville, TN
WTVW/WTVW(HD) CW	28	l	Evansville, KY
WTVW-DT2 Bounce	28.2	I-M	Evansville, KY
WTVW-DT3 ION Mystery	28.3	I-M	Evansville, KY

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

**Mediacom Southeast LLC** 

24131

#### 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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Accounting Perio		- OAD! - O:	NTENA.				FOR	M SA1-2E. PAGE 5.			
Name	LEGAL NAME OF OWNER OF Mediacom Southeast		STEM:					SYSTEM ID# 24131			
	modiacom codinicaci							24101			
Substitute	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 system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage: Special Statement and	SPECIAL STATEMEN     During the accounting per	_		TITUTE CARRIAGE m carry, on a substitute ba	ısis, any nonr	network te	elevision prog				
Program Log	broadcast by a distant sta		e rest of this pa	age blank If your answer is	s "Yes " vou r	must com	YES	X NO			
	log in block 2.	<b>Note:</b> If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.									
	period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tint to the nearest five minutes stated as "6:00–6:30 p.m."	stitute prograce, please of every not a distant state gulations, vies like "m. Bulls." m was broad sign of the eadcast statinht and day ive "5/7." nes when the Example:	am on a separadd additional add additional and that your authorization ovies" or "bask adcast live, ent station broadd ion's location (ons, if any, they when your sy e substitute pra program care listed programions in effect of	Il rows to the tables. Evision program ("substitute vour cable system substitute vour cable system substitute vour cable system substitute vour cable system substitute programs." Otherwise enter "casting the substitute programs was carried by you ried by a system from 6:0° m was substituted for programing the accounting period voice of the substitute of the system carried by a system from 6:0° m was substituted for programing the accounting period voice of the system carried for programs.	e program") tited for the proneral instruct am titles, for e "No." ram. e station is lide program. Us r cable system 1:15 p.m. to 6 ramming that bod; enter the lited for the program to the program to the program that bod; enter the lited for the program to the	hat, during ogrammin ions for fu example, ' censed by entified). se numera m. List the c:28:30 p.1	g the accoung of another urther informatic love Lucy"  the FCC or, als, with the retimes accurate should be tern was required.	ting station ation. or in month rately			
	effect on October 19, 1976		E PROGRAM	1		N SUBST	TITUTE CURRED	7. REASON FOR			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH 6. TIMES AND DAY FROM — TO			DELETION			
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	LEGAL NAME OF OWNER OF GARLE OVOTEN			-	YSTEM II				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Mediacom Southeast LLC			3	241				
	GROSS RECEIPTS								
K	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								
ross Receipts	(as identified in space E) during the accounting period. For a further explanati								
	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			-	8,970.58				
	IN ONTANT. Tou must complete a statement in space 1 concerning gross in	cocipis.		(Amount of gr	oss receipts)				
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:								
Copyright	Complete block 1, block 2, or block 3.								
Royalty Fee	<ul> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100</li> </ul>			263,800					
	<ul> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more</li> </ul>								
	BLOCK 1: GROSS RECEIPTS OF \$13								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal			this six-mon					
	accounting period is \$52.00	.,	, ou must puy isi						
	Line 1. Royalty fee for accounting period								
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add I			•					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE		ore than \$137,	100)					
	Base amount under statutory formula	\$	263,800.00	-					
	2. Enter amount of gross receipts from space K	\$	208,970.58	-					
	3. Subtract line 2 from line 1	\$	54,829.42	_					
	4. Enter the amount of gross receipts from space K		\$	208,970.58					
	5. Enter the amount from line 3		. \$	54,829.42					
	6. Subtract line 5 from line 4		\$	154,141.16					
	7. Multiply line 6 by .005 (enter figure here)			\$	770.71				
	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		\$	770.71				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)					
	Enter the amount of gross receipts from space K			-					
	Base amount under statutory formula	\$	263,800.00	-					
	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 DI	IE							
	PILING FEE AND TOTAL REWITTANCE DO	) <u> </u>							
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	770.71					
Due	Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00					
	2.1 ming Fee (See the instructions for more morniagon on ming fee calculations)		· <del>V</del>	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	790.71				

Accounting Period:	2022/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Mediacom Southeast LLC	SYSTEM ID# 24131
<b>M</b> Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	st stations  50  63
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs  Address One Mediacom Way	Telephone 845-443-2762
	(Number, street, rural route, apartment, or suite number)  Mediacom Park, NY 10918  (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office re	egulations)
Certification	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line	
	X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity ide in line 1 of space B.	·
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact confuser true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]	tained nerein
	X /s/ Kenneth J. Kohrs	
	Enter an electronic signature on the line above to certify this statem Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ent.
	Typed or printed name: Kenneth J. Kohrs	
	Title: Vice President, Financial Reporting  (Title of official position held in corporation or partnership)	
	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 fling, a determination that would be made by a court of law.

Accounting Period: 2022/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 24131 **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. Owner Address ID number First community served

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Accounting period