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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:		
	ary Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>	
	uctions are located	3/1/23	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:	
in the first tab of this workbook			ALLOCATION NUMBER	Tel: (202) 707-8150	
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))		

Α	ACC	OUNTING 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								
		Instructions:						
В		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 (APPLETON CITY, 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)						
-	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these						
С		s 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 (APPLETON CITY, MO)						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	P.O. BOX 249						
	2	(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 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 (APPLETON CITY, MO)	SYSTEM ID 2415				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings.					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.					
First	CITY OR TOWN APPLETON CITY	STATE MO				
Community						
dd Rows as Necessary						

	LEGAL NAME OF OWNER OF O	ABLE SYSTEM	:					FORM SA1			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (APPLETON CITY, MO)								2415		
					0)						
Е	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										
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Transmission	last day of the accounting period							0			
Service: Sub-	Number of Subscribers: Both	•									
scribers and 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										
Rales	separately for the particular serv			•••		•		schargeu			
	Rate: Give the standard rate of					•	,	ge and the			
	unit in which it is generally billed					ard rate variatior	is within a	particular rate			
	category, but do not include disc							as that ashis			
	Block 1: In the left-hand block 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 u	nder "Serv	ice to the			
	first set" and would be counted o	0			· · ·						
	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.		o ngin			50 mora accomp					
	BLC	DCK 1					BLOC	٢2			
		NO. OF		DATE	CAT			NO. OF			
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT		
	Service to first set		28	40.49-51.09							
			20	40.49-51.09							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel Commercial		0	40 40 54 00							
	Converter		U	40.49-51.09							
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC				:c						
_						all your cable sy	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	•			0		0 (,			
Services Other Than	furnished at cost or (2) services										
Secondary	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.										
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	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						BLOCK 2			
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:			ation: Non-res	idential		F	T \(
	• Pay cable	PP		otel, hotel			Family	IV	####		
	Pay cable—add'l channel	PP		mmercial							
	Fire protection			y cable							
	•Burglar protection			y cable-add'l cl	nannel						
	Installation: Residential			e protection							
	• First set	49.99		rglar protection							
	Additional set(s)	15.00-49.00		services:							
	• FM radio (if separate rate)			connect		49.00					
	Center		I • Dis	sconnect							
	Converter										
	• Convenier		۰Ou	itlet relocation		15.00-49.00					

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM				
Name	MEDIACOM SOUTHE	AST LLC (APPLETON CITY, MO	D)	24				
	PRIMARY TRANSMITTERS:	•	,					
G Primary ansmitters: relevision	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute Basis Stations basis under specific FCC ru • Do not list the station her station was carried only or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	 a General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 6.59(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 ubstitute program basis, as explained in the next paragraph. ubstitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program asis 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 lation 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 asis. For further information concerning substitute basis stations, see page (v) of the general instructions. olumn 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each utilicast stream associated with a station according to its over-the-air designation. For example, report multistream NETA-2" as the same on the form. olumn 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community flicense. For example, WRC is channel 4 in Washington, D.C. olumn 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial ducational station, by entering the letter "N" (for network multicast), "T" (for independent), "I-M" or independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). or the meaning of these terms, see page (iv) of the general instructions in						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KCPT PBS	18	E	KANSAS CITY, MO				
	KCWE CW	31	I	KANSAS CITY, MO				
ows as Necessary	KMBC ABC	29	N	KANSAS CITY, MO				
	KMOS PBS	15	E	SEDALIA/WARRENSBURG, MO				
	KOAM CBS	7	N	PITTSBURG, KS				
	KODE ABC	43	N	JOPLIN, MO				
	KOLR CBS	10	N	SPRINGFIELD, MO				
	KPXE ION	31	I	KANSAS CITY, MO				
	KSHB NBC	42	N	KANSAS CITY, MO				
	KSNF NBC	46	N	JOPLIN, MO				
	WDAF FOX	34	I	KANSAS CITY, MO				

TRANSMITTERS: RADIO List every radio station carried on a separate and discrete basis and list those FM stations carried on an sis whose signates were generally receivable by your cable system during the accounting period. The many sequence of the system whenever it is received at the system 'the antenna, during chain stated intervals. The many sequence of the system whenever it is received at the system 'the antenna, during chain stated intervals. The many sequence of the system whenever it is received at the system 'the antenna, during chain stated intervals. The many sequence of the system whenever it is received at the system 'the antenna, during chain stated intervals. The many sequence of the system whenever it is received at the system 'the antenna, during chain stated intervals. The many sequence of the system 'the antenna, during chain stated intervals. The many sequence of the system 'the antenna, during chain stated intervals. The many sequence of the system 'the antenna, during chain stated intervals. The many sequence of the system 'the antenna, during chain stated intervals. The many sequence of the system 'the antenna, during chain state the system 'the state of state of the state of state of the system 'the system 'the system 'the system 'the system 'the system 'the sys	
 If (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, so of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. If information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. form. It identify the call sign of each station carried. It is the radio station's signal was electronically processed by the cable system as a separate and discrete cate this by placing a check mark in the "S/D" column. Give the station's location (the community to which the station is licensed by the FCC or, in the case of Canadian stations, if any, the community with which the station is identified). 	List e
AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION Image: Im	(1) it of m inform : Ide : Sta : If th te th : Giv
	1
Image: Section of the section of th	
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Accounting Perio	od: 2022/2						FORM	A SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#		
Name	MEDIACOM SOUTHEA	ST LLC	(APPLETO	I CITY, MO)				24154		
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	DG					
	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 full explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							ns. For a further		
Substitute					the general in:	structions i	n the paper S	A1-2 form.		
Carriage: Special	1. SPECIAL STATEMEN	-								
Statement and	 During the accounting per 		ur cable syster	n carry, on a substitute ba	asis, any noni	network te	levision progi			
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 i	s "Yes," you	nust comp	plete the prog	Iram		
	log in block 2.									
	2. LOG OF SUBSTITUTI									
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if i	their meaning	j is		
				vision program ("substitut	e program") t	hat, during	the account	ing		
	period, was broadcast by a									
	under certain FCC rules, re Do not use general categor									
	"NBA Basketball: 76ers vs.					skampio,				
				er "Yes." Otherwise enter						
				asting the substitute prog the community to which th		censed by	the FCC or.	in		
	the case of Mexican or Car	nadian stati	ons, if any, the	community with which th	e station is id	entified).				
			when your sy	stem carried the substitut	e program. U	se numera	als, with the m	nonth		
	first. Example: for May 7 gir Column 6: State the tim		e substitute pr	ogram was carried by you	ır cable syste	m. List the	times accura	ately		
	to the nearest five minutes.							,		
	stated as "6:00–6:30 p.m."	or "D" if the	lictod program	n was substituted for proc	romming the	vour evet	om was roou	irod		
	to delete under FCC rules a									
	was substituted for program	•	your system w	as permitted to delete une	der FCC rules	and regu	lations in	-		
	effect on October 19, 1976									
					WHE	N SUBST	ITUTE			
	S	JBSTITUT	E PROGRAM			AGE OCC		7. REASON FOR		
	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	DELETION		
		100 01 110	0,122 01011							
							_			
]					
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							_			
			L] [—			

Accounting Period:	2022/2	FORM SA	A1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (APPLETON CITY, MO)	S	24154 YSTEM						
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	9,611.72 sss 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 \$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 for 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	00)							
	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		hts!						

Accounting Period:	2022/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (APPLETON CITY, MO)	SYSTEM ID# 24154
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable syste to its subscribers, and (2) the cable system's total number of activated channels 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	s during the accounting period.
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED we can contact about this statement of account.)	(Identify an individual to whom
for Further Information	Name Kenneth J. Kohrs	Telephone 845-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com	Fax (optional)
O Certification	CERTIFICATION (This statement of account must be certified and signed in acc • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the X (Agent of owner other than corporation or partnership) I am the dul in line 1 of space B and that the owner is not a corporation or partner (Officer or partner) I am an officer (if a corporation) or a partner (if a p in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of la are true, complete, and correct to the best of my knowledge, information, and belie [18 U.S.C., Section 1001(1986)] M Corporation 1001(1986)] Typed or printed name: Kenneth J. Koh Title: Vice President, Financi (Title of official position held in corporation or partner) Date:	e cable system as identified in line 1 of space B; or ly authorized agent of the owner of the cable system as identified ership; or partnership) of the legal entity identified as owner of the cable system aw that all statements of fact contained herein ef, and are made in good faith. <u>ohrs</u> he line above to certify this statement. ture" (e.g., /s/ John Smith) rs Ial Reporting
	Date:	2/6/2023

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counting Period: 2022/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM SOUTHEAST LLC (APPLETON CITY, MO)	24154
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- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement 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 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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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