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 Secondary Transmissions by Cable Systems (Short Form)     DATE RECEIVED     AMOUNT     coplicsoa@loc.gov       \$     3/1/23     \$     For additional information, contact the U.S. Copyright	STATE	IENT OF ACCOUNT	FOR COPYRIG	FOR COPYRIGHT OFFICE USE ONLY		
General instructions are located in the first tab of this workbook	for Secondary Transmissions by		DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>	
A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))			3/1/23		contact the U.S. Copyright Office Licensing Division at:	
2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	Α					

		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.	5077
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MCC Georgia, LLC (Eastman, GA)	
		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>UCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	-		
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(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:	SYSTEM ID#			
	MCC Georgia, LLC (Eastman, GA)	5077			
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.				
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the			
	CITY OR TOWN	STATE .			
First	Eastman	GA STATE			
Community	Dodge	GA			
	MCRAE	GA			
ws as Necessary	HELENA	GA			
	TELFAIR	GA			

	1							FORM SA1-		
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM ID	
	MCC Georgia, LLC (Eas	tman, GA)							507	
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND R	ATES					
E	General: The information in space E should cover all categories of secondary transmission service of the cable     vetem that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
0	ystem, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information bout other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Secondary Fransmission	last day of the accounting period						Inose exist	ing on the		
Service: Sub-	Number of Subscribers: Both						ble system	, broken		
scribers and	down by categories of secondary	y transmission	service.	In general, yo	u can con	npute the number	er of subsc	ribers in		
Rates	each category by counting the n		<i>,</i>	0,0			,	charged		
	separately for the particular serv Rate: Give the standard rate c					•	,	and the		
	unit in which it is generally billed	-	-	•			-			
	category, but do not include disc	• •	,							
	Block 1: In the left-hand block			-		•				
	systems most commonly provide									
	that applies to your system. <b>Not</b> categories, that person or entity			-		-				
	subscriber who pays extra for ca						•			
	first set" and would be counted of									
	Block 2: If your cable system	-		•						
	printed in block 1 (for example, t						,			
	with the number of subscribers a sufficient.		e nym-na	and DIOCK. A tv	vo- or time	e-word descript		Service is		
	BLC						BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:	SOBOCIVID			0A11		WICE	SOBSCITIBEITS		
	Service to first set		690	27.00-74.49						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		0	27.00-74.49						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	S					
F	In General: Space F calls for rat	•	,		-	• •				
•	not covered in space E, that is, t service for a single fee. There ar					,	,			
Services	furnished at cost or (2) services	•	-		•					
Other Than			usually	billed. If any ra	ites are cl	narged on a vari	able per-p	rogram basis,		
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.									
Fransmissions: 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.									
	BLOCK 1						BLOCK 2			
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	/ICE	RATE	CATEGO	DRY OF SERVICE	RATE	
	Continuing Services:		Installa	tion: Non-res	dential					
	• Pay cable	PP	• Mote	el, hotel			Family	Cable	####	
	Pay cable—add'l channel	PP		mercial						
	Fire protection			cable						
	•Burglar protection		-	cable-add'l ch	annel					
	Installation: Residential			protection						
		109.99		lar protection						
	• First set		Others							
	<ul> <li>Additional set(s)</li> </ul>	15.00-49.00		ervices:						
	• Additional set(s) • FM radio (if separate rate)		• Rec	onnect		49.00				
	<ul> <li>Additional set(s)</li> </ul>	15.00-49.00 10.50	• Rec • Disc	onnect onnect						
	• Additional set(s) • FM radio (if separate rate)		• Reco • Disc • Outl	onnect		49.00 15.00-49.00				

counting Period: 2	-			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF MCC Georgia, LLC (Ea			5151EM 10
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channe of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	lso in space I, if the station was carrien n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part-t the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub the Special Statement and Program ed both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep- or "E-M" (for noncommercial educati- uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a postitute program _og)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WALB/WALB(HD) NBC	10	N	Albany, GA
	WALB-DT3 Bounce	10.3	I-M	Albany, GA
dd Rows as Necessary	WGNM/WGNM(HD) CTN	45	I	Macon, GA
	WGXA/WGXA(HD) FOX	16	I	Macon, GA
	WGXA ABC (HD)	16.1	N-M	Macon, GA
	WGXA-DT2 (ABC)	16.2	N-M	Macon, GA
	WGXA-DT3 COMET	16.3	I-M	Macon, GA
	WMAZ/WMAZ(HD) CBS	13	N	Macon, GA
	WMAZ-DT2/WMAZ-DT2 (HD)	13.2	I-M	Macon, GA
	WMAZ-DT3 True Crime Netwo	13.3	I-M	Macon, GA
	WMUM/WMUM (HD) PBS	29	E	Macon, GA
	WMUM/WMUM (HD) PBS WPGA/WPGA(HD) IND	<u>29</u> 58		
			E	Macon, GA
	WPGA/WPGA(HD) IND	58	E	Macon, GA Perry, GA
	WPGA/WPGA(HD) IND	58	E	Macon, GA Perry, GA
	WPGA/WPGA(HD) IND	58	E	Macon, GA Perry, GA
	WPGA/WPGA(HD) IND	58	E	Macon, GA Perry, GA
	WPGA/WPGA(HD) IND	58	E	Macon, GA Perry, GA
	WPGA/WPGA(HD) IND	58	E	Macon, GA Perry, GA
	WPGA/WPGA(HD) IND	58	E	Macon, GA Perry, GA
	WPGA/WPGA(HD) IND	58	E	Macon, GA Perry, GA
	WPGA/WPGA(HD) IND	58	E	Macon, GA Perry, GA
	WPGA/WPGA(HD) IND	58	E	Macon, GA Perry, GA

MCC Georgi	• OWNER OF (							SYSTEM I 50
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he static ion's sign g a check n's locatio	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 c mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral ii eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0				5,0		
						<b></b>		
						<u> </u>		
						<u> </u>		
						<b> </b>		
						<u> </u>		
						<b> </b>		
						<u> </u>		
						<b> </b>		

counting Perio	LEGAL NAME OF OWNER OF	- CABLE SYS						SYSTEM ID
Name	MCC Georgia, LLC (Ea	astman, G	A)					507
_	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM L	DG			
	In General: In space I, ident							
• • • • •	substitute basis during the a							
Substitute Carriage:	explanation of the program				the general ins	structions in	the paper	5A 1-2 10fm.
Special	<ol> <li>SPECIAL STATEMEN</li> <li>During the accounting period</li> </ol>				asis any non	network tel	vision pro	aram
tatement and	broadcast by a distant sta	•	il cable syster	in carry, on a substitute b	asis, any nom			
	Note: If your answer is "No		rest of this pa	age blank. If your answer	is "Ves " vou	L must.compl	YES	
	log in block 2.	, leave the		ge blank. If your answer	15 165, you i	nusi compi	ete the pro	gram
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograt <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Cat <b>Column 5:</b> Give the mon first. Example: for May 7 gi	e of every no a distant stat egulations, o ries like "mo . Bulls." m was broad sign of the s adcast statio nadian statio nth and day ive "5/7." nes when the . Example: a	nnetwork tele tion and that y or authorization ovies" or "bask dcast live, entu station broadc on's location (i ons, if any, the when your sy e substitute pr	vision program ("substitu our cable system substitu ns. See page (v) of the gr etball." List specific progr er "Yes." Otherwise enter casting the substitute prog the community to which t e community with which the stem carried the substitute ogram was carried by you	uted for the pro- eneral instruct am titles, for e "No." gram. ne station is lin ne station is id te program. U ur cable syste	ogramming ions for fur example, "I censed by f entified). se numeral m. List the	of anothei ther inform Love Lucy the FCC or s, with the times accu	r station ation. " or , in month irately
	<b>Column 7:</b> Enter the lett to delete under FCC rules was substituted for program	ter "R" if the and regulation mming that y	ons in effect d		od; enter the	etter "P" if	the listed p	
	<b>Column 7:</b> Enter the lett to delete under FCC rules	ter "R" if the and regulation mming that y	ons in effect d	luring the accounting peri	od; enter the l der FCC rules	etter "P" if	the listed p ations in	
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Accounting Period:	2022/2			FORM S	6.00 SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Georgia, LLC (Eastman, GA)			Ş	SYSTEM ID# 5077
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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	ystem's se n of how to	condary transm o compute this a	ission service amount, see \$2!	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less that	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00 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 line				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	250,065.66		
	3. Subtract line 2 from line 1	\$	13,734.34		
	4. Enter the amount of gross receipts from space K		. \$ 2	250,065.66	
	5. Enter the amount from line 3		. \$	13,734.34	
	6. Subtract line 5 from line 4		\$ 2	236,331.32	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,181.66
	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	· · · · · · · · · · · · · · · · · · ·	\$	1,181.66
	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	\$	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 DUE	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,181.66	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,201.66
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-		-		ghts!

Accounting Period:	2022/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Georgia, LLC (Eastman, GA)	SYSTEM ID 5077
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the to its subscribers, and (2) the cable system's total number of activated 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	channels during the accounting period.
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS we can contact about this statement of account.)	<b>VEEDED</b> (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)
Certification	<ul> <li>in line 1 of space B and that the owner is not a corporation</li> <li>(Officer or partner) I am an officer (if a corporation) or a part in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under peare true, complete, and correct to the best of my knowledge, information [18 U.S.C., Section 1001(1986)]</li> <li>Image: Section 1001(1986)</li> </ul>	oxes.) her of the cable system as identified in line 1 of space B; or m the duly authorized agent of the owner of the cable system as identified or partnership; or her (if a partnership) of the legal entity identified as owner of the cable system nalty of law that all statements of fact contained herein and belief, and are made in good faith.  th J. Kohrs  J. Kohrs  Financial Reporting
l	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.

unting Period: 2022/2	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
C Georgia, LLC (Eastman, GA)	507
<ul> <li>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."     </li> <li>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.</li> <li>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?     </li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Mailing Address	
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 Assessmen
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	

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I	1.00
Ν	0.25
E	0.25
I-M	1
N-M	0.25
E-M	0.25