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 COPYRIGHT OFFICE USE ONLY	ail to:						
for Secondary Transmissions by DATE RECEIVED AMOUNT	coplicsoa@loc.gov						
Cable Systems (Short Form) For ad contact General instructions are located Office	dditional information, ct the U.S. Copyright Licensing Division at: 202) 707-8150						
A 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							
B 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 o the subsidiary, not that of the parent corporation.	of						
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.	e						
Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	1800						
LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
MEDIACOM SOUTHEAST LLC (LOWRY 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)							
C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unames already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s							
System 1 IDENTIFICATION OF CABLE SYSTEM:							
MEDIACOM SOUTHEAST LLC							
MAILING ADDRESS OF CABLE SYSTEM: P.O. BOX 249							
2 (Number, street, rural route, apartment, or suite number) EXCELSIOR SPRINGS, MO 64024							
(City, town, state, zip code)							

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Accounting Period:	2023/1	FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (LOWRY CITY, MO)	SYSTEM ID# 1800					
D Area Served	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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.						
	CITY OR TOWN	STATE					
First Community	LOWRY CITY	МО					
Add Rows as Necessary							
,							

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	MEDIACOM SOUTHEAST LLC (LOWRY CITY, MO)								180
	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB	ERS AND RAT	ES				
E	In General: The information in sp	pace E should	cover al	l categories of s	econdary				
. .	system, that is, the retransmission								
Secondary Transmission	about other services (including particular day of the accounting period				-		nose existir	ng on the	
Service: Sub-	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								
scribers and	down by categories of secondary								
Rates	each category by counting the nu							charged	
	separately for the particular servi Rate: Give the standard rate cl							e and the	
	unit in which it is generally billed.	-	-	•			-		
	category, but do not include disce	ounts allowed	for adva	nce payment.			•		
	Block 1: In the left-hand block	•		Ű					
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity			-		-			
	subscriber who pays extra for cal						•		
	first set" and would be counted o								
	Block 2: If your cable system h printed in block 1 (for example, ti	•							
	with the number of subscribers a								
	sufficient.								
	BLC	DCK 1					BLOCK		I
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		8	40-65					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	40-65					
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SECO								
F	In General: Space F calls for rate								
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services of	•		•			0 ()		
Other Than	amount of the charge and the un		usually l	billed. If any rate	es are cha	arged on a varia	ble per-pro	ogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the I		na cahla	system for eac	h of the a	nnlicable servic	os listad		
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		ORY OF SERV		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-resid	lential			· ·	
	• Pay cable	PP		el, hotel			FAMIL	r IV	105.0
	Pay cable—add'l channel	PP		nmercial					
	Fire protection		-	r cable	mart				
	•Burglar protection		-	cable-add'l cha	nnel				
	Installation: Residential	40.00		protection					
	First set Additional set(s)	49.99		glar protection services:					
	 Additional set(s) FM radio (if separate rate) 	49.00		connect		49.00			
	• Converter			connect		43.00			
	Converter			let relocation		49.00			
				iot reiocation		43.00			
			• Mov	/e to new addres	88				

Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM I				
Name	MEDIACOM SOUTHEAST LLC (LOWRY CITY, MO)							
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Insmitters: elevision	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, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network, station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for noncommercial educational 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 licenseed by the FCC. For Mexican or Canadian station, st							
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION							
	КМВС АВС	29	N	KANSAS CITY, MO				
	KMOS PBS	15	Е	SEDALIA, MO				
ows as Necessary	KOLR CBS	10	N	SPRINGFIELD, MO				
	KPXE ION	51	I	KANSAS CITY, MO				
	KYTV NBC	44	Ν	SPRINGFIELD, MO				
	WDAF FOX	34	I	KANSAS CITY, MO				
	WDAF FOX	34	I	KANSAS CITY, MO				
	WDAF FOX	34	1	KANSAS CITY, MO				
	WDAF FOX	34	I	KANSAS CITY, MO				
		34		KANSAS CITY, MO				
		34		KANSAS CITY, MO				
		34		KANSAS CITY, MO				
		34		KANSAS CITY, MO				
		34		KANSAS CITY, MO				
				KANSAS CITY, MO				

Accounting P	eriod: 2023	/1					FOR	M SA1-2E. PAGE 4.
LEGAL NAME OF OWNER OF CABLE SYSTEM:						SYSTEM ID#		
MEDIACOM	SOUTHEAS	ST LLC	(LOWRY CITY, MO)					1800
PRIMARY TRA In General: List			rried on a separate and discre	te basis and list t	hose FM stati	ions car	ried on an	н
all-band basis whose signals were generally receivable by your cable system during the accounting period.								
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.							Primary Transmitters: Radio	
For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM.								
signal, indicate	this by placing	g a check	nal was electronically processe mark in the "S/D" column. on (the community to which the					
			the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	1	I	1	1			I	L

Accounting Perio	od: 2023/1					FOI	RM SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF						SYSTEM ID#		
name	MEDIACOM SOUTHEA	ST LLC (LOWRY CITY	Ύ, МО)			1800		
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	ì				
Substitute	In General: In space I, identify <i>every nonnetwork television program</i> , broadcast by a <i>distant</i> station, that your cable system carried on <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furthe 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:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant stat	tion?				YES	×NO		
	Note: If your answer is "No	. leave the	rest of this pac	e blank. If vour answer is	"Yes." vou mu		am		
	log in block 2.	,	reer er ane pag		roo, journe	and complete the progre			
	2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was substituted for programming that your system was permitted to delete u								
	effect on October 19, 1976.	UBSTITUT	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. F		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. TIMES FROM — TO	DELETION		
						—			
						_			
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Accounting Period:	2023/1	FORM S	A1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (LOWRY CITY, MO)	S	YSTEM ID# 1800						
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 s amount, see	3,164.64 oss 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 \$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-month							
	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 \$13	7,100)							
	1. Base amount under statutory formula \$ 263,800.0	0							
	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 \$ 263,800.0	0							
	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	· · <u> </u>							
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and									
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		nts!						

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7		
Name		OWNER OF CABLE SYSTEM: OUTHEAST LLC (LOWRY C	СІТҮ, МС)		SYSTEM ID# 1800		
M Channels	to its subscrib 1. Enter the to system can 2. Enter the to on which th	ers, and (2) the cable system's t tal number of channels on which ied television broadcast stations tal number of activated channels e cable system carried televisior	total numl h the cabl s ls n broadca		unting period.	6 51		
N Individual to		TO BE CONTACTED IF FURTH t about this statement of accour		RMATION IS NEEDED (Identify an individ	dual to whom			
Be Contacted for Further Information	Name	Kenneth J. Kohrs			Telephone 84	45-443-2762		
	Address	One Mediacom Way (Number, street, rural route, apartm Mediacom Park, NY (City, town, state, zip)		e number)				
	Email	Copyrights@me	diacomc	c.com F	ax (optional			
	CERTIFICATION	I (This statement of account mu	ist be cert	ified and signed in accordance with Copyr	right Office regulations)			
O Certification	 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 cable system as identified in line 1 of space B; or X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 identified as owner of the cable system 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 contained herein 							
		ction 1001(1986)]	X Enter an e	e, information, and belief, and are made in /s/ Kenneth J. Kohrs dectronic signature on the line above to certif ature using an "/s/ signature" (e.g., /s/ John 1	iy this statement.			
		Typed or printed		Kenneth J. Kohrs				
		Title: (Title		Vice President, Financial Report position held in corporation or partnership)	orting			
		Date:			8/3/2023			

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counting Period: 2023/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM SOUTHEAST LLC (LOWRY CITY, MO)	1800
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
 * 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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