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.

**STATEMENT OF ACCOUNT** for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

## SA1-2E Short Form

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 (HUNTLAND, TN)
	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
	MEDIACOM SOUTHEAST LLC
	MAILING ADDRESS OF CABLE SYSTEM:
	2 123 WARE DRIVE (Number, street, rural route, apartment, or suite number)
	HUNTSVILLE, AL 35811 (City, town, state, zip code)
	(נאוז), נעשוו, אמוה, בוף נעשל)

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8/28/2023

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Accounting Period:	2023/1	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (HUNTLAND, TN)	SYSTEM ID# 20339
D Area Served	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon city.	is the same as a "community unit" as defined in FCC rules: "a nities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First Community	HUNTLAND	TN
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA								TEM ID
Name								510	2033
	MEDIACOM SOUTHEAS	I LLC (HUN	ILAN	ID, IN)					2000
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES				
E	In General: The information in sp								
Secondary	system, that is, the retransmissic about other services (including p								
Transmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both	blocks in spac	e E cal	I for the numbe	r of subsci	ribers to the cab	•		
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular servi							cnarged	
	Rate: Give the standard rate cl							e and the	
	unit in which it is generally billed.				ny standaro	d rate variations	within a pa	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ion of coor	ndan, transmiss	sion convio	o that cablo	
	systems most commonly provide			•					
	that applies to your system. Note								
	categories, that person or entity s						•		
	subscriber who pays extra for ca					in the count und	ler "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system h					service that are	different fro	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	nd rates, in the	right-h	and block. A tw	o- or three	e-word description	on of the se	ervice is	
	sufficient.	DCK 1					BLOC	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		40						
	Service to first set		18	29.95-52.04					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial		•	20.05.52.04					
	Commercial		0	29.95-52.04					
	Residential								
	Non-residential								+
									•
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	3				
F	In General: Space F calls for rat								
Г	not covered in space E, that is, the					,	,		
Services	service for a single fee. There are furnished at cost or (2) services of								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
Fransmissions: Rates	Block 1: Give the standard rate Block 2: List any services that							were not	
Rates	listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
					VICE	RATE	CATEG	ORY OF SERVICE	RATE
	CATEGORY OF SERVICE	RATE	0	GORY OF SER	VICL				
	CATEGORY OF SERVICE Continuing Services:	RATE		ation: Non-res					
		PP	Install				Family	тv	105.0
	Continuing Services:		Install • Mo	ation: Non-res			Family	тv	
	Continuing Services: • Pay cable	PP	Install • Mo • Co	ation: Non-res itel, hotel			Family	тv	
	Continuing Services: • Pay cable • Pay cable—add'l channel	PP	Install • Mo • Co • Pa	<b>ation: Non-res</b> tel, hotel mmercial	idential		Family	TV	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	PP	Install • Mo • Co • Pa • Pa	<b>ation: Non-res</b> itel, hotel mmercial y cable	idential		Family	TV	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	PP PP 109.99	Install • Mo • Co • Pa • Pa • Fin • Bu	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	<b>idential</b> nannel		Family	TV	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	PP PP 109.99	Install • Mo • Co • Pa • Pa • Fir • Bu • Bu	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	<b>idential</b> nannel		Family	TV	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	PP PP 109.99	Install • Mo • Co • Pa • Pa • Fir • Bu • Bu	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	<b>idential</b> nannel	49.00	Family	TV	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	PP PP 109.99	Install • Mo • Co • Pa • Fir • Bu Other • Re • Dis	ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect sconnect	<b>idential</b> nannel		Family	TV	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	PP PP 109.99 49.00	Install • Mo • Co • Pa • Fir • Bu Other • Re • Dis	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	<b>idential</b> nannel	49.00	Family	TV	

Nama	LEGAL NAME OF OWNER OF CAB	LE SYSTEM:		SYSTEM					
Name	MEDIACOM SOUTHEAST	LLC (HUNTLAND, TN)		20					
	PRIMARY TRANSMITTERS:	TELEVISION							
G		every television station (including trans	•						
G		ing the accounting period, <i>except</i> (1) ect on June 24, 1981, permitting the ca							
Primary	5								
ransmitters: Television	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. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program								
relevision	basis under specific FCC rules, r		u by your cable system on a substitut	eprogram					
	<ul> <li>Do not list the station here in sp station was carried only on a sull</li> </ul>	pace G—but do list it in space I (the Sp	pecial Statement and Program Log)-	–if the					
	-	n space I, if the station was carried bot	th on a substitute basis and also on s	ome other					
		ncerning substitute basis stations, see Il sign. <i>Do not</i> report origination progr		a Identify each					
		a station according to its over-the-air							
	"WETA-2" as the same on the fo	rm. nber the FCC assigned to the televisio	on station for broadcosting over the a	ir in ite community					
	of license. For example, WRC is	5	on station for broadcasting over the a	in this community					
	Column 3: Indicate in each case	whether the station is a network station	•						
	, , ,	he letter "N" (for network), "N-M" (for r for noncommercial educational), or "E	<i>//</i>						
	For the meaning of these terms,	see page (iv) of the general instruction	ns in the paper SA1-2 form.						
		each station. For U.S. stations, list the stations, if any, give the name of the co	5	,					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WAAY/WAAY (HD) ABC	32	Ν	HUNTSVILLE, AL					
	WAAY-DT2 ION Televisio	32.2	I-M	HUNTSVILLE, AL					
	WAAY-DT3 DABL	32.3	I-M	HUNTSVILLE, AL					
	WAFF/WAFF (HD) NBC	48	N	HUNTSVILLE, AL					
	WAFF-DT2 Bounce TV	48.2	I-M	HUNTSVILLE, AL					
	WAFF-DT3 Circle	48.3	I-M	HUNTSVILLE, AL					
	WAFF-DT4 Laff	48.4	I-M	HUNTSVILLE, AL					
	WAFF-DT5 Grit	48.5	I-M						
	WAIT-DIS GII		1-141						
d Rows as Necessary	WHDF/WHDF (HD) CW	14	 I	FLORENCE, AL					
d Rows as Necessary			I I-M	······································					
d Rows as Necessary	WHDF/WHDF (HD) CW	14	l	FLORENCE, AL					
d Rows as Necessary	WHDF/WHDF (HD) CW WHDF-DT2 Court TV	14 14.2	l I-M	FLORENCE, AL FLORENCE, AL					
d Rows as Necessary	WHDF/WHDF (HD) CW WHDF-DT2 Court TV WHIQ/WHIQ (HD) PBS	14 14.2 24	I I-M E	FLORENCE, AL FLORENCE, AL HUNTSVILLE, AL					
d Rows as Necessary	WHDF/WHDF (HD) CW WHDF-DT2 Court TV WHIQ/WHIQ (HD) PBS WHIQ-DT2 PBS KIDS	14 14.2 24 24.2	I I-M E E-M	FLORENCE, AL FLORENCE, AL HUNTSVILLE, AL HUNTSVILLE, AL					
d Rows as Necessary	WHDF/WHDF (HD) CW WHDF-DT2 Court TV WHIQ/WHIQ (HD) PBS WHIQ-DT2 PBS KIDS WHIQ-DT3 Create	14 14.2 24 24.2 24.3	I I-M E E-M E-M	FLORENCE, AL FLORENCE, AL HUNTSVILLE, AL HUNTSVILLE, AL HUNTSVILLE, AL					
d Rows as Necessary	WHDF/WHDF (HD) CW WHDF-DT2 Court TV WHIQ/WHIQ (HD) PBS WHIQ-DT2 PBS KIDS WHIQ-DT3 Create WHIQ-DT4 PBS WORLD	14 14.2 24 24.2 24.3 24.4	I I-M E E-M E-M E-M	FLORENCE, AL FLORENCE, AL HUNTSVILLE, AL HUNTSVILLE, AL HUNTSVILLE, AL HUNTSVILLE, AL					
d Rows as Necessary	WHDF/WHDF (HD) CW WHDF-DT2 Court TV WHIQ/WHIQ (HD) PBS WHIQ-DT2 PBS KIDS WHIQ-DT3 Create WHIQ-DT4 PBS WORLD WHNT/WHNT (HD) CBS	14 14.2 24 24.2 24.3 24.4 19	I I-M E E-M E-M E-M N	FLORENCE, AL         FLORENCE, AL         HUNTSVILLE, AL					
d Rows as Necessary	WHDF/WHDF (HD) CW WHDF-DT2 Court TV WHIQ/WHIQ (HD) PBS WHIQ-DT2 PBS KIDS WHIQ-DT3 Create WHIQ-DT4 PBS WORLD WHNT/WHNT (HD) CBS WHNT-DT3 Antenna TV	14 14.2 24 24.2 24.3 24.4 19 19.3	I I-M E E-M E-M E-M N I-M	FLORENCE, AL         FLORENCE, AL         HUNTSVILLE, AL					
d Rows as Necessary	WHDF/WHDF (HD) CW WHDF-DT2 Court TV WHIQ/WHIQ (HD) PBS WHIQ-DT2 PBS KIDS WHIQ-DT3 Create WHIQ-DT4 PBS WORLD WHNT/WHNT (HD) CBS WHNT-DT3 Antenna TV WSMV NBC	14 14.2 24 24.2 24.3 24.4 19 19.3 10	I I-M E E-M E-M E-M N I-M	FLORENCE, AL         FLORENCE, AL         HUNTSVILLE, AL					
d Rows as Necessary	WHDF/WHDF (HD) CW WHDF-DT2 Court TV WHIQ/WHIQ (HD) PBS WHIQ-DT2 PBS KIDS WHIQ-DT3 Create WHIQ-DT4 PBS WORLD WHNT/WHNT (HD) CBS WHNT-DT3 Antenna TV WSMV NBC WTZT Cozi TV	14 14.2 24 24.2 24.3 24.4 19 19.3 10 27	I I-M E E-M E-M E-M N I-M	FLORENCE, AL         FLORENCE, AL         HUNTSVILLE, TN         NASHVILLE, TN					
d Rows as Necessary	WHDF/WHDF (HD) CW WHDF-DT2 Court TV WHIQ/WHIQ (HD) PBS WHIQ-DT2 PBS KIDS WHIQ-DT3 Create WHIQ-DT4 PBS WORLD WHNT/WHNT (HD) CBS WHNT-DT3 Antenna TV WSMV NBC WTZT Cozi TV WZDK/WZDX (HD) FOX	14         14.2         24         24.2         24.3         24.4         19         19.3         10         27         41	I I-M E E-M E-M E-M I I N I-M N I I I	FLORENCE, AL         FLORENCE, AL         HUNTSVILLE, TN         NASHVILLE, TN         HUNTSVILLE, AL					
d Rows as Necessary	WHDF/WHDF (HD) CW WHDF-DT2 Court TV WHIQ/WHIQ (HD) PBS WHIQ-DT2 PBS KIDS WHIQ-DT3 Create WHIQ-DT4 PBS WORLD WHNT/WHNT (HD) CBS WHNT-DT3 Antenna TV WSMV NBC WTZT Cozi TV WZDK/WZDX (HD) FOX	14 14.2 24 24.2 24.3 24.4 19 19.3 10 27 41 41.2	I I-M E E-M E-M E-M I-M I-M I I I I I I I I I I I I I I	FLORENCE, AL         FLORENCE, AL         HUNTSVILLE, TN         NASHVILLE, TN         HUNTSVILLE, AL         HUNTSVILLE, AL					
d Rows as Necessary	WHDF/WHDF (HD) CW WHDF-DT2 Court TV WHIQ/WHIQ (HD) PBS WHIQ-DT2 PBS KIDS WHIQ-DT3 Create WHIQ-DT4 PBS WORLD WHNT/WHNT (HD) CBS WHNT-DT3 Antenna TV WSMV NBC WTZT Cozi TV WZDK/WZDX (HD) FOX	14 14.2 24 24.2 24.3 24.4 19 19.3 10 27 41 41.2	I I-M E E-M E-M E-M I-M I-M I I I I I I I I I I I I I I	FLORENCE, AL         FLORENCE, AL         HUNTSVILLE, TN         NASHVILLE, TN         HUNTSVILLE, AL         HUNTSVILLE, AL					
d Rows as Necessary	WHDF/WHDF (HD) CW WHDF-DT2 Court TV WHIQ/WHIQ (HD) PBS WHIQ-DT2 PBS KIDS WHIQ-DT3 Create WHIQ-DT4 PBS WORLD WHNT/WHNT (HD) CBS WHNT-DT3 Antenna TV WSMV NBC WTZT Cozi TV WZDK/WZDX (HD) FOX	14 14.2 24 24.2 24.3 24.4 19 19.3 10 27 41 41.2	I I-M E E-M E-M E-M I-M I-M I I I I I I I I I I I I I I	FLORENCE, AL         FLORENCE, AL         HUNTSVILLE, TN         NASHVILLE, TN         HUNTSVILLE, AL         HUNTSVILLE, AL					
d Rows as Necessary	WHDF/WHDF (HD) CW WHDF-DT2 Court TV WHIQ/WHIQ (HD) PBS WHIQ-DT2 PBS KIDS WHIQ-DT3 Create WHIQ-DT4 PBS WORLD WHNT/WHNT (HD) CBS WHNT-DT3 Antenna TV WSMV NBC WTZT Cozi TV WZDK/WZDX (HD) FOX	14 14.2 24 24.2 24.3 24.4 19 19.3 10 27 41 41.2	I I-M E E-M E-M E-M I-M I-M I I I I I I I I I I I I I I	FLORENCE, AL         FLORENCE, AL         HUNTSVILLE, TN         NASHVILLE, TN         HUNTSVILLE, AL         HUNTSVILLE, AL					
d Rows as Necessary	WHDF/WHDF (HD) CW WHDF-DT2 Court TV WHIQ/WHIQ (HD) PBS WHIQ-DT2 PBS KIDS WHIQ-DT3 Create WHIQ-DT4 PBS WORLD WHNT/WHNT (HD) CBS WHNT-DT3 Antenna TV WSMV NBC WTZT Cozi TV WZDK/WZDX (HD) FOX	14 14.2 24 24.2 24.3 24.4 19 19.3 10 27 41 41.2	I I-M E E-M E-M E-M I-M I-M I I I I I I I I I I I I I I	FLORENCE, AL         FLORENCE, AL         HUNTSVILLE, TN         NASHVILLE, TN         HUNTSVILLE, AL         HUNTSVILLE, AL					
d Rows as Necessary	WHDF/WHDF (HD) CW WHDF-DT2 Court TV WHIQ/WHIQ (HD) PBS WHIQ-DT2 PBS KIDS WHIQ-DT3 Create WHIQ-DT4 PBS WORLD WHNT/WHNT (HD) CBS WHNT-DT3 Antenna TV WSMV NBC WTZT Cozi TV WZDK/WZDX (HD) FOX	14 14.2 24 24.2 24.3 24.4 19 19.3 10 27 41 41.2	I I-M E E-M E-M E-M I-M I-M I I I I I I I I I I I I I I	FLORENCE, AL         FLORENCE, AL         HUNTSVILLE, TN         NASHVILLE, TN         HUNTSVILLE, AL         HUNTSVILLE, AL					

ounting Period:	: 2023/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF C	CABLE SYSTEM:		SYSTEM II
Name	MEDIACOM SOUTHEAS	ST LLC (HUNTLAND, TN)		2033
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, ident carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e)( substitute program basis, as e Substitute Basis Stations: V basis under specific FCC rule • Do <i>not</i> list the station here in station was carried <i>only</i> on a • List the station here, and als basis. For further information Column 1: List each station's multicast stream associated w "WETA-2" as the same on the Column 2: Give the channel of license. For example, WR0 Column 3: Indicate in each ca	ify every television station (including transl during the accounting period, <i>except</i> (1) si effect on June 24, 1981, permitting the car 2) and (4), or 76.63 (referring to 76.61(e)(2 explained in the next paragraph. With respect to any distant stations carried is, regulations, or authorizations: in space G—but do list it in space I (the Spe substitute basis. is oin space I, if the station was carried both concerning substitute basis stations, see p is call sign. <i>Do not</i> report origination progra with a station according to its over-the-air d a form. number the FCC assigned to the televisior C is channel 4 in Washington, D.C. ase whether the station is a network station ing the letter "N" (for network), "N-M" (for network).	tations carried only on a part-time bas riage of certain network programs [se 2) and (4))]; and (2) certain stations ca by your cable system on a substitute ecial Statement and Program Log)—if on a substitute basis and also on sor bage (v) of the general instructions. m services such as HBO, ESPN, etc. esignation. For example, report multi a station for broadcasting over the air n, an independent station, or a noncon- twork multicast), "I" (for independent)	sis under ections arried on a program f the me other Identify each istream in its community mmercial ,, "I-M"
	For the meaning of these tern <b>Column 4:</b> Give the location of	E" (for noncommercial educational), or "E-I ns, see page (iv) of the general instructions of each station. For U.S. stations, list the co an stations, if any, give the name of the cor	s in the paper SA1-2 form. ommunity to which the station is licens	sed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Accounting P	eriod: 2023/	/1						FORM	/ SA1-2E. PAGE 4.
									SYSTEM ID#
MEDIACOM	SOUTHEA	SILLO	(HUNTLAND, TN)						20339
all-band basis v <b>Special Instruc</b> receivable if (1)	t every radio s whose signals ctions Concer i it is carried by	station ca were ger <b>rning Al</b> l y the sys	arried on a separate and disc nerally receivable by your cal I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the	ble Co at	e system during opyright Office r the system's he	the accounting egulations, an eadend, and (2	g period FM sigi ?) it can	nal is generally be expected,	H Primary Transmitters: Radio
For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	ormation abou rm. dentify the call tate whether t the radio stat this by placing Sive the station	t the Co sign of e he static ion's sign g a checl n's locati	each station carried. on is AM or FM. nal was electronically process a mark in the "S/D" column. on (the community to which the	th se	is point, see pa ed by the cable s e station is licens	ge (v) of the g system as a se sed by the FC	eneral i	nstructions in the. and discrete	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		<u> </u>							
		<u> </u>							
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Accounting Perio	d: 2023/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC (I	HUNTLAND,	TN)				20339
1					- distant stati	an that was	ur aabla avata	m consider o
•	In General: In space I, identi substitute basis during the av							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	ur cable systen	n carry, on a substitute bas	is, any nonne	etwork tele	vision progra	a <u>m _</u>
Program Log	broadcast by a distant stat	ion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this pa	ge blank. If your answer is	"Yes " vou m	ust comple	ete the progr	
	log in block 2.	, 10010 110	rest of this pu	ge slank. It your anower is	roo, you m	dot oompr	ete trie progr	
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst	titute progra	am on a separa		wherever po	ssible, if th	neir meaning	is
	clear. If you need more spa							
	period, was broadcast by a	of every no distant stat	ion and that v	vision program ("substitute our cable system substitute	program") the	at, during gramming	of another st	ng tation
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific program	m titles, for ex	xample, "I	Love Lucy" c	or
	"NBA Basketball: 76ers vs.		deast live onto	er "Yes." Otherwise enter "I	No."			
				asting the substitute progra				
	Column 4: Give the broa	adcast statio	on's location (t	he community to which the	station is lice		he FCC or, ir	า
	the case of Mexican or Can			community with which the stem carried the substitute			o with the m	onth
	first. Example: for May 7 give		when your sys		program. US		s, with the m	JIIII
	Column 6: State the time	es when the		ogram was carried by your				tely
	to the nearest five minutes.	Example: a	a program carr	ied 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."	er "R" if the	listed program	n was substituted for progra	amming that	vour syste	m was <i>requi</i> i	red
	to delete under FCC rules a							
	was substituted for program		our system wa					-
	was substituted for program effect on October 19, 1976.		/our system wa					-
			your system wa		er FCC rules		ations in	-
	effect on October 19, 1976.		your system wa	as permitted to delete unde	er FCC rules	and regula	TITUTE	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	WHE CARRI 5. MONTH	and regula N SUBST AGE OCC 6.	TITUTE CURRED TIMES	7. REASON FOR DELETION
	effect on October 19, 1976.	UBSTITUT	E PROGRAM	as permitted to delete unde	WHE CARRI	and regula N SUBST	ITUTE	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	WHE CARRI 5. MONTH	and regula N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	WHE CARRI 5. MONTH	and regula N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	WHE CARRI 5. MONTH	and regula N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	WHE CARRI 5. MONTH	and regula N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
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	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	WHE CARRI 5. MONTH	and regula N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	WHE CARRI 5. MONTH	and regula N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	WHE CARRI 5. MONTH	and regula N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	WHE CARRI 5. MONTH	and regula N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	WHE CARRI 5. MONTH	and regula N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	WHE CARRI 5. MONTH	and regula N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	WHE CARRI 5. MONTH	and regula N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	WHE CARRI 5. MONTH	and regula N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	WHE CARRI 5. MONTH	and regula N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
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	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	WHE CARRI 5. MONTH	and regula N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	WHE CARRI 5. MONTH	and regula N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
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	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	WHE CARRI 5. MONTH	and regula N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S	as permitted to delete unde	WHE CARRI 5. MONTH	and regula N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
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Accounting Period:	2023/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (HUNTLAND, TN)	S	YSTEM ID# 20339
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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 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	5,179.89 ss receipts)
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 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 this	s six-month	
	accounting period is \$52.00 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		
	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 Regist See page i of the general instructions in the paper SA1-2 form for more information		sl

	2023/1					FORM SA1-2E. PAGE 7.
Name		F OWNER OF CABLE SYSTEM: SOUTHEAST LLC (HUNTLA	AND, TN)			SYSTEM ID# 20339
<b>M</b> Channels	to its subscrit 1. Enter the t system car	otal number of channels on whi	s total nun ich the cal ns	els on which the cable system carried television b ber of activated channels during the accounting le	period.	27
		ne cable system carried televisi badcast services		ast stations		57
N Individual to Be Contacted		TO BE CONTACTED IF FURT ct about this statement of acco		DRMATION IS NEEDED (Identify an individual to	o whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone 84	45-443-2762
	Address	One Mediacom Way (Number, street, rural route, apa	tment er e	to sumbor)		
		Mediacom Park, NY		le number)		
		(City, town, state, zip)				
	Email	Copyrights@n	nediacom	Fax (o	ptional	
O Certification		N (This statement of account n		tified and signed in accordance with Copyright C	Office regulations)	
Gertification				<ul><li>a) I am the owner of the cable system as identified in</li></ul>	n line 1 of space B; or	
	X (Age			rtnership) I am the duly authorized agent of the ow not a corporation or partnership; or	ner of the cable systen	n as identified
	(Of	ficer or partner) I am an officer i in line 1 of space B.	(if a corpor	ation) or a partner (if a partnership) of the legal entity	y identified as owner of	the cable system
	are true, comp		-	lare under penalty of law that all statements of fact of e, information, and belief, and are made in good fai		
			X	/s/ Kenneth J. Kohrs		
				electronic signature on the line above to certify this nature using an "/s/ signature" (e.g., /s/ John Smith		
		Typed or printe	d name:	Kenneth J. Kohrs		
		Title:		• Vice President, Financial Reporting position held in corporation or partnership)	g	
		Date:		8/3	3/2023	

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 it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

unting Period: 2023/1	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DIACOM SOUTHEAST LLC (HUNTLAND, TN)	203
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </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 Statemen Concerning Gros Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
y days	—
x days	
x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here       -         x 0.00274	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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