This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

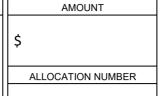
STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

DATE RECEIVED 8/28/2023



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	ACCO	DUNTING 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:	
D		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	
В		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.	
		Charle have if this is the waters's first filling. If not extend to surface to Download end to the Linguise Division	24136
		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 (TRENTON, KY)	
		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)	
	INIOTE		41
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MEDIACOM SOUTHEAST LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	90 NORTH MAIN	
	2	(Number, street, rural route, apartment, or suite number)	
		BENTON, KY 42025 (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
Name	MEDIACOM SOUTHEAST LLC (TRENTON, KY)	2413
	Instructions: List each separate community served by the cable system. A "community"	
Р	separate and distinct community or municipal entity (including unincorporated commun	
D	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 hom	e parks should be reported in parentheses below the identifie
Area	city.	
Served		
	CITY OR TOWN	STATE
Fired	TRENTON	KY
First Community	•••••••••••••••••••••••••••••••••••••••	
Community	CHRISTIAN COUNTY	KY
	ELKTON	КҮ
d Rows as Necessary	GUTHRIE	KY
	OAK GROVE	KY
	PEMBROKE	KY
	TODD COUNTY	KY
	DOVER	TN
	STEWART COUNTY	TN
	HOPKINSVILLE	КҮ

E Secondary Transmission Service: Sub- scribers and Rates	LEGAL NAME OF OWNER OF CA MEDIACOM SOUTHEAS SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu	SERVICE: SU pace E should on of television ay cable) in sp (June 30 or D	BSCRI					515	2413
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary	SERVICE: SU pace E should on of television ay cable) in sp (June 30 or D	BSCRI						2410
E Secondary Transmission Service: Sub- scribers and Rates	In General: The information in si system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary	pace E should on of television ay cable) in sp (June 30 or D	cover a	BERS AND RA					
Secondary Transmission Service: Sub- scribers and Rates	system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary	on of television ay cable) in sp (June 30 or D			TES				
Secondary Transmission Service: Sub- scribers and Rates	about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary	ay cable) in sp (June 30 or D	and ra	-		•			
Transmission Service: Sub- scribers and Rates	last day of the accounting period Number of Subscribers: Both down by categories of secondary	(June 30 or D							
scribers and Rates	down by categories of secondary		,		,				
Rates		i blocks in spa	ce E ca	Ill for the number	er of subso	ribers to the ca	ble system	n, broken	
:	each category by counting the hi								
	separately for the particular servi							s charged	
•	Rate: Give the standard rate c							ge and the	
:	unit in which it is generally billed.	· · ·		,	ny standa	rd rate variation	s within a l	particular rate	
1	category, but do not include disc Block 1: In the left-hand block	ounts allowed	for adv	ance payment.	rion of cor	ondon transmis	cion convi	as that ashle	
1	systems most commonly provide			-					
	that applies to your system. Note								
	categories, that person or entity						•		
	subscriber who pays extra for ca					I in the count ur	ider "Servi	ce to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	e different f	from those	
	printed in block 1 (for example, ti	iers of services	s that in	clude one or m	ore secon	dary transmissio	ons), list th	nem, together	
	with the number of subscribers a	nd rates, in the	e right-l	hand block. A tv	vo- or thre	e-word descript	ion of the s	service is	
-	sufficient.	DCK 1					BLOCK	()	
		NO. OF						NO. OF	
_	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:		462	27.05.04.54					
	Service to first set		463	27.95-61.54					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		0	27.95-61.54					
	Converter			27.33-01.34					
	Residential								
	Non-residential								
:	SERVICES OTHER THAN SECO	ONDARY TRA	NSMIS	SIONS: RATES	6				
	In General: Space F calls for rat		,		•	,			
	not covered in space E, that is, the service for a single fee. There are								
	furnished at cost or (2) services								
	amount of the charge and the un		usually	/ billed. If any ra	ites are cl	narged on a vari	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the Block 1: Give the standard rat		he cabl	le system for ea	ich of the	applicable servi	ces listed		
Rates	Block 2: List any services that							t were not	
!	listed in block 1 and for which a s	separate charg	je was i	made or establi	shed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	tion and includ	le the r	ate for each.			1		
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential		Femile	Cable	
	• Pay cable	PP		otel, hotel			Family	Cable	####
	Pay cable—add'l channel Fire protection	PP	_	mmercial					
	Fire protection Burglar protection			y cable y cable-add'l ch	annel				
	 Burglar protection Installation: Residential 			e protection	annei				
	First set	109.99		rglar protection		••••••			
	Additional set(s)	49.00		services:					
	• FM radio (if separate rate)	.0.00		connect		49.00			
	• Converter	10.50		sconnect		10.00			
				tlet relocation		49.00			
				ove to new addr	ess				

ccounting Period: 2	2023/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	MEDIACOM SOUTHEA	ST LLC (TRENTON, KY)		24136
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 Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station' multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	so in space I, if the station was carrie a concerning substitute basis stations s call sign. <i>Do not</i> report origination p with a station according to its over-the	(1) stations carried only on a part-ti- the carriage of certain network progra- 1(e)(2) and (4))]; and (2) certain stata arried by your cable system on a sul- the Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repre- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepu- per "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a ostitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a 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
	WJFB/WJFB(HD) MeTV	16	I	NASHVILLE, TN
	WKMU/WKMU(HD) PBS KI	36	E	MURRAY, KY
	WKMU-DT2 KET2 HD	36.2	E-M	MURRAY, KY
Add Rows as Necessary	WKMU-DT3 KET KY	36.3	E-M	MURRAY, KY
	WKMU-DT4 PBS Kids	36.4	E-M	MURRAY, KY
	WKRN/WKRN(HD) ABC	27	N	NASHVILLE, TN
	WNAB DT-1 Dabl	23	I	NASHVILLE, TN
	WNPT/WNPT(HD) PBS	8	E	NASHVILLE, TN
	WSMV/WSMV(HD) NBC	10	N	NASHVILLE, TN
	WTVF/WTVF(HD) CBS	5	N	NASHVILLE, TN
	WUXP MY NET	21	I	NASHVILLE, TN
	WZTV/WZTV(HD) FOX	15	I	NASHVILLE, TN
	WZTV/WZTV-DT2(HD) CW	15.2	I-M	NASHVILLE, TN
	1			

Accounting P	eriod: 2023	/1					FOR	/I SA1-2E. PAGE 4
								SYSTEM ID
MEDIACOM	SOUTHEA	SILLO	(TRENTON, KY)					2413
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stat this by placing	y the sys be recei t the Co sign of e he statio ion's sign g a check	Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process k mark in the "S/D" column.	t the system's he system's FM ante his point, see pag his point, see pag ed by the cable s	adend, and (2 nna, during ce ge (v) of the g ystem as a se) it can b ertain sta eneral in parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters: Radio
			on (the community to which th the community with which the			or, in t	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

1-2E. PAGE 5.
STEM ID#
24136
ied on a further n.
NO
NO
REASON FOR DELETION
r

Accounting Period:	2023/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (TRENTON, KY)		S	YSTEM ID# 24136
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identified in space E) during the accounting period. For a further explanation of how to 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.	econdary transmi o compute this a	ission service mount, see	0,525.02 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 that Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less that See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600	63,800	
	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 yo accounting period is \$52.00	ou must pay for th	is six-month	
	Line 1. Royalty fee for accounting period			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m	ore than \$137,1	100)	
	1. Base amount under statutory formula	263,800.00	-	
	2. Enter amount of gross receipts from space K	220,525.02		
	3. Subtract line 2 from line 1	43,274.98		
	4. Enter the amount of gross receipts from space K	.\$	220,525.02	
	5. Enter the amount from line 3	\$	43,274.98	
	6. Subtract line 5 from line 4	\$	177,250.04	
	7. Multiply line 6 by .005 (enter figure here)		\$	886.25
	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		\$	886.25
	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			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	886.25	
Total Remittance 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		\$	906.25
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo			hts!
L				

Accounting Period:	: 2023/1					FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: DUTHEAST LLC (TRENTOM	N, KY)			SYSTEM ID# 24136
M Channels	to its subscribe 1. Enter the tota system carrie 2. Enter the tota on which the	rs, and (2) the cable system's t al number of channels on which ed television broadcast stations al number of activated channel cable system carried television	otal num n the cab s s n broadca		he accounting period.	21 62
N Individual to Be Contacted	we can contact	O BE CONTACTED IF FURTH about this statement of accourt		DRMATION IS NEEDED (Identify a	an individual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartm Mediacom Park, NY		te number)		
	Email	Copyrights@me	diacomc	c.com	Fax (optional	
	CERTIFICATION	(This statement of account mu	st be cer	tified and signed in accordance w	ith Copyright Office regulations)	
O Certification		ed, hereby certify that (Check on er other than corporation or pa			em as identified in line 1 of space B;	or
	X (Agen			artnership) I am the duly authorize not a corporation or partnership; o	d agent of the owner of the cable sy: r	stem as identified
	(Offic	er or partner) I am an officer (if in line 1 of space B.	a corpor	ation) or a partner (if a partnership)	of the legal entity identified as owne	er of the cable system
	are true, comple			clare under penalty of law that all st ge, information, and belief, and are		
	1		Х	/s/ Kenneth J. Kohrs		
				electronic signature on the line abov nature using an "/s/ signature" (e.g.,		
		Typed or printed	name:	Kenneth J. Kohrs		
				Vice President, Financia position held in corporation or partnersh		
		Date:			8/3/2023	

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unting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
DIACOM SOUTHEAST LLC (TRENTON, KY)	24136
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
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below.	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
	Q Interest Assessment
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
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	
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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	

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