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	AMOUNT					
8/28/2023	\$					
	ALLOCATION NUMBER					

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	ACC	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		
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
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	'	MEDIACOM SOUTHEAST LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918
		(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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 18
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	MEDIACOM SOUTHEAST LLC	33286
D	Instructions: List each separate community served by the cable system. A "community" is separate and distinct community or municipal entity (including unincorporated commununincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a community." Please use it as the first community on all future filings.	ities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile homicity.	e parks should be reported in parentheses below the identified
Served	, and the second	
	CITY OR TOWN	STATE
First	CANEYVILLE	KY
nmunity	BIG CLIFTY	KY
	ST PAUL	KY
as Necessary	GRAYSON COUNTY	KY
	MELWOOD	KY
	BRECKENRIDGE	КҮ
-		

Accounting Period: 2023/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FORM SA1-2E. PAGE 2.

SYSTEM ID#

33286

MEDIACOM SOUTHEAST LLC

Ε

Secondary

Transmission Service: Sub-

scribers and

Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the 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 down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:	CODOCHIDENC	TOTTE	SAIZEGIA GI GERAIGE	CODCONIDENC	10112		
Service to first set	189	32-76.49					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	0	32-76.49					
Converter							
Residential							
Non-residential							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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.

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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family Cable	105.00
 Pay cable—add'l channel 	PP	Commercial			
 Fire protection 		• Pay cable			
•Burglar protection		• Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	109.99	Burglar protection			
 Additional set(s) 	49.00	Other services:			
• FM radio (if separate rate)		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	49.00		
		Move to new address			

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 33286

MEDIACOM SOUTHEAST LLC PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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, except (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 *not* 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 *only* 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. *Do not* 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 network multicast), "I" (for independent), "I-M" (for independent 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 the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAVE/WAVE HD (NBC)	47	N	LOUISVILLE, KY
WAVE-DT2 Bounce TV	47.2	I-M	LOUISVILLE, KY
WAVE-DT3 Circle	47.3	I-M	LOUISVILLE, KY
WAVE-DT4 Grit	47.4	I-M	LOUISVILLE, KY
WBKI/WBKI CW (HD)	28	<u> </u>	CAMPBELLSVILLE, KY
WBKI-DT2 Cozi TV	28.2	I-M	CAMPBELLSVILLE, KY
WBKI-DT3/WBKI-DT3 MyNet	28.3	I-M	CAMPBELLSVILLE, KY
WBKI-DT4 Movies!	28.4	I-M	CAMPBELLSVILLE, KY
WBKO (ABC)	13	N	BOWLING GREEN, KY
WDRB/WDRB (HD) FOX	49	<u> </u>	LOUISVILLE, KY
WDRB-DT2 Antenna TV	49.2	I-M	LOUISVILLE, KY
WHAS/WHAS (HD) ABC	11	N	LOUISVILLE, KY
WKYU/WKYU (HD) PBS	18	E	BOWLING GREEN, KY
WKYU-DT2 Create	18.2	I-M	BOWLING GREEN, KY
WKYU-DT3 Radar	18.3	I-M	BOWLING GREEN, KY
WKZT/WKZT (HD) KET PBS	43	E	ELIZABETHTOWN, KY
WKZT-DT2 (HD) KET2	43.2	E-M	ELIZABETHTOWN, KY
WKZT-DT3 KET KY	43.3	E-M	ELIZABETHTOWN, KY
WKZT-DT4 KET PBS KIDS	43.4	E-M	ELIZABETHTOWN, KY
WLKY/WLKY (HD) CBS	26	N	LOUISVILLE, KY
WLKY-DT2 MeTV	26.2	I-M	LOUISVILLE, KY

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

33286

PRIMARY TRANSMITTERS: RADIO

MEDIACOM SOUTHEAST LLC

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

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. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the 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).

		_	T		1	_	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 	 					
	ļ						
		ļ					
					ļ		
	<u> </u>					L	
		T					
					 		
	 	 					
	ļ						
					ļ		
	<u> </u>					L	
	ļ						
							
							
		 			ļ		
					ļ		
	L					L	

							FOR	MICAL OF DACE	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				FUR	SYSTEM ID#	
Name	MEDIACOM SOUTHEA	ST LLC						33286	
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG					
ı	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a								
Cubatituta	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Substitute Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.								
Statement and Program Log									
Flogram Log									
	,	, leave the	rest of this pag	ge blank. If your answer is	res, you mu	ist complet	e tne progra	m	
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each subst			ate line. Use abbreviations v	wherever pos	sible, if the	ir meaning is	5	
	clear. If you need more spa								
	column 1: Give the title period, was broadcast by a			ision program ("substitute p our cable system substitute					
	under certain FCC rules, re		,	,	, ,	0			
	Do not use general categor		vies" or "baske	etball." List specific program	n titles, for exa	ample, "I L	ove Lucy" or		
	"NBA Basketball: 76ers vs.		deast live ente	r "Yes." Otherwise enter "N	lo "				
				asting the substitute progra					
				ne community to which the			e FCC or, in		
	the case of Mexican or Can			community with which the s tem carried the substitute p			with the mo	nth	
	first. Example: for May 7 giv	,	milon your oyo	nom camed the capetitate p	orogram. Goo	marmoraio,	with the file		
				gram was carried by your o	•			ely	
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	ı program carrı	led by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. s	should be		
		er "R" if the	listed program	was substituted for progra	mming that ye	our system	was require	ed	
	to delete under FCC rules a							ram	
	was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.								
	effect on October 19, 1976.		our system wa	as permitted to delete under	r FCC rules a	nd regulati	ons in		
					WHE	N SUBST	ITUTE	7. DEASON FOR	
	S	SUBSTITUT	E PROGRAM	1	WHE CARRI	N SUBST AGE OCC	ITUTE URRED	7. REASON FOR DELETION	
				1	WHE	N SUBST AGE OCC	ITUTE		
	S	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE SURRED TIMES		
	S	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE SURRED TIMES		
	S	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE SURRED TIMES		
	S	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE SURRED TIMES		
	S	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE SURRED TIMES		
	S	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE SURRED TIMES		
	S	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE SURRED TIMES		
	S	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE SURRED TIMES		
	S	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE SURRED TIMES		
	S	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE SURRED TIMES		
	S	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE SURRED TIMES		
	S	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE SURRED TIMES		
	S	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE SURRED TIMES		
	S	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE SURRED TIMES		
	S	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE SURRED TIMES		
	S	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE SURRED TIMES		
	S	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE SURRED TIMES		
	S	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE SURRED TIMES		
	S	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE SURRED TIMES		
	S	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE SURRED TIMES		
	S	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE SURRED TIMES		

ccounting Period:	2023/1				A1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC			S	YSTEM II 3328				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the state (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 transmi compute this a	ssion service mount, see	5,355.27 ross 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 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	ut less tha	ın \$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	u must pay for th	is six-month					
	accounting period is \$52.00			•	F2 00				
	Line 1. Royalty fee for accounting period			\$	0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	es 1 and 2		\$	52.00				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)					
	Base amount under statutory formula	\$	263,800.00						
	2. Enter amount of gross receipts from space K								
	3. Subtract line 2 from line 1								
	4. Enter the amount of gross receipts from space K								
	5. Enter the amount from line 3								
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8								
	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)					
	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 DU	E							
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	52.00					
otal Remittance Due	Filling Fee (See the instructions for more information on filling 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 payr See page i of the general instructions in the paper SA1				hts!				

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.			
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: UTHEAST LLC				SYSTEM ID# 33286			
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable								
						29			
	system carried television broadcast stations								
	on which the	I number of activated channe cable system carried television deast services				58			
N Individual to Be Contacted		BE CONTACTED IF FURTI about this statement of accou	IER INFORMATION IS NEEDED nt.)	(Identify an inc	dividual to whom				
for Further	Name	Kenneth J. Kohrs			Telephone	845-443-2762			
Information		O M !!							
	Address	One Mediacom Way (Number, street, rural route, aparts	nent, or suite number)						
		Mediacom Park, NY (City, town, state, zip)	10918						
	Email	Copyrights@me	diacomcc.com		Fax (optional				
_	CERTIFICATION (This statement of account mu	st be certified and signed in acco	rdance with Co	ppyright Office regulations)				
O Certification	• I, the undersigne	d, hereby certify that (Check or	e, but only one, of the boxes.)						
	(Owner	r other than corporation or p	artnership) I am the owner of the c	able system as	identified in line 1 of space E	3; or			
			tion or partnership) I am the duly e owner is not a corporation or partr		nt of the owner of the cable s	ystem as identified			
		er or partner) I am an officer (in line 1 of space B.	f a corporation) or a partner (if a pa	rtnership) of the	e legal entity identified as owr	er of the cable system			
		e, and correct to the best of m	ereby declare under penalty of law knowledge, information, and belief						
	1		X /s/ Kenneth J. Kol	nrs					
			Enter an electronic signature on the Enter signature using an "/s/ signature		•				
		Typed or printed	name: Kenneth J. Kohr	s					
		Title:	Group Vice President, F e of official position held in corporation o		eporting				
		Date:			8/4/2023				

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 fling, a determination that would be made by a court of law.

FORM SA1-2E. PAGE 8 Accounting Period: 2023/1 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 33286 MEDIACOM SOUTHEAST LLC 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 sub-**Special Statement Concerning Gross** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Receipts Exclusion** For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name 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. Interest Assessment 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 (interest charge) * 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 Accounting period

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 fling, a determination that would be made by a court of law.