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 COPYRIG	Return completed workbook by email to:	
		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	-	-			coplicsoa@loc.gov
			2/26/25	\$	For additional information, contact the U.S. Copyright
General instructions are located			2/20/20		Office Licensing Division at:
in the first tab	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α			RY THE STATEMENT. /Y		
	ACCI	OUNTING PERIOD COVERED	BI INIS STATEMENT: (I	TTT/(Period))	
			1		
		2024/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional	I - see instructions)	
Accounting					
Period					
		Instructions:			
В		Give the full legal name of the owner of t title of the subsidiary, not that of the par		sidiary of another corporation, give the full c	orporate
Owner		List any other name or names under white	ch the owner conducts the business of	the cable system.	
		If there were different owners during the single statement of account and royalty f		the last day of the accounting period should nting period.	submit a
		1			1802
		Check here if this is the system's first filir	ig. If not, enter the system's iD number	r assigned by the Licensing Division.	
				1	
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE STSTEN		
		MEDIACOM SOUTHEAST LLC (OSC	CEOLA, MO)	D	
			CEOLA, MO)	т)	
		MEDIACOM SOUTHEAST LLC (OS(BUSINESS NAME(S) OF OWNER O	CEOLA, MO) F CABLE SYSTEM (IF DIFFEREN	Т)	
		MEDIACOM SOUTHEAST LLC (OSC	CEOLA, MO) F CABLE SYSTEM (IF DIFFEREN	т)	
		MEDIACOM SOUTHEAST LLC (OS(BUSINESS NAME(S) OF OWNER O MAILING ADDRESS OF OWNER OF ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite r	CEOLA, MO) F CABLE SYSTEM (IF DIFFEREN F CABLE SYSTEM	т)	
		MEDIACOM SOUTHEAST LLC (OS(BUSINESS NAME(S) OF OWNER O MAILING ADDRESS OF OWNER OF ONE MEDIACOM WAY	CEOLA, MO) F CABLE SYSTEM (IF DIFFEREN F CABLE SYSTEM	T)	
C		MEDIACOM SOUTHEAST LLC (OS(BUSINESS NAME(S) OF OWNER O MAILING ADDRESS OF OWNER OF ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite r MEDIACOM PARK, NY 10918 (City, town, state, zip) RUCTIONS: In line 1, give any busi	CEOLA, MO) F CABLE SYSTEM (IF DIFFEREN CABLE SYSTEM number)	entify the business and operation of th	
C		MEDIACOM SOUTHEAST LLC (OSC BUSINESS NAME(S) OF OWNER O MAILING ADDRESS OF OWNER OF ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite r MEDIACOM PARK, NY 10918 (City, town, state, zip) RUCTIONS: In line 1, give any busi s already appear in space B. In line	CEOLA, MO) F CABLE SYSTEM (IF DIFFEREN CABLE SYSTEM number)		
C System		MEDIACOM SOUTHEAST LLC (OS(BUSINESS NAME(S) OF OWNER O MAILING ADDRESS OF OWNER OF ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite r MEDIACOM PARK, NY 10918 (City, town, state, zip) RUCTIONS: In line 1, give any busi s already appear in space B. In line IDENTIFICATION OF CABLE SYSTEM:	CEOLA, MO) F CABLE SYSTEM (IF DIFFEREN CABLE SYSTEM number)	entify the business and operation of th	
	name	MEDIACOM SOUTHEAST LLC (OSC BUSINESS NAME(S) OF OWNER O MAILING ADDRESS OF OWNER OF ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite r MEDIACOM PARK, NY 10918 (City, town, state, zip) RUCTIONS: In line 1, give any busi s already appear in space B. In line	CEOLA, MO) F CABLE SYSTEM (IF DIFFEREN CABLE SYSTEM number) ness or trade names used to ide 2, give the mailing address of t	entify the business and operation of th	
	name: 1	MEDIACOM SOUTHEAST LLC (OS(BUSINESS NAME(S) OF OWNER O MAILING ADDRESS OF OWNER OF ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite r MEDIACOM PARK, NY 10918 (City, town, state, zip) RUCTIONS: In line 1, give any busi s already appear in space B. In line IDENTIFICATION OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC	CEOLA, MO) F CABLE SYSTEM (IF DIFFEREN CABLE SYSTEM number) ness or trade names used to ide 2, give the mailing address of t	entify the business and operation of th	
	name	MEDIACOM SOUTHEAST LLC (OSC BUSINESS NAME(S) OF OWNER OF MAILING ADDRESS OF OWNER OF ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite r MEDIACOM PARK, NY 10918 (City, town, state, zip) RUCTIONS: In line 1, give any busis a already appear in space B. In line is already appear in space B. In line is already appear in space B. In line MEDIACOM SOUTHEAST LLC MAILING ADDRESS OF CABLE SYSTEM 115 NORTH INDUSTRIAL PARK RO (Number, street, rural route, apartment, or suite r	CEOLA, MO) F CABLE SYSTEM (IF DIFFERENT CABLE SYSTEM number) ness or trade names used to ide 2, give the mailing address of t t: AD	entify the business and operation of th	
	name: 1	MEDIACOM SOUTHEAST LLC (OSC BUSINESS NAME(S) OF OWNER OF MAILING ADDRESS OF OWNER OF ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite r MEDIACOM PARK, NY 10918 (City, town, state, zip) RUCTIONS: In line 1, give any busis is already appear in space B. In line identification of CABLE SYSTEM: MEDIACOM SOUTHEAST LLC MAILING ADDRESS OF CABLE SYSTEM 115 NORTH INDUSTRIAL PARK RC	CEOLA, MO) F CABLE SYSTEM (IF DIFFERENT CABLE SYSTEM number) ness or trade names used to ide 2, give the mailing address of t t: AD	entify the business and operation of th	

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: MEDIACOM SOUTHEAST LLC (OSCEOLA, MO)	SYSTEM ID# 1802				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings.					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	me parks should be reported in parentheses below the				
First	CITY OR TOWN OSCEOLA	STATE MO				
Community						
ld Rows as Necessary						

	FORM SA1-2E. PA								
Name	MEDIACOM SOUTHEAST LLC (OSCEOLA, MO)								180
Е		ECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES							
-		n 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							
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the								
Transmission	last day of the accounting period							-	
Service: Sub-	Number of Subscribers: Bot	•					-		
scribers and Rates	down by categories of secondar each category by counting the n								
Rates	separately for the particular serv							scharged	
	Rate: Give the standard rate of								
	unit in which it is generally billed				iny standa	ard rate variation	ns within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondany transmi	ssion son <i>i</i> i	ce that cable	
	systems most commonly provide	•		-		•			
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca					d in the count u	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	e different l	rom those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in th	e right-h	and block. A t	vo- or thre	e-word descrip	tion of the	service is	
	sufficient.	DCK 1			1		BLOCK	()	
	BLU				BLUC	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		13	40-75					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	40-75					
	Converter								
	Residential Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATE	s				
F	In General: Space F calls for ra	te (not subscril	per) info	rmation with re	espect to a	all your cable sy	stem's serv	vices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There a furnished at cost or (2) services	•			•		0 (,	
Other Than	amount of the charge and the u								
Secondary	enter only the letters "PP" in the					-		-	
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rales	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) descri								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable	PP	• Mot	tel, hotel			Variety	' TV	####
	i dy odbio		• Cor	nmercial					
	Pay cable—add'l channel	PP							
		PP	• Pay	/ cable					
	• Pay cable—add'l channel	PP	-	/ cable / cable-add'l cł	annel				
	Pay cable—add'l channel Fire protection	PP	• Pay • Fire	v cable-add'l ch protection	annel				
	 Pay cable—add'l channel Fire protection Burglar protection 	49.99	• Pay • Fire	/ cable-add'l cł	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Fire • Bur Other s	v cable-add'l ch protection glar protection services:	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	49.99	• Pay • Fire • Bur Other s	v cable-add'l ch protection glar protection services: connect	annel	49.00			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	49.99	• Pay • Fire • Bur • Bur • Rec • Dis	v cable-add'l ch protection glar protection services: connect connect	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	49.99	• Pay • Fire • Bur • Bur • Rec • Dis • Out	v cable-add'l ch protection glar protection services: connect		49.00			

	2024/2			FORM SA1-2E. PAG				
Name	LEGAL NAME OF OWNER O			SYSTEM I				
-		AST LLC (OSCEOLA, MO)		18				
	PRIMARY TRANSMITTERS:							
G Primary ransmitters: 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, <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 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 tens, see page (iv) of the general instructions in the paper SA1-2 for							
	1. CALL SIGN	4. LOCATION OF STATION						
	КМВС АВС	29	N	Springfield, MO				
	KMOS PBS	15	E	SEDALIA-WARRENSBURG, MO				
d Rows as Necessary	KOLR CBS	10	Ν	SPRINGFIELD, MO				
Rows as Necessary	NOLK CDS			SPRINGFIELD, NO				
Rows as Necessary	KOZK PBS	23	E	Springfield, MO				
Rows as Necessary								
Rows as Necessary	KOZK PBS	23		Springfield, MO				
Rows as Necessary	KOZK PBS KOZL MyNet	23 27	E	Springfield, MO SPRINGFIELD, MO				
Rows as Necessary	KOZK PBS KOZL MyNet KPXE ION	23 27 51	E	Springfield, MO SPRINGFIELD, MO KANSIS CITY, MO				
l Rows as Necessary	KOZK PBS KOZL MyNet KPXE ION KRBK FOX	23 27 51 49	E I I	Springfield, MO SPRINGFIELD, MO KANSIS CITY, MO Springfield, MO				
d Rows as Necessary	KOZK PBS KOZL MyNet KPXE ION KRBK FOX KSPR ABC	23 27 51 49 19	E I I N	Springfield, MO SPRINGFIELD, MO KANSIS CITY, MO Springfield, MO SPRINGFIELD, MO				
d Rows as Necessary	KOZK PBS KOZL MyNet KPXE ION KRBK FOX KSPR ABC	23 27 51 49 19	E I I N	Springfield, MO SPRINGFIELD, MO KANSIS CITY, MO Springfield, MO SPRINGFIELD, MO				
d Rows as Necessary	KOZK PBS KOZL MyNet KPXE ION KRBK FOX KSPR ABC	23 27 51 49 19	E I I N	Springfield, MO SPRINGFIELD, MO KANSIS CITY, MO Springfield, MO SPRINGFIELD, MO				
d Rows as Necessary	KOZK PBS KOZL MyNet KPXE ION KRBK FOX KSPR ABC	23 27 51 49 19	E I I N	Springfield, MO SPRINGFIELD, MO KANSIS CITY, MO Springfield, MO SPRINGFIELD, MO				
d Rows as Necessary	KOZK PBS KOZL MyNet KPXE ION KRBK FOX KSPR ABC	23 27 51 49 19	E I I N	Springfield, MO SPRINGFIELD, MO KANSIS CITY, MO Springfield, MO SPRINGFIELD, MO				
d Rows as Necessary	KOZK PBS KOZL MyNet KPXE ION KRBK FOX KSPR ABC	23 27 51 49 19	E I I N	Springfield, MO SPRINGFIELD, MO KANSIS CITY, MO Springfield, MO SPRINGFIELD, MO				
d Rows as Necessary	KOZK PBS KOZL MyNet KPXE ION KRBK FOX KSPR ABC	23 27 51 49 19	E I I N	Springfield, MO SPRINGFIELD, MO KANSIS CITY, MO Springfield, MO SPRINGFIELD, MO				
d Rows as Necessary	KOZK PBS KOZL MyNet KPXE ION KRBK FOX KSPR ABC	23 27 51 49 19	E I I N	Springfield, MO SPRINGFIELD, MO KANSIS CITY, MO Springfield, MO SPRINGFIELD, MO				
d Rows as Necessary	KOZK PBS KOZL MyNet KPXE ION KRBK FOX KSPR ABC	23 27 51 49 19	E I I N	Springfield, MO SPRINGFIELD, MO KANSIS CITY, MO Springfield, MO SPRINGFIELD, MO				
d Rows as Necessary	KOZK PBS KOZL MyNet KPXE ION KRBK FOX KSPR ABC	23 27 51 49 19	E I I N	Springfield, MO SPRINGFIELD, MO KANSIS CITY, MO Springfield, MO SPRINGFIELD, MO				
d Rows as Necessary	KOZK PBS KOZL MyNet KPXE ION KRBK FOX KSPR ABC	23 27 51 49 19	E I I N	Springfield, MO SPRINGFIELD, MO KANSIS CITY, MO Springfield, MO SPRINGFIELD, MO				
d Rows as Necessary	KOZK PBS KOZL MyNet KPXE ION KRBK FOX KSPR ABC	23 27 51 49 19	E I I N	Springfield, MO SPRINGFIELD, MO KANSIS CITY, MO Springfield, MO SPRINGFIELD, MO				
d Rows as Necessary	KOZK PBS KOZL MyNet KPXE ION KRBK FOX KSPR ABC	23 27 51 49 19	E I I N	Springfield, MO SPRINGFIELD, MO KANSIS CITY, MO Springfield, MO SPRINGFIELD, MO				

EGAL NAME OF	OWNER OF	CABLE S	YSTEM:					SYSTEM ID
MEDIACOM	SOUTHEA	ST LLO	C (OSCEOLA, MO)					180
PRIMARY TRA			arried on a separate and discr	oto hacio and lia	t these TM sta	tiona aa	rried on on	н
			nerally receivable by your cal					••
								During any c
			II-Band FM Carriage: Under (stem whenever it is received a					Primary Transmitters:
()			ived at the headend, with the		,	,	-	Radio
		t the Co	opyright Office regulations on	this point, see p	age (v) of the g	general i	nstructions in the.	
paper SA1-2 for		sign of	each station carried.					
			on is AM or FM.					
		-	nal was electronically process	sed by the cable	system as a s	eparate	and discrete	
			k mark in the "S/D" column.			· ·		
			on (the community to which the community with which the			C or, in	the case of	
VICTICALL OF CALL		s, ii arry,			licu).			
			1					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					1			

Accounting Perio	od: 2024/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC (OSCEOLA,	MO)				1802
	SUBSTITUTE CARRIAGE			NT AND PROGRAM I O	G			
1	In General: In space I, ident	-	-			tion that vo	ur cable syst	em carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mu	st be included i	n this log, see page (v) of t	ne general ins	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMENT		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did yoι	ur cable systen	n carry, on a substitute ba	sis, any nonr	etwork tele	evision progr	am
Program Log	broadcast by a distant sta	tion?					YES	×NO
r rogram zog	Note: If your anower in "No	" loovo tho	reat of this pa	ao blank. If your anowar is	"Voo" vou r	⊣ nuot oomol		
	Note: If your answer is "No	, leave the	rest of this pa	ge blank. If your answer is	s res, your	nust compi	ete the prog	Idili
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			ate line. Use abbreviations	wherever po	ossible, if th	neir meaning	ı is
	clear. If you need more spa	ce, please	add additional	rows to the tables.			-	-
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				1 /	,	
				er "Yes." Otherwise enter "				
				asting the substitute progr he community to which the		rensed by t	he FCC or i	in
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day		stem carried the substitute			s, with the m	nonth
	first. Example: for May 7 giv					- 1:-44		- t - h -
	to the nearest five minutes.			ogram was carried by you ied by a system from 6:01				ately
	stated as "6:00–6:30 p.m."				. 10 p.m. to 0	.20.00 p.m		
	Column 7: Enter the lett			n was substituted for prog				
	to delete under FCC rules a							ogram
	was substituted for program effect on October 19, 1976.	• •	your system w	as permitted to delete und	er FCC rules	and regula	ations in	
								T
						N SUBSTI		
		2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	AGE OCC 6. T		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
							_	
							_	

Accounting Period:	2024/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (OSCEOLA, MO)	S	YSTEM ID# 1802
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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 a 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	2,916.52 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 \$2 • 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-mon	
	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 \$ 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		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 Due	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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2024/2					FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: DUTHEAST LLC (OSCEOI	_A, MO)			SYSTEM ID# 1802
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	s, and (2) the cable system's t number of channels on which	otal numbo h the cable		ccounting period.	9
						54
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of account		RMATION IS NEEDED (Identify an in	ndividual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, aparts	ment, or suite	e number)		
		Mediacom Park, NY (City, town, state, zip)	10918			
	Email	Copyrights@me	ediacomc	c.com	Fax (optional)	
O Certification	I, the undersign (Owne X (Agenti in l (Offic in l I have examined	ed, hereby certify that (Check of r other than corporation or p t of owner other than corpora ine 1 of space B and that the of er or partner) I am an officer (ine 1 of space B. d the statement of account and e, and correct to the best of my on 1001(1986)] Example Typed or printed	ation or pa wartnership ation or pa wwner is no if a corpora hereby de y knowledg X Enter an e Enter an e Enter sign: d name:	b) I am the owner of the cable system artnership) I am the duly authorized at t a corporation or partnership; or ation) or a partner (if a partnership) of clare under penalty of law that all stat le, information, and belief, and are ma /s/ Kenneth J. Kohrs lectronic signature on the line above to ature using an "/s/ signature" (e.g., /s/ Kenneth J. Kohrs	as identified in line 1 of space gent of the owner of the cable the legal entity identified as o ements of fact contained here de in good faith.	e B; or e system as identified wner of the cable system
		Title: (Title of o		Vice President, Financial F held in corporation or partnership)	Reporting	
		Date:			2/14/2025	

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

ounting Period: 2024/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC (OSCEOLA, MO)	180
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? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Mailing Address	P Special Statement Concerning Gross Receipts Exclusion
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	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. 	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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