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

STATEME	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:	
-	ry Transmissions by	DATE RECEIVED	AMOUNT	-
	ms (Short Form)	BRIEREGENEB		<u>coplicsoa@loc.gov</u>
-	ctions are located	2/26/25	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
			ALLOGATION NONDER	-
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
		٦		
	2024/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		_		
		1		
		Barcode Data Filing Period (optiona	I - see instructions)	
Accounting				
Period				
	Instructions:			
В	Give the full legal name of the owner of title of the subsidiary, not that of the pa		sidiary of another corporation, give the full o	corporate
Owner	List any other name or names under wh	ich the owner conducts the business of	the cable system.	
	If there were different owners during th	e accounting period, only the owner or	n the last day of the accounting period should	d submit a
	single statement of account and royalty			
	Check here if this is the system's first fili	ng If not enter the system's ID numbe	r assigned by the Licensing Division	24136
		ing. If hot, effet the system s to humbe	assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAILIN	NG ADDRESS OF CABLE SYSTEM	л	
	MEDIACOM SOUTHEAST LLC (TR	ENTON, KY)		
	BUSINESS NAME(S) OF OWNER C	F CABLE SYSTEM (IF DIFFEREN	Τ)	
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
	ONE MEDIACOM WAY			
	(Number, street, rural route, apartment, or suite	number)		
	MEDIACOM PARK, NY 10918 (City, town, state, zip)			
<u>^</u>	INSTRUCTIONS: In line 1, give any bus	iness or trade names used to ide	entify the business and operation of t	he system unless these
С	names already appear in space B. In line	e 2, give the mailing address of t	he system, if different from the addre	ss given in space B
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MEDIACOM SOUTHEAST LLC			
	MAILING ADDRESS OF CABLE SYSTE	И:		
1	90 NORTH MAIN			
1				
	2 (Number, street, rural route, apartment, or suite	number)		
		number)		

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	MEDIACOM SOUTHEAST LLC (TRENTON, KY)	241
	Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	munities within unincorporated areas and including sing will serve as a form of system identification hereafter kn
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor identified city.	ne parks should be reported in parentheses below the
ocrea		
First	CITY OR TOWN TRENTON	STATE KY
Community	CHRISTIAN COUNTY	ĸŸ
Community		
	ELKTON	KY
dd Rows as Necessary	GUTHRIE	KY
	OAK GROVE	KY
	PEMBROKE	KY
	TODD COUNTY	KY
	DOVER	TN
	STEWART COUNTY	TN

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						515	
	MEDIACOM SOUTHEAS	ST LLC (TRE	ΕΝΤΟ	N, KY)					2413
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCR	BERS AND R	ATES				
E	In General: The information in s								
	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						those exist	ting on the	
Service: Sub-	Number of Subscribers: Both	`		,	,	,	ble svstem	ı, broken	
scribers and	down by categories of secondary	•					,	,	
Rates	each category by counting the n	, umber of billing	in th	at category (the	e number o	of persons or or	ganizations	charged	
	separately for the particular serv					•	,		
	Rate: Give the standard rate c	-						-	
	unit in which it is generally billed category, but do not include disc	•		,		ird rate variation	is within a	particular rate	
	Block 1: In the left-hand block					ondary transmi	ssion servi	ce that cable	
	systems most commonly provide	•		-		•			
	that applies to your system. Not	e: Where an ine	dividua	al or organizatio	on is receiv	ing service that	falls under	r different	
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted o					d in the count ui	nder "Servi	ce to the	
	Block 2: If your cable system	0			· · ·	service that are	e different f	rom those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a						,.		
	sufficient.								
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	-RS	RATE	САТ	EGORY OF SEI		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIBE	_113	INAIL	CAT		(VICL	SUBSCRIBERS	
	Service to first set		288	27.95-61.54					
	Service to additional set(s)		200	27.00-01.04					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	27.95-61.54					
	Converter		U	27.95-61.54					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NeMI		.e				
_	In General: Space F calls for rat					III your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t		,		-	• •			
	service for a single fee. There ar	e two exception	ns: you	u do not need to	o give rate	information cor	cerning (1) services	
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	y billed. If any ra	ates are cl	narged on a var	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cab	le system for ea	ach of the	applicable servi	ces listed.		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a	separate charg	e was	made or establ	ished. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and includ	le the r	rate for each.					
		BLOC	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	PP	• Mo	otel, hotel			Variety	TV	####
	• Pay cable—add'l channel	PP	• Co	ommercial					
	Fire protection		•Pa	y cable					
	•Burglar protection		•Pa	y cable-add'l cł	nannel				
	Installation: Residential		• Fir	e protection					
	• First set	75.00	• Bu	rglar protection					
	 Additional set(s) 	49.00		services:					
	• FM radio (if separate rate)			connect		49.00			
	• Converter	9.99		sconnect					
			- 10						
			• 🖓	Itlet relocation		49.00			
				itlet relocation	ess	49.00			

				FORM SA1-2E. PAGE 3.
Name				SYSTEM ID# 24136
	MEDIACOM SOUTHEA	AST LLC (TRENTON, KY)		24100
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 rule • 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	n during the accounting period, except n effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (f a substitute basis. Iso in space I, if the station was carrien n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the ne form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tir the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati- carried by your cable system on a subs- the Special Statement and Program Le- ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a n (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	4. LOCATION OF STATION		
	WJFB/WJFB(HD) MeTV	16	I	NASHVILLE, TN
	WKMU/WKMU(HD) PBS K	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
Add Rows as Necessary	WKMU-DT3 KET KY WKMU-DT4 PBS Kids	36.3 36.4	E-M	MURRAY, KY MURRAY, KY
Add Rows as Necessary				
Add Rows as Necessary	WKMU-DT4 PBS Kids	36.4	E-M	MURRAY, KY
Add Rows as Necessary	WKMU-DT4 PBS Kids WKRN/WKRN(HD) ABC	36.4 27	E-M N	MURRAY, KY NASHVILLE, TN
Add Rows as Necessary	WKMU-DT4 PBS Kids WKRN/WKRN(HD) ABC WNAB DT-1 Dabl	36.4 27 23	E-M N I	MURRAY, KY NASHVILLE, TN NASHVILLE, TN
Add Rows as Necessary	WKMU-DT4 PBS Kids WKRN/WKRN(HD) ABC WNAB DT-1 Dabl WNPT/WNPT(HD) PBS	36.4 27 23 8	E-M N I E	MURRAY, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
Add Rows as Necessary	WKMU-DT4 PBS Kids WKRN/WKRN(HD) ABC WNAB DT-1 Dabl WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC	36.4 27 23 8 10	E-M N I E N	MURRAY, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
Add Rows as Necessary	WKMU-DT4 PBS Kids WKRN/WKRN(HD) ABC WNAB DT-1 Dabl WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS	36.4 27 23 8 10 5	E-M N I E N	MURRAY, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
Add Rows as Necessary	WKMU-DT4 PBS Kids WKRN/WKRN(HD) ABC WNAB DT-1 Dabl WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS WUXP MY NET	36.4 27 23 8 10 5 21	E-M N I E N N	MURRAY, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
Add Rows as Necessary	WKMU-DT4 PBS Kids WKRN/WKRN(HD) ABC WNAB DT-1 Dabl WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS WUXP MY NET WZTV/WZTV(HD) FOX	36.4 27 23 8 10 5 21 15	E-M N I E N N I I	MURRAY, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
Add Rows as Necessary	WKMU-DT4 PBS Kids WKRN/WKRN(HD) ABC WNAB DT-1 Dabl WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS WUXP MY NET WZTV/WZTV(HD) FOX	36.4 27 23 8 10 5 21 15	E-M N I E N N I I	MURRAY, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
Add Rows as Necessary	WKMU-DT4 PBS Kids WKRN/WKRN(HD) ABC WNAB DT-1 Dabl WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS WUXP MY NET WZTV/WZTV(HD) FOX	36.4 27 23 8 10 5 21 15	E-M N I E N N I I	MURRAY, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
Add Rows as Necessary	WKMU-DT4 PBS Kids WKRN/WKRN(HD) ABC WNAB DT-1 Dabl WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS WUXP MY NET WZTV/WZTV(HD) FOX	36.4 27 23 8 10 5 21 15	E-M N I E N N I I	MURRAY, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
Add Rows as Necessary	WKMU-DT4 PBS Kids WKRN/WKRN(HD) ABC WNAB DT-1 Dabl WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS WUXP MY NET WZTV/WZTV(HD) FOX	36.4 27 23 8 10 5 21 15	E-M N I E N N I I	MURRAY, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
Add Rows as Necessary	WKMU-DT4 PBS Kids WKRN/WKRN(HD) ABC WNAB DT-1 Dabl WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS WUXP MY NET WZTV/WZTV(HD) FOX	36.4 27 23 8 10 5 21 15	E-M N I E N N I I	MURRAY, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
Add Rows as Necessary	WKMU-DT4 PBS Kids WKRN/WKRN(HD) ABC WNAB DT-1 Dabl WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS WUXP MY NET WZTV/WZTV(HD) FOX	36.4 27 23 8 10 5 21 15	E-M N I E N N I I	MURRAY, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
Add Rows as Necessary	WKMU-DT4 PBS Kids WKRN/WKRN(HD) ABC WNAB DT-1 Dabl WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS WUXP MY NET WZTV/WZTV(HD) FOX	36.4 27 23 8 10 5 21 15	E-M N I E N N I I	MURRAY, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
Add Rows as Necessary	WKMU-DT4 PBS Kids WKRN/WKRN(HD) ABC WNAB DT-1 Dabl WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS WUXP MY NET WZTV/WZTV(HD) FOX	36.4 27 23 8 10 5 21 15	E-M N I E N N I I	MURRAY, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN
Add Rows as Necessary	WKMU-DT4 PBS Kids WKRN/WKRN(HD) ABC WNAB DT-1 Dabl WNPT/WNPT(HD) PBS WSMV/WSMV(HD) NBC WTVF/WTVF(HD) CBS WUXP MY NET WZTV/WZTV(HD) FOX	36.4 27 23 8 10 5 21 15	E-M N I E N N I I	MURRAY, KY NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN NASHVILLE, TN

EGAL NAME O			C (TRENTON, KY)					SYSTEM I 241
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed inf paper SA1-2 fo Column 1: 10 Column 2: 5 Column 3: 11 signal, indicate Column 4: 0) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Give the statior	y the sys be recein the Co sign of e the static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C stem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC) it can l ertain st eneral ir eparate a	be expected, ated intervals. hstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	1	the community with which the	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN	AM OF FM	S/D	LOCATION OF STATION	CALL SIGN		S/D	LOCATION OF STATION	
		<u> </u>						
		<u> </u>						
			·					
		1						

Accounting Perio	d: 2024/2						FORM	SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC	(TRENTON,	KY)				24136
	SUBSTITUTE CARRIAGI	-	-					
I	In General: In space I, ident				•			
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				ne general inc			
Special	During the accounting per	-			asis anv nonr	network televi	ision progr	am
Statement and	broadcast by a distant sta			n ourly, on a substitute be	loio, any nom			
Program Log	-						YES	NO
	Note: If your answer is "No	", leave the	e rest of this pa	ge blank. If your answer i	s "Yes," you r	nust complet	e the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUTE			ata lina. I laa ahbraviatian		aasibla if tha	ir meening	ia
	In General: List each subs clear. If you need more spa				s wherever p	ossible, li the	ir meaning	15
				vision program ("substitut	e program") tl	nat, during th	e accounti	ng
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter				
		0		asting the substitute prog the community to which th		concod by the	ECC or i	n
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day		stem carried the substitut			with the m	onth
	first. Example: for May 7 giv		a aubatituta ar		r aabla avata	m. Lietthe tim		talı
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:0				itely
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							gram
	effect on October 19, 1976.	•	,			ana iogulaa		
	9		E PROGRAM	1		N SUBSTITI AGE OCCUI		7. REASON FOR
			3. STATION'S		5. MONTH	6. TIN		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
			+					
						_		
						_		
			+					
			+					
						_		
						_		
						_		
						_		
						_		
			+		1			

Accounting Period:	2024/2			FORM S	A1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
Name	MEDIACOM SOUTHEAST LLC (TRENTON, KY)				24136
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (viii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period	ystem's se on of how t	econdary transm o compute this a	ission service amount, see	2,030.72
		•			
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 Use block 3 if the amount of gross receipts in space K is more than \$137,100 See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less than nformation	an \$527,600 n.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				
	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 lin	nes 1 and 2)		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula)	
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1		111,769.28		
	4. Enter the amount of gross receipts from space K			152,030.72	
	5. Enter the amount from line 3			111,769.28	
	6. Subtract line 5 from line 4			40,261.44	
	7. Multiply line 6 by .005 (enter figure here)			\$	201.31
	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		\$	201.31
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (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 DU	F			
	FILING FEE AND TOTAL REMITTANCE DU	L.			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	201.31	
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			\$	221.31
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		hts!

Accounting Period:	2024/2									FORM	M SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: DUTHEAST LLC (TRENT(ON, KY)								SYSTEM ID# 24136
M Channels	to its subscribers 1. Enter the total	u must give (1) the number of , and (2) the cable system's number of channels on whic television broadcast stations	total numb	ber of activat	ted channels dur	ring the a	ccounting period			21	
	on which the ca	number of activated channe ble system carried televisior ast services	n broadcas							62	
N Individual to Be Contacted		BE CONTACTED IF FURTI bout this statement of accou		DRMATION I	S NEEDED (Ide	ntify an in	dividual to who	m			
for Further Information	Name	Kenneth J. Kohrs						Telephone	845-443-2	2762	
	Address	One Mediacom Way (Number, street, rural route, apar Mediacom Park, NY (City, town, state, zip)	rtment, or suit								
	Email	Copyrights@m	nediacomo	ncc.com			Fax (optiona	I)			
O Certification	I, the undersigne (Owned (Agent in li (Office in li I have examined	This statement of account m ed, hereby certify that (Check r other than corporation or of owner other than corpor ine 1 of space B and that the er or partner) I am an officer ine 1 of space B. the statement of account and e, and correct to the best of m on 1001(1986)]	one, <i>but on</i> partnershi ration or p owner is no (if a corpor d hereby de	nly one , of th nip) I am the (partnership) not a corporat pration) or a p declare under dge, informati	e boxes.) owner of the cabl I am the duly aut tion or partnershi partner (if a partne penalty of law th	le system thorized ag p; or ership) of nat all state nd are mad	as identified in li gent of the owne the legal entity ic ements of fact co	ine 1 of space er of the cable dentified as ov	system as ider		
		Typed or printe Title: (Title of d	Enter signed name:	Kennet p Vice Pro	gnature on the linn an "/s/ signature" In J. Kohrs esident, Fina oration or partnersh	" (e.g., /s/ ancial F	John Smith)				

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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC (TRENTON, KY)	2413
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	-
^ddyd	-
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	-
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	
Line 3 Multiply line 2 by the number of days late and enter the sum here - 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	
Line 3 Multiply line 2 by the number of days late and enter the sum here - 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	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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 th 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.