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				
2/26/25	\$				
	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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	Barcode Data Filing Period (optional - see instructions)							
Accounting Period								
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner	List any other name or names under which the owner conducts the business of the cable system.							
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Mediacom Wisconsin 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	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	Mediacom Wisconsin 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.

Mediacom Wisconsin LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Boscobel City WI		I	FORM SA1-2E. PAGI						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. City or town Essman & Able Clayton Clayton IA Marquette Wi Marquette Wi Marquette Wi Garnavillo Garnavillo Garnavillo Garnat City Wi Harper's Ferry Wi	Name		SYSTEM I						
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN									
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 kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN									
Area Served Area Served CITY OR TOWN First COmmunity Clayton Clayton Clayton Lansing Marquette Mi Marquette Mi Marquette Mi Marquette Mi Garnavillo Garnavillo Garnavillo Garnavillo Garnavillo Guttenberg Wil Guttenberg Wil Guttenberg Wil Guttenberg Wil Garter Grant Wil Guttenberg Wil Garter Grant Wil Guttenberg Wil Garter Grant Wil Garter Grant Wil Guttenberg Wil Harper's Ferry Wil Wil Wil Wil Wil Wil Wil Wi	D								
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN			list will serve as a form of system identification hereafter kno						
Area Served identified city. CITY OR TOWN STATE First Boscobel City WI Community Essman & Able WI Clayton IA Elkader WI Lansing WI Marquette WI McGregor IA Waukon WI Garnavillo IA Grant City WI Guttenberg WI Harper's Ferry WI									
CITY OR TOWN STATE	Δrea								
First Boscobel City WI Community Essman & Able WI Clayton IA Rows as Necessary Elkader WI Lansing WI Marquette WI McGregor IA Waukon WI Garnavillo IA Grant City WI Guttenberg WI Harper's Ferry WI		identified city.							
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Community Essman & Able WI Clayton IA Rows as Necessary Elkader WI Lansing WI Marquette WI McGregor IA Waukon WI Garnavillo IA Grant City WI Guttenberg WI Harper's Ferry WI		CITY OR TOWN	STATE						
Clayton	First	Boscobel City	WI						
Rows as Necessary Elkader WI Lansing WI Marquette WI McGregor IA Waukon WI Garnavillo IA Grant City WI Guttenberg WI Harper's Ferry WI	Community	Essman & Able	WI						
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Waukon WI Garnavillo IA Grant City WI Guttenberg WI Harper's Ferry WI									
Garnavillo IA Grant City WI Guttenberg WI Harper's Ferry WI									
Grant City WI Guttenberg WI Harper's Ferry WI									
Guttenberg WI Harper's Ferry WI			IA						
Harper's Ferry WI		Grant City	WI						
Harper's Ferry WI			WI						
	"								

Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

#SYSTEM ID 27121

Mediacom Wisconsin LLC

Ε

Secondary Transmission Service: Subscribers 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.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	696	29.99-61.54				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	0	29.99-61.54				
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 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
Pay cable	PP	Motel, hotel		Variety TV	#####	
 Pay cable—add'l channel 	PP	Commercial				
Fire protection		• Pay cable				
Burglar protection		 Pay cable-add'l channel 				
Installation: Residential		Fire protection				
• First set	75.00	Burglar protection				
 Additional set(s) 	49.00	Other services:				
 FM radio (if separate rate) 		Reconnect	49.00			
Converter	9.99	Disconnect				
		Outlet relocation	49.00			
		 Move to new address 				

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27121

Mediacom Wisconsin LLC

G

Primary Transmitters: Television

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
KCRG/KCRG(HD) ABC	9	N	Cedar Rapids, IA
KCRG-DT2/KCRG-DT2 MyNet HD	9.2	I-M	Cedar Rapids, IA
KCRG/KCRG-DT3 (HD) CW	9.3	I-M	Cedar Rapids, IA
KFXA-DT1 DABL	27.1	I-M	Cedar Rapids, IA
KFXA-DT2 Charge!	27.2	I-M	Cedar Rapids, IA
KFXA-DT3 TBD	27.3	I-M	Cedar Rapids, IA
KFXA-DT4 Nest	27.4	I-M	Cedar Rapids, IA
KFXA-DT5 Comet	27.5	I-M	Cedar Rapids, IA
KFXB CTN	43	I	DUBUQUE, IA
KGAN/KGAN(HD) CBS	51	N	Cedar Rapids, IA
KGAN-DT2/KGAN DT2 HD FOX	51.2	I-M	Cedar Rapids, IA
KGAN-DT3 Quest	51.3	I-M	Cedar Rapids, IA
KIIN/KIIN(HD) PBS	12	E	lowa City, IA
KIIN-DT2 PBS KIDS (HD)	12.2	E-M	lowa City, IA
KIIN-DT3 PBS World	12.3	E-M	lowa City, IA
KIIN-DT4 PBS Create	12.4	E-M	lowa City, IA
KPXR/KPXR (HD) ION	47	I	Cedar Rapids, IA
KPXR-DT2 Grit	47.2	I-M	CEDAR RAPIDS, IA
KPXR-DT3 Bounce	47.3	I-M	CEDAR RAPIDS, IA
KPXR-DT4 Laff	47.4	I-M	CEDAR RAPIDS, IA
KPXR-DT5 ION Plus	47.5	I-M	CEDAR RAPIDS, IA
KPXR-DT6 ION Mystery	47.6	I-M	CEDAR RAPIDS, IA
KPXR-DT7 JTV	47.7	I-M	CEDAR RAPIDS, IA
KWKB/KWKB(HD) TCT	25	I	lowa City, IA
KWKB-DT2 ION Mystery	25.2	I-M	lowa City, IA

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27121

Mediacom Wisconsin LLC

G

Primary Transmitters: Television 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.

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- 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KWKB-DT3 SonLife	25.3	I-M	lowa City, IA
KWKB-DT4 Start TV	25.5	I-M	Iowa City, IA
KWKB-DT5 This TV	25.5	I-M	Iowa City, IA
KWKB-DT9 getTV	25.9	I-M	lowa City, IA
KWWL/KWWL(HD) NBC	7	N	Waterloo, IA
KWWL-DT2 H&I	7.2	I-M	Waterloo, IA
KWWL-DT3 MeTV	7.3	I-M	Waterloo, IA
KWWL-DT4 Court TV	7.4	I-M	Waterloo, IA
KWWL-DT5 True Crime Network	7.5	I-M	Waterloo, IA
KYIN/KYIN(HD) PBS	18	E	Mason City, IA
KYIN-DT2 KIDS (HD)	18.2	E-M	Mason City, IA
KYIN-DT3 World	18.3	E-M	Mason City, IA
KYIN-DT4 Create	18.4	E-M	Mason City, IA
WHA (PBS)	20	E	MADISON, WI
WHA-DT2 (PBS) TWC	20.2	E-M	MADISON, WI
WHA-DT3 CREATE	20.3	E-M	MADISON, WI
WHA-DT4 PBS KIDS	20.4	E-M	MADISON, WI
WHLA/WHLA(HD) (PBS)	30	E	La Crosse, WI
WIFS ION	57	1	Janesville, WI
WISC/WISC(HD) CBS	50	N	Madison, WI
WKBT (CBS)	8	N	La Crosse, WI
WKOW/WKOW(HD) ABC	25	N	Madison, WI
WKOW-DT2 Catchy TV	25.2	I-M	Madison, WI
WKOW-DT3 MeTV Toons	25.3	I-M	Madison, WI
WKOW-DT4 Court TV HD	25.4	I-M	Madison, WI

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27121

Mediacom Wisconsin LLC

G

Primary Transmitters: Television

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WKOW-DT5 True Crime Network	25.5	I-M	Madison, WI
WMSN (FOX)/WMSN (HD)	49	I	Madison, WI
WMSN-DT2 COMET	49.2	I-M	Madison, WI
WMSN-DT3 Charge!	49.3	I-M	Madison, WI
WMSN-DT4 TBD	49.4	I-M	Madison, WI
WMTV/WMTV(HD) (NBC)	19	N	Madison, WI
WMTV-DT2 CW(HD)	19.2	I-M	Madison, WI
WMTV-DT3 Antenna TV	19.3	I-M	Madison, WI
WMTV-DT4 MeTV	19.4	I-M	Madison, WI
WMTV-DT5 Start TV	19.5	I-M	Madison, WI
WMTV-DT6 The365	19.6	I-M	Madison, WI

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Mediacom Wisconsin LLC

27121

PRIMARY TRANSMITTERS: RADIO

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).

CALL SICN	ΛM 05 ΓM	6/D	LOCATION OF STATION	CALLSION	ΛΝΛ ος ΓΝΛ	e/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
		 					
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A	.1. 2024/2						500	101105 0105 5	
Accounting Perio	LEGAL NAME OF OWNER O	F CABLE SYS	STEM:				FORI	SYSTEM ID#	
Name	Mediacom Wisconsin							27121	
		_	_	ENT AND PROGRAM LO					
ı				<i>ision program,</i> broadcast by pecific present and former F					
Substitute	S .	٠.		in this log, see page (v) of the					
Carriage:	1. SPECIAL STATEMEN								
Special Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant station?								
0 0	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	log in block 2.	- ,		.9	, , , , , , , , , , , , , , , , , , ,		F	,····	
	2. LOG OF SUBSTITUT	E PROGRA	AMS						
				rate line. Use abbreviations	wherever po	ossible, if	their meaning	g is	
	clear. If you need more sp			il rows to the tables. evision program ("substitute	program") th	nat. durino	the account	ina	
	period, was broadcast by	a distant sta	tion and that y	our cable system substitut	ed for the pro	ogrammin	g of another	station	
	· ·	,		ns. See page (v) of the ger ketball." List specific progra					
	"NBA Basketball: 76ers vs		JVICS OI DASP	tetball. List specific progra	iii uues, ioi e	жаптріс,	1 Love Lucy	OI	
				er "Yes." Otherwise enter "					
				casting the substitute progr the community to which the		censed by	the FCC or	in	
	the case of Mexican or Ca	ınadian stati	ons, if any, the	e community with which the	station is id	entified).			
			when your sy	stem carried the substitute	program. Us	se numera	als, with the r	nonth	
	first. Example: for May 7 g Column 6: State the tin		e substitute pr	ogram was carried by your	cable svster	m. List the	e times accur	atelv	
	to the nearest five minutes	s. Example:		ried by a system from 6:01				,	
	stated as "6:00–6:30 p.m."		lieted program	m was substituted for progr	amming that	VOUR EVE	tom was rea	iired	
				during the accounting perio					
		•	your system w	as permitted to delete und	er FCC rules	and regu	lations in		
	effect on October 19, 1976	Ö.							
					WHE	N SUBST	TITUTE		
	S	SUBSTITUT	E PROGRAM	1	CARRIAGE OCCURRED 7. REASON F				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION	
		Tes or No	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROM	_ 10		
							_		
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							-=-		
								·	
							_	,	
							_		
								 	

ccounting Period:			SA1-2E. PAG					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom Wisconsin LLC	•	3YSTEM I 271					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	_	74,469.55 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 but less than or equal to 3. • 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.							
	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 fo accounting period is \$52.00	r 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 lines 1 and 2	· · · <u> </u>						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137)	100)						
	1. Base amount under statutory formula	_						
	2. Enter amount of gross receipts from space K	_						
	3. Subtract line 2 from line 1	_						
	4. Enter the amount of gross receipts from space K							
	5. Enter the amount from line 3							
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)							
	8. Interest charge. Enter the amount from line 4, space Q, page 8	·	0.00					
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)						
	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	- 1,106.70						
	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	. \$	2,425.70					
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Foo and								
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2,425.70						
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	\$	2,445.70					
	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more informa		ghts!					

Accounting Period:	2024/2					FORM SA1-2E. PAGE	E 7.
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: consin LLC				SYSTEM I 271	
M Channels	to its subscribers The total system carried to the total on which the car.	, and (2) the cable system's to number of channels on which television broadcast stations number of activated channels table system carried television	s	during the accounti	ing period.	75 75	
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour	ER INFORMATION IS NEEDED (dentify an individua	al to whom		
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762	
	Address	One Mediacom Way (Number, street, rural route, aparte	nent, or suite number)				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Mediacom Park, NY (City, town, state, zip)	10918				
	Email	Copyrights@mo	ediacomcc.com	Fax	(optional)		
0	CERTIFICATION (This statement of account m	ust be certified and signed in accor	dance with Copyrig	ght Office regulations)		
Certification	• I, the undersigne	ed, hereby certify that (Check o	ne,but only one, of the boxes.)				
	(Owner	r other than corporation or p	artnership) I am the owner of the c	able system as iden	ntified in line 1 of space	B; or	
			ntion or partnership) I am the duly wner is not a corporation or partner		the owner of the cable	system as identified	
		er or partner) I am an officer (ine 1 of space B.	if a corporation) or a partner (if a pa	tnership) of the lega	al entity identified as ow	rner of the cable system	
		e, and correct to the best of my	hereby declare under penalty of law knowledge, information, and belief			1	
			X /s/ Kenneth J. Koh		this statement.		
			Enter signature using an "/s/ signatu				
		Typed or printed	name: Kenneth J. Kohrs				
		Title: (Title of o	Group Vice President, F		rting		
		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 fling, a determination that would be made by a court of law.

Accounting Period: 2024/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 27121 **Mediacom Wisconsin 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 fol-"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** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** 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** davs 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 * 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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