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

				Return completed workbook
STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instru	ems (Short Form) actions are located of this workbook	2/26/25	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional	- see instructions)	
	In the other of the second			
В	Instructions: Give the full legal name of the owner of t title of the subsidiary, not that of the par		idiary of another corporation, give the full corp	porate
Owner	List any other name or names under whi	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 su nting period.	bmit a
	Check here if this is the system's first filir	ng. If not, enter the system's ID number	assigned by the Licensing Division.	30530
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	MEDIACOM SOUTHEAST LLC (BUI	RLINGTON, KS)		
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	Γ)	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite r	number)		
	MEDIACOM PARK, NY 10918	•		

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.

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 E

(City, town, state, zip)

P.O. BOX 249

(City, town, state, zip code)

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(Number, street, rural route, apartment, or suite number) EXCELSIOR SPRINGS, MO 64024

MEDIACOM SOUTHEAST LLC (BURLINGTON, KS)

С

System

1

2

Name Ecological Control Contro			FORM SA1-2E. PA
D 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)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kr as the "first community." Please use it as the first community on all future filings. Area Served Citry or Town First BURLINGTON Community KS BURLINGAME KS Add Rows as Necessary CARBONDALE Add Rows as Necessary CARBONDALE CARBONDALE KS LEBO KS LEBO KS LEBO KS LEW STRAWN KS Scranton KS Scranton KS	Name		SYSTEM
D "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 kr 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 home parks should be reported in parentheses below the identified city. First CITY OR TOWN STATE Add Rows as Necessary CITY OR TOWN KS Add Rows as Necessary CARBONDALE KS Add Rows as Necessary EDGERTON KS <tr< td=""><td></td><td></td><td></td></tr<>			
Area Served 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. First Community CITY OR TOWN STATE BURLINGTON KS BURLINGTON KS BURLINGAME KS Add Rows as Necessary CARBONDALE CARBONDALE KS GRIDLEY KS LEROY KS LEROY KS NEW STRAWN KS OSAGE CITY KS SCRANTON KS			
discrete unincorporated area)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kr 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 home parks should be reported in parentheses below the identified city. First Citry or TOWN STATE Community BURLINGTON KS Add Rows as Necessary CARBONDALE KS Add Rows as Necessary CARBONDALE KS GRIDLEY KS KS LEBO KS LEBO LEROY KS KS CUYNDON KS KS Served SCRANTON KS	D		
Area Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First Citry or Town STATE Mode: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First Citry or Town STATE Mode: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First Citry or Town STATE Mode: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First Community STATE BURLINGTON KS KS BURLINGAME KS KS BURLINGAME KS KS EDGERTON KS KS CARBONDALE KS KS Image: Entities and properties such as hotels, apartments, condominations, or mobile home parks should be reported in parentheses below the image. KS Add Rows as Necessary Entities and properties such as hotels, apartments, condominations, or mobile home parks should be reported in parentheses such as hotels, apartments, condominations, or mobile home parks should be reported in parentheses such as hotels, apartments			
Area Served identified city. First CITY OR TOWN STATE First BURLINGTON KS Community BALDWIN CITY KS Add Rows as Necessary CARBONDALE KS Add Rows as Necessary CARBONDALE KS GRIDLEY KS KS LEBO KS KS LEROY KS KS NEW STRAWN KS OSAGE CITY KS			
Area Served identified city. First CITY OR TOWN STATE First BURLINGTON KS Community BALDWIN CITY KS Add Rows as Necessary CARBONDALE KS Add Rows as Necessary CARBONDALE KS GRIDLEY KS KS LEBO KS KS LEROY KS KS NEW STRAWN KS OSAGE CITY KS			
Served City or town State First BURLINGTON KS Community BALDWIN CITY KS Add Rows as Necessary CARBONDALE KS Add Rows as Necessary CARBONDALE KS Image: Community EDGERTON KS Image: Community EDGERTON KS Image: Community EDGERTON KS Image: Community Image: Community			
First BURLINGTON KS Community BALDWIN CITY KS Add Rows as Necessary BURLINGAME KS Add Rows as Necessary CARBONDALE KS GRIDLEY KS LEBO KS LEROY KS LYNDON KS NEW STRAWN KS OSAGE CITY KS	Served		
First BURLINGTON KS Community BALDWIN CITY KS Add Rows as Necessary BURLINGAME KS Add Rows as Necessary CARBONDALE KS GRIDLEY KS LEBO KS LEROY KS LYNDON KS NEW STRAWN KS OSAGE CITY KS			
First BURLINGTON KS Community BALDWIN CITY KS Add Rows as Necessary BURLINGAME KS Add Rows as Necessary CARBONDALE KS GRIDLEY KS LEBO KS LEROY KS LYNDON KS NEW STRAWN KS OSAGE CITY KS			
CommunityBALDWIN CITYKSAdd Rows as NecessaryBURLINGAMEKSAdd Rows as NecessaryCARBONDALEKSEDGERTONKSGRIDLEYKSImage: CommunityKSImage: CommunityKS			
BURLINGAME KS Add Rows as Necessary CARBONDALE KS EDGERTON KS GRIDLEY KS Image: Comparison of the second secon			
BURLINGAME KS Add Rows as Necessary CARBONDALE KS EDGERTON KS GRIDLEY KS Image: Comparison of the second secon	Community	BALDWIN CITY	KS
Add Rows as Necessary CARBONDALE KS EDGERTON KS GRIDLEY KS LEBO KS LEROY KS LEROY KS NEW STRAWN KS OSAGE CITY KS SCRANTON KS			
EDGERTONKSGRIDLEYKSLEBOKSLEROYKSLYNDONKSNEW STRAWNKSOSAGE CITYKSSCRANTONKS			
GRIDLEYKSLEBOKSLEROYKSLYNDONKSNEW STRAWNKSOSAGE CITYKSSCRANTONKS	Add Rows as Necessary		
LEBOKSLEROYKSLYNDONKSNEW STRAWNKSOSAGE CITYKSSCRANTONKS			
LEBOKSLEROYKSLYNDONKSNEW STRAWNKSOSAGE CITYKSSCRANTONKS			
LEROYKSLYNDONKSNEW STRAWNKSOSAGE CITYKSSCRANTONKS		LEBO	
LYNDONKSNEW STRAWNKSOSAGE CITYKSSCRANTONKS			
NEW STRAWN KS OSAGE CITY KS SCRANTON KS			
OSAGE CITY KS SCRANTON KS			
SCRANTON KS			
SCRANTON KS		OSAGE CITY	
			N

								FORM SA1-	-
Name	LEGAL NAME OF OWNER OF C							515	TEM ID 3053
	MEDIACOM SOUTHEAS	ST LLC (BU	RLING	GTON, KS)					3033
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND RA	TES				
E	In General: The information in s			-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
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			•		•			
Nates	separately for the particular serv							scharged	
	Rate: Give the standard rate of	-						-	
	unit in which it is generally billed category, but do not include disc	· ·		,	ny standa	rd rate variatior	is within a	particular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	0							
	printed in block 1 (for example, t with the number of subscribers a					,		, 0	
	sufficient.	and rates, in th	e ngin-	Hanu Diock. A tw					
	BLC	DCK 1					BLOCK		-
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	COBCOLUD		TUTE	0,111		WICE	CODOCIVIDENCO	TUTI
	 Service to first set 		560	29.95-56.49					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	29.95-56.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATES	3				
F	In General: Space F calls for ra	te (not subscri	ber) info	ormation with re-	spect to a	Il 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 and furnished at cost or (2) services	•	-		•		• •	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		the eet		ab af tha	annliachta anni	aaa liatad		
ransmissions: Rates	Block 1: Give the standard rate Block 2: List any services that	• •				••		were not	
	listed in block 1 and for which a	• •			-	-	-		
	brief (two- or three-word) description and include the rate for each.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-resi	dential		Mariata		ىيىس
	• Pay cable	PP PP		otel, hotel			Variety	IV	####
	Pay cable—add'l channel Fire protection	44	_	mmercial y cable					
	Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	75.00		rglar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		49.00			
	Converter	9.99	• Dis	sconnect					
	• Converter	9.99		sconnect itlet relocation		49.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM			
Name	MEDIACOM SOUTHEA	AST LLC (BURLINGTON, KS)		305			
	PRIMARY TRANSMITTERS:						
•	In General: In space G, identify every television station (including translator stations and low power television stations)						
G	carried by your cable system	during the accounting period, except	(1) stations carried only on a part-tin	ne basis under			
Primary		effect on June 24, 1981, permitting th (2) and (4), or 76.63 (referring to 76.6					
Transmitters:	substitute program basis, as	explained in the next paragraph					
Television		With respect to any distant stations ca es, regulations, or authorizations:	arried by your cable system on a sub	stitute program			
	 Do not list the station here 	in space G-but do list it in space I (th	ne Special Statement and Program L	og)—if the			
	 station was carried only on a List the station here, and a 	a substitute basis. Iso in space I, if the station was carried	d both on a substitute basis and also	on some othe			
	basis. For further information	concerning substitute basis stations,	see page (v) of the general instruction	ons			
		s call sign. Do not report origination p with a station according to its over-the					
	"WETA-2" as the same on the	e form.					
		I number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	vision station for broadcasting over t	ne air in its community			
	Column 3: Indicate in each	case whether the station is a network					
		ing the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o					
	For the meaning of these ter	ms, see page (iv) of the general instru	ctions in the paper SA1-2 form.				
		of each station. For U.S. stations, list ian stations, if any, give the name of the					
		an oladono, n'any, giro alo namo or a					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	KCPT/KCPT (HD) PBS	18	E	KANSAS CITY, MO			
	KCPT-DT2 PBS Encore	18.2	E-M	KANSAS CITY, MO			
	KCPT-DT3 Create	18.3	E-M	KANSAS CITY, MO			
	KCPT-DT4 PBS Kids	18.4	E-M	KANSAS CITY, MO			
	KCTV/KCTV (HD) CBS	24	N	KANSAS CITY, MO			
	KCTV-DT2 The365	24.2	I-M	KANSAS CITY, MO			
	KCTV-DT3 Start TV	24.3	I-M	KANSAS CITY, MO			
	KCTV-DT4 Quest	24.4	I-M	KANSAS CITY, MO			
ld Rows as Necessary	KCWE (CW)/ KCWE HD	31	I	KANSAS CITY, MO			
,	KCWE-DT2 True Crime Netwo	31.2	I-M	KANSAS CITY, MO			
	KGKC Telemundo	39	•	KANSAS CITY, MO			
	KMBC/KMBC (HD) ABC	29	N	KANSAS CITY, MO			
	KMBC-DT2 MeTV	29.2	I-M	KANSAS CITY, MO			
	KMCI/ KMCI HD (IND)	41	I	LAWRENCE, KS			
	KMCI-DT2 Bounce TV	41.2	I-M	LAWRENCE, KS			
	KMCI-DT3 ION Mystery	41.3	I-M	LAWRENCE, KS			
	KPXE (ION)/ KPXE ION HD	51	I	KANSAS CITY, MO			
	KPXE-DT2 ION Mystery	51.2	I-M	KANSAS CITY, MO			
		E1 2	LM	KANSAS CITY MO			
	KPXE-DT3 Defy TV	51.3	I-M	KANSAS CITY, MO			
	KPXE-DT3 Defy TV KPXE-DT4 Grit	51.4	I-M	KANSAS CITY, MO			
	KPXE-DT3 Defy TV KPXE-DT4 Grit KPXE-DT5 JTV						
	KPXE-DT3 Defy TV KPXE-DT4 Grit	51.4	I-M	KANSAS CITY, MO			
	KPXE-DT3 Defy TV KPXE-DT4 Grit KPXE-DT5 JTV KSHB/KSHB (HD) NBC	51.4 51.5	I-M	KANSAS CITY, MO KANSAS CITY, MO			
	KPXE-DT3 Defy TV KPXE-DT4 Grit KPXE-DT5 JTV KSHB/KSHB (HD) NBC	51.4 51.5 42	I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO			
	KPXE-DT3 Defy TV KPXE-DT4 Grit KPXE-DT5 JTV KSHB/KSHB (HD) NBC KSHB-DT2 Grit	51.4 51.5 42 42.2	I-M I-M N I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO			
	KPXE-DT3 Defy TV KPXE-DT4 Grit KPXE-DT5_JTV KSHB/KSHB (HD) NBC KSHB-DT2_Grit KSHB-DT4_getTV	51.4 51.5 42 42.2 42.2 42.4	I-M I-M N I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO			
	KPXE-DT3 Defy TV KPXE-DT4 Grit KSHB-DT5_JTV KSHB/KSHB (HD) NBC KSHB-DT2 Grit KSHB-DT4 getTV KSMO/KSMO (MyNET) (HD) KSMO-DT2 H&I	51.4 51.5 42 42.2 42.2 42.4 47 47.2	I-M I-M I-M I-M I I I I I M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO			
	KPXE-DT3 Defy TV KPXE-DT4 Grit KPXE-DT5_JTV KSHB/KSHB (HD) NBC KSHB-DT2 Grit KSHB-DT4 getTV KSMO/KSMO (MyNET) (HD) KSMO-DT2 H&I KSMO-DT3 DABL	51.4 51.5 42 42.2 42.2 42.4 47 47.2 47.3	I-M I-M I-M I-M I-M I-M	KANSAS CITY, MO KANSAS CITY, MO			
	KPXE-DT3 Defy TV KPXE-DT4 Grit KPXE-DT5 JTV KSHB/KSHB (HD) NBC KSHB-DT2 Grit KSHB-DT4 geiTV KSMO/KSMO (MyNET) (HD) KSMO-DT2 Hål KSMO-DT3 DABL KSMO-DT4 Cozi TV	51.4 51.5 42 42.2 42.2 42.4 47 47.2 47.3 47.3 47.4	I-M I-M I-M I-M I-M I-M I-M	KANSAS CITY, MO KANSAS CITY, MO			
	KPXE-DT3 Defy TV KPXE-DT4 Grit KPXE-DT5_JTV KSHB/KSHB (HD) NBC KSHB-DT2 Grit KSHB-DT4 getTV KSMO/KSMO (MyNET) (HD) KSMO-DT2 H&I KSMO-DT3 DABL	51.4 51.5 42 42.2 42.2 42.4 47 47.2 47.3	I-M I-M I-M I-M I-M I-M	KANSAS CITY, MO KANSAS CITY, MO			
	KPXE-DT3 Defy TV KPXE-DT4 Grit KPXE-DT5 JTV KSHB/KSHB (HD) NBC KSHB-DT2 Grit KSHB-DT4 geiTV KSMO/KSMO (MyNET) (HD) KSMO-DT2 Hål KSMO-DT3 DABL KSMO-DT4 Cozi TV	51.4 51.5 42 42.2 42.2 42.4 47 47.2 47.3 47.3 47.4	I-M I-M I-M I-M I-M I-M I-M	KANSAS CITY, MO KANSAS CITY, MO			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II		
Name	MEDIACOM SOUTHEAST LLC (BURLINGTON, KS)					
	PRIMARY TRANSMITTERS:	TELEVISION				
G	carried by your cable system	during the accounting period, except	translator stations and low power telev (1) stations carried only on a part-time	e basis under		
Primary ansmitters: Felevision	76.59(d)(2) and (4), 76.61(e) substitute program basis, as	(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph	he carriage of certain network program 51(e)(2) and (4))]; and (2) certain statio arried by your cable system on a subst	ns carried on a		
Television	basis under specific FCC rule	es, regulations, or authorizations: in space G—but do list it in space I (t	he Special Statement and Program Lo			
	 List the station here, and al 	so in space I, if the station was carrie	d both on a substitute basis and also o			
			see page (v) of the general instruction rogram services such as HBO, ESPN,			
	multicast stream associated	with a station according to its over-the	e-air designation. For example, report			
	"WETA-2" as the same on th Column 2: Give the channel		evision station for broadcasting over the	e air in its community		
	of license. For example, WR	C is channel 4 in Washington, D.C.	station, an independent station, or a n	-		
			(for network multicast), "I" (for independent			
		E" (for noncommercial educational), on ms, see page (iv) of the general instru-	or "E-M" (for noncommercial education	al multicast).		
	Column 4: Give the location	of each station. For U.S. stations, list	the community to which the station is			
	FCC. For Mexican or Canadi	ian stations, if any, give the name of t	he community with which the station is	identified		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		
	KTKA-DT2 DABL	49.2	I-M	TOPEKA, KS		
	KTKA-DT3 CW	49.3	I-M	TOPEKA, KS		
		49.4		ľ		
	KTKA-DT4 Antenna	43.4	I-M	TOPEKA, KS		
	KTMJ/KTMJ (HD) FOX	43.4	i-m	TOPEKA, KS TOPEKA, KS		
	KTMJ/KTMJ (HD) FOX	43		TOPEKA, KS		
	KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery	43 43.2	I I-M	TOPEKA, KS TOPEKA, KS TOPEKA, KS		
	KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff	43 43.2 43.3 43.4 43.4	I IM IM	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS		
	KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTWU/KTWU (HD) PBS	43 43.2 43.3 43.4 43.4 11	I IM IM E	ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS		
	KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTWU/KTWU (HD) PBS KTWU-DT2 PBS KIDS/MHz W	43 43.2 43.3 43.4 11 11.2	I IM IM E E EM	ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS		
	KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTWU/KTWU (HD) PBS KTWU-DT2 PBS KID5/MHz W KTWU-DT3 Enhance	43 43.2 43.3 43.4 11 11.2 11.3	I IM IM E	ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS		
	KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTWU/KTWU (HD) PBS KTWU-DT2 PBS KIDS/MHz W KTWU-DT3 Enhance WDAF/WDAF (HD) FOX	43 43.2 43.3 43.4 11 11.2 11.3 32	I IM IM E E E-M E-M	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS KANSAS CITY, MO		
	KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTWU/KTWU (HD) PBS KTWU-DT2 PBS KIDS/MH2 W KTWU-DT3 Enhance WDAF/WDAF (HD) FOX WDAF-DT2 Antenna	43 432 433 434 11 11.2 11.3 32 32.2	I IM IM E E E-M E-M I I I I I I I	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS KANSAS CITY, MO KANSAS CITY, MO		
	KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTWU/KTWU (HD) PBS KTWU/DT2 PBS KIDS/MH2 W KTWU-DT3 Enhance WDAF/WDAF (HD) FOX WDAF-DT2 Antenna WDAF-DT3 Rewind TV	43 432 433 434 11 11.2 11.3 32 32 32.2 32.3	I IM IM E E E M E-M I I I I I I I I I I I I I I I I I I I	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO		
	KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTWU/KTWU (HD) PBS KTWU/KTWU (HD) PBS KTWU-DT2 PBS KIDS/MHz W KTWU-DT3 Enhance WDAF/WDAF (HD) FOX WDAF-DT2 Antenna WDAF-DT3 Rewind TV WDAF-DT4 TBD	43 432 433 434 11 11.2 11.3 32 32.2 32.3 32.4	I IM IM E E E-M E-M I I I I I I I	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO		
	KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTWU/KTWU (HD) PBS KTWU/DT2 PBS KIDS/MH2 W KTWU-DT3 Enhance WDAF/WDAF (HD) FOX WDAF-DT2 Antenna WDAF-DT3 Rewind TV	43 43. 43.2 43.3 43.4 11 11.2 11.3 32 32.2 32.3 32.2 32.3 32.4 13	I IM IM E E E M E-M I I I I I I I I I I I I I I I I I I I	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO		
	KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTWU/KTWU (HD) PBS KTWU/KTWU (HD) PBS KTWU-DT2 PBS KIDS/MHz W KTWU-DT3 Enhance WDAF/WDAF (HD) FOX WDAF-DT2 Antenna WDAF-DT3 Rewind TV WDAF-DT4 TBD	43 432 433 434 11 11.2 11.3 32 32.2 32.3 32.4	I IM IM E E E M E M I I I I I I I I I I	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO		
	KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTWU/KTWU (HD) PBS KTWU-DT2 PBS KIDS/MHz W KTWU-DT3 Enhance WDAF/WDAF (HD) FOX WDAF-DT2 Antenna WDAF-DT3 Rewind TV WDAF-DT4 TBD WIBW/WIBW (HD) CBS	43 43. 43.2 43.3 43.4 11 11.2 11.3 32 32.2 32.3 32.2 32.3 32.4 13	I IM IM E E E M I I I I I I I I I I I I	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO TOPEKA KS		
	KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTWU/KTWU (HD) PBS KTWU-DT2 PBS KIDS/MHz W KTWU-DT3 Enhance WDAF-WDAF (HD) FOX WDAF-DT2 Antenna WDAF-DT3 Rewind TV WDAF-DT4 TBD WIBW/WIBW (HD) CBS WIBW-DT2 MyNet MeTV	43 43 432 433 434 11 11.2 11.3 32 32.2 32.3 32.3 32.4 13 13.2	I IM IM E E M E M I I I I I I I I I I I	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO TOPEKA KS TOPEKA KS		

MEDIACOM	SOUTHEA	ST LLC	C (BURLINGTON, KS)					SYSTEM 305
	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 info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation abou rm. dentify the call tate whether if the radio stat this by placing Sive the station	y the sys be recei at the Co sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem 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 mark in the "S/D" column. on (the community to which the	t the system's he system's FM ante his point, see pay ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral ii eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ONEE OIOIT		0,0				GID		
							·	

Accounting Perio	od: 2024/2					FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:					SYSTEM ID#
Name	MEDIACOM SOUTHEA	AST LLC (BURLINGT	ON, KS)				30530
1	SUBSTITUTE CARRIAG						
•	In General: In space I, ident						
	substitute basis during the a explanation of the programn						
Substitute				ne general ins		T the paper S	A I-2 101111.
Carriage: Special	1. SPECIAL STATEMEN						
Statement and	 During the accounting per 	riod, did your cable syste	m carry, on a substitute ba	isis, any nonr	network tel	evision progr	
Program Log	broadcast by a distant sta	ation?				YES	× NO
0 0	Note: If your appwor is "No	" loove the rest of this p	ago blonk. If your onowor is	- "Voo " vou r	must somr		
	Note: If your answer is "No	, leave the rest of this pa	age blank. If your answer is	s res, your	nust comp	nete the prog	ram
	log in block 2.						
	2. LOG OF SUBSTITUT						
	In General: List each subs			s wherever p	ossible, if t	heir meaning	l IS
	clear. If you need more spa			program") t	hot during	the ecoupti	50
	period, was broadcast by a		evision program ("substitute your cable system substitut				
	under certain FCC rules, re						
	Do not use general catego						
	"NBA Basketball: 76ers vs.		1 1 5	,	1 /	,	
	Column 2: If the program	m was broadcast live, ent	ter "Yes." Otherwise enter	"No."			
			casting the substitute prog				
			the community to which th			the FCC or,	in
	the case of Mexican or Car						
			stem carried the substitute	e program. U	se numera	ls, with the m	nonth
	first. Example: for May 7 gi		correst was corried by you	r achla avata	m lietthe	timos occurs	atoly.
	to the nearest five minutes		rogram was carried by you				atery
	stated as "6:00-6:30 p.m."		fied by a system norm 0.01	1. 10 p.m. to o	20.00 p.n	I. SHOULD DC	
			m was substituted for prog	ramming that	t vour svste	em was <i>requ</i>	ired
	to delete under FCC rules						
	was substituted for prograr						0
	effect on October 19, 1976	j.			•		
				г т <u>т</u>			[
					N SUBST		
	S	UBSTITUTE PROGRAM			AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? 3. STATION'S Yes or No CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	
						_	
		<u>+</u>		·			
						_	
				·			
		+		·			
						_	
						_	
		<u> </u>					
		+					
						—	
						_	
		+					
						_	
						_	
		1					
		+					
						—	
		+					
		 				_	
						_	
		1					
		+					
1						_	
						_ _	
						_ _ _	

Accounting Period:	2024/2			FORM S	6. A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (BURLINGTON, KS)			ę	30530 SYSTEM
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (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	stem's sec of how to	condary transm compute this a	ission service amount, see \$ 27	
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 bu • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more info	it less thai	n \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty f accounting period is \$52.00	fee that yo	u 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 lines	s 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	6 (but mor	re than \$137,1	00)	
	1. Base amount under statutory formula	6	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	· · · · · · · · · - <u>-</u>			
	5. Enter the amount from line 3	· · · · · · · · · <u>-</u>			
	6. Subtract line 5 from line 4	. <u>-</u>			
	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	nd 8	· · · · · · · · · · · · · · · · · · ·		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	800 (but le	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	274,513.72		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	10,713.72		
	4. Multiply line 3 by .01	· · · · · · · · - <u>-</u>	\$	107.14	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	· · · · · · · · · - <u>-</u>	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	· · · · · · · - <u>-</u>		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5	ō, and 6		\$	1,426.14
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,426.14	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>-</u>	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,446.14
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2				ghts!

Accounting Period:	2024/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (BURLINGTON, KS)	SYSTEM ID# 30530
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 system carried television broadcast stations	64
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	68
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information		845-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as on in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	system as identified vner of the cable system
	X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Kenneth J. Kohrs	
	Title: Group Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	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.

unting Period: 2024/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC (BURLINGTON, KS)	3053
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross 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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
News	-
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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.	
 * 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. 	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
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.	
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	
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.	
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	
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	

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.