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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
-	ems (Short Form)	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
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
		1		
	2024/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period				
	Instructions:	he cable system. If the owner is a sub	sidiary of another corporation, give the full	corporato
B	title of the subsidiary, not that of the part		sidiary of another corporation, give the run	corporate
Owner	List any other name or names under whic	ch the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty for		the last day of the accounting period shoul nting period.	d submit a
	Check here if this is the system's first filin	g. If not, enter the system's ID number	r assigned by the Licensing Division.	31217
	LEGAL NAME OF OWNER/MAILIN		n	
	MEDIACOM SOUTHEAST LLC	GADDRESS OF GABLE STSTEN	n	

		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MEDIACOM SOUTHEAST LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		ONE MEDIACOM WAY
		(Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918
		(City, town, state, zip)
С		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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		IDENTIFICATION OF CABLE SYSTEM:
	1	MEDIACOM SOUTHEAST LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	ONE MEDIACOM WAY
	2	(Number, street, rurai 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 sufficiency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	MEDIACOM SOUTHEAST LLC	31:
	Instructions: List each separate community served by the cable system. A "commu	
D	"a separate and distinct community or municipal entity (including unincorporated of	
	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	e home parks should be reported in parentheses below the
Area	identified city.	
Served	laentinea city.	
	CITY OR TOWN	STATE
First	BONNIEVILLE	KY
Community	HART COUNTY	KY
ooninan,		
	MUNFORDVILLE	KY
Add Rows as Necessary	HARDIN COUNTY	KY
	UPTON	KY
	SONORA	KY
	Larue County	КҮ

							FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				SYS	TEM ID 3121
	MEDIACOM SOUTHEAS	ST LLC						3121
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRIBERS AND	RATES				
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: Both	•				•		
scribers and Rates	down by categories of secondar each category by counting the n							
Nates	separately for the particular serv					-	charged	
	Rate: Give the standard rate of	•	• •					
	unit in which it is generally billed	• •	,	-	ard rate variatior	is within a j	particular rate	
	category, but do not include disc Block 1: In the left-hand block				condary transmi	ssion servi	ce that cable	
	systems most commonly provide	e to their subso	cribers. Give the nur	nber of subs	cribers and rate	for each lis	sted category	
	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	-	•					
	printed in block 1 (for example, t with the number of subscribers a				•	,		
	sufficient.		e fight-fiand block.					
	BLC	DCK 1				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:			0,11			000001100	
	Service to first set		74 26.58-82.9	5				
	<ul> <li>Service to additional set(s)</li> </ul>							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial		0 26.58-82.9	5				
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMISSIONS: RA	TES				
F	In General: Space F calls for ra							
	not covered in space E, that is, t service for a single fee. There ar							
Services	furnished at cost or (2) services		,	0				
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the Block 1: Give the standard rate		the apple system for	, and of the	applicable convi	and listed		
ransmissions: Rates	Block 2: List any services that	• •	•		••		were not	
	listed in block 1 and for which a	• •		-	-	-		
	brief (two- or three-word) descrip	otion and inclu	de the rate for each					
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF S		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Installation: Non-	residential		Veriet	<b>T</b> )/	ىسىس
	• Pay cable	PP	• Motel, hotel			Variety	IV	####
	Pay cable—add'l channel     Fire protection	PP	Commercial     Pay cable					
	•Burglar protection		<ul> <li>Pay cable</li> <li>Pay cable-add'</li> </ul>	l channel				
	Installation: Residential		• Fire protection					
	• First set	75.00	Burglar protection	on				
	Additional set(s)		Other services:					
					40.00			
	• FM radio (if separate rate)		<ul> <li>Reconnect</li> </ul>		49.00			
		9.99	Reconnect     Disconnect		49.00			
	• FM radio (if separate rate)	9.99		n	49.00 49.00			

					FORM SA1-2E. PA
Name					SYSTEM 312
	MEDIACOM SOUTHEA				• • •
-		ntify every television station (including	n translator stations and low power t	elevision stations)	
G	carried by your cable system	n during the accounting period, excep	ot (1) stations carried only on a part	-time basis under	
Primary	5	n effect on June 24, 1981, permitting t )(2) and (4), or 76.63 (referring to 76.6		-	
Transmitters: Television		explained in the next paragraph. With respect to any distant stations c	parried by your cable system on a si	ubstitute program	
1664131011	basis under specific FCC rul	es, regulations, or authorizations:			
	• Do not list the station here station was carried only on a	in space G—but do list it in space I (t a substitute basis.	the Special Statement and Program	i Log)—if the	
		Iso in space I, if the station was carrien concerning substitute basis stations			
	Column 1: List each station'	's call sign. <i>Do not</i> report origination	program services such as HBO, ES	PN, etc. Identify each	
	multicast stream associated "WETA-2" as the same on th	with a station according to its over-the form.	e-air designation. For example, rep	oort multistream	
	Column 2: Give the channel	I number the FCC assigned to the tele	evision station for broadcasting ove	r the air in its community	
		RC is channel 4 in Washington, D.C. case whether the station is a network	station, an independent station, or	a noncommercial	
		ing the letter "N" (for network), "N-M" "E" (for noncommercial educational),			
	· · · · · · · · · · · · · · · · · · ·	rms, see page (iv) of the general instru	uctions in the paper SA1-2 form.	,	
				n is licensed by the	
	<b>Column 4:</b> Give the location		•	•	
		i of each station. For U.S. stations, lis lian stations, if any, give the name of t	•	•	
			•	•	
			•	•	OF STATION
	FCC. For Mexican or Canad	ian stations, if any, give the name of t	the community with which the static	n is identified.	OF STATION
	FCC. For Mexican or Canad	ian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	the community with which the static 3. TYPE OF STATION	n is identified.  4. LOCATION C	DF STATION
d Rows as Necessary	FCC. For Mexican or Canad	ian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 13	the community with which the static 3. TYPE OF STATION N	n is identified. 4. LOCATION ( BOWLING GREEN, KY	DF STATION
d Rows as Necessary	FCC. For Mexican or Canad 1. CALL SIGN WBKO/WBKO (HD) (ABC) WBKO-DT2/WBKO-DT2 FOX	an stations, if any, give the name of the stations of the station	the community with which the static 3. TYPE OF STATION N I-M	n is identified. 4. LOCATION ( BOWLING GREEN, KY BOWLING GREEN, KY	DF STATION
d Rows as Necessary	FCC. For Mexican or Canad 1. CALL SIGN WBKO/WBKO (HD) (ABC) WBKO-DT2/WBKO-DT2 FOX ( WBKO-DT3 (CW)	ian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 13 13.2 13.3	the community with which the static 3. TYPE OF STATION N I-M I-M	n is identified. 4. LOCATION ( BOWLING GREEN, KY BOWLING GREEN, KY BOWLING GREEN, KY	DF STATION
d Rows as Necessary	FCC. For Mexican or Canad 1. CALL SIGN WBKO/WBKO (HD) (ABC) WBKO-DT2/WBKO-DT2 FOX ( WBKO-DT3 (CW) WDRB (FOX)	ian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 13 13.2 13.3 49	the community with which the static 3. TYPE OF STATION N I-M I-M I	n is identified. 4. LOCATION ( BOWLING GREEN, KY BOWLING GREEN, KY BOWLING GREEN, KY LOUISVILLE, KY	DF STATION
d Rows as Necessary	FCC. For Mexican or Canad 1. CALL SIGN WBKO/WBKO (HD) (ABC) WBKO-DT2/WBKO-DT2 FOX ( WBKO-DT3 (CW) WDRB (FOX) WHAS (ABC)	ian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 13 13.2 13.3 49 11	the community with which the static 3. TYPE OF STATION N I-M I-M I N	n is identified. 4. LOCATION ( BOWLING GREEN, KY BOWLING GREEN, KY BOWLING GREEN, KY LOUISVILLE, KY LOUISVILLE, KY	DF STATION
d Rows as Necessary	FCC. For Mexican or Canad 1. CALL SIGN WBKO/WBKO (HD) (ABC) WBKO-DT2/WBKO-DT2 FOX ( WBKO-DT3 (CW) WDRB (FOX) WHAS (ABC) WKYU/WKYU(HD) PBS	ian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 13 13.2 13.3 49 11 18	the community with which the static 3. TYPE OF STATION N I-M I N E	n is identified. 4. LOCATION ( BOWLING GREEN, KY BOWLING GREEN, KY LOUISVILLE, KY LOUISVILLE, KY BOWLING GREEN, KY	DF STATION
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d Rows as Necessary	FCC. For Mexican or Canad 1. CALL SIGN WBKO/WBKO (HD) (ABC) WBKO-DT2/WBKO-DT2 FOX ( WBKO-DT3 (CW) WDRB (FOX) WHAS (ABC) WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar	ian stations, if any, give the name of the stations of the station of the state of	the community with which the static 3. TYPE OF STATION N I-M I-M I E E-M E-M	n is identified.  4. LOCATION C BOWLING GREEN, KY BOWLING GREEN, KY LOUISVILLE, KY LOUISVILLE, KY BOWLING GREEN, KY BOWLING GREEN, KY BOWLING GREEN, KY	DF STATION
d Rows as Necessary	FCC. For Mexican or Canad 1. CALL SIGN WBKO/WBKO (HD) (ABC) WBKO-DT2/WBKO-DT2 FOX ( WBKO-DT3 (CW) WDRB (FOX) WHAS (ABC) WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WKZT/WKZT (HD)PBS KET	ian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 13 13.2 13.3 49 11 18 18.2 18.3 43	the community with which the static 3. TYPE OF STATION N I-M I-M I N E E-M E-M E-M E	n is identified.   4. LOCATION ( BOWLING GREEN, KY BOWLING GREEN, KY LOUISVILLE, KY LOUISVILLE, KY BOWLING GREEN, KY BOWLING GREEN, KY BOWLING GREEN, KY ELIZABETHTOWN, KY	DF STATION
d Rows as Necessary	FCC. For Mexican or Canad 1. CALL SIGN WBKO/WBKO (HD) (ABC) WBKO-DT2/WBKO-DT2 FOX ( WBKO-DT3 (CW) WDRB (FOX) WHAS (ABC) WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WKZT/WKZT (HD)PBS KET WKZT-DT2 (HD) KET2	ian stations, if any, give the name of the stations of the station of the station of the state o	the community with which the static 3. TYPE OF STATION N I-M I-M I N E E-M E-M E-M	n is identified.	DF STATION
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id Rows as Necessary	FCC. For Mexican or Canad 1. CALL SIGN WBKO/WBKO (HD) (ABC) WBKO-DT2/WBKO-DT2 FOX ( WBKO-DT3 (CW) WDRB (FOX) WHAS (ABC) WKYU/WKYU(HD) PBS WKYU-DT2 Create WKYU-DT3 Radar WKZT/WKZT (HD)PBS KET WKZT-DT3 KET KY WKZT-DT3 KET KY WKZT-DT4 KET PBS KIDS WLKY (CBS) WNKY/WNKY (HD) (NBC)	ian stations, if any, give the name of the stations of the station	the community with which the static 3. TYPE OF STATION N I-M I-M I N E E-M E-M E-M E-M N N N N N	A I I I I I I I I I I I I I I I I I I I	DF STATION

EGAL NAME O								SYSTEM I 312
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of or detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing Sive the station	y the sys be recei t the Co sign of e he static ion's sign g a checl n's locati	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 processes (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
0411 0101		0.7				0/7		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
							·	
							·	

ccounting Perio	LEGAL NAME OF OWNER OF	- CABLE SYST						SYSTEM II
Name	MEDIACOM SOUTHEA							312
	SUBSTITUTE CARRIAG	E: SPECIA		ENT AND PROGRAM LC	G			
	In General: In space I, ident							
	substitute basis during the a							
Substitute Carriage:	explanation of the program				ne general ins	structions i	n the paper	SA1-2 form.
Special	1. SPECIAL STATEMEN	-				4 4		
statement and	During the accounting pe		r cable syster	m carry, on a substitute ba	isis, any nonr	ietwork te		
Program Log	broadcast by a distant sta						YES	NO
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer i	s "Yes," you r	nust comp	plete the pro	ogram
	log in block 2. 2. LOG OF SUBSTITUT		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever po	ossible, if	their meani	ng is
	clear. If you need more spa	ace, please a	add additiona	I rows to the tables.	·			0
				vision program ("substitut				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.	. Bulls."				•		
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by	the FCC o	r in
	the case of Mexican or Cal		,					,
	Column 5: Give the mo	onth and day	when your sy	stem carried the substitut	e program. Us	se numéra	als, with the	month
	first. Example: for May 7 gi						r.	
	to the nearest five minutes			ogram was carried by you				
	stated as "6:00-6:30 p.m."		i piogram car		1.10 p.m. to o	.20.00 p.i		
			listed program	m was substituted for proc	ramming that	vour svst	em was <i>rec</i>	nuired
	Column 7: Enter the let	ter "R" if the		n was substituted for prog luring the accounting perio				
		ter "R" if the l and regulatio	ons in effect o	during the accounting perio	od; enter the I	etter "P" if	f the listed p	
	Column 7: Enter the let to delete under FCC rules	ter "R" if the l and regulatic mming that ye	ons in effect o	during the accounting perio	od; enter the I	etter "P" if	f the listed p	
	<b>Column 7:</b> Enter the let to delete under FCC rules was substituted for program	ter "R" if the l and regulatic mming that ye	ons in effect o	during the accounting perio	od; enter the l der FCC rules	etter "P" if and regu	f the listed p lations in	
	<b>Column 7:</b> Enter the lett to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the l and regulatic mming that yo 3.	ons in effect o	during the accounting perion as permitted to delete und	od; enter the I der FCC rules WHE	etter "P" if	f the listed p lations in TTUTE	7. REASON F
	<b>Column 7:</b> Enter the lett to delete under FCC rules was substituted for program effect on October 19, 1976	tter "R" if the l and regulatic mming that y 5. SUBSTITUTE 2. LIVE?	E PROGRAM	Juring the accounting perion vas permitted to delete und	bd; enter the l der FCC rules WHE CARRI. 5. MONTH	etter "P" if and regu N SUBST AGE OCC	f the listed p lations in TITUTE CURRED TIMES	7. REASON F
	Column 7: Enter the lett to delete under FCC rules was substituted for program effect on October 19, 1976	tter "R" if the l and regulatic mming that y 5.	ons in effect o our system w	during the accounting period	od; enter the I der FCC rules WHE CARRI	etter "P" if and regu N SUBST AGE OCC	f the listed p lations in TTUTE CURRED	7. REASON F
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	Column 7: Enter the lett to delete under FCC rules was substituted for program effect on October 19, 1976	tter "R" if the l and regulatic mming that y 5. SUBSTITUTE 2. LIVE?	E PROGRAM	Juring the accounting perion vas permitted to delete und	bd; enter the l der FCC rules WHE CARRI. 5. MONTH	etter "P" if and regu N SUBST AGE OCC	f the listed p lations in TITUTE CURRED TIMES	7. REASON F
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Accounting Period:	2024/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC	S	YSTEM ID# 31217
<b>K</b> Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	7,636.04 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	-	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	<b>\$</b>	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula         \$         263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527)	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	, · · · · · · · · · · · · · · · · · · ·		]
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2024/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC	SYSTEM ID# 31217
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 2. Enter the total number of activated channels	22
	on which the cable system carried television broadcast stations and nonbroadcast services	64
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	Name Kenneth J. Kohrs Telephone	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	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>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</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B.</li> <li>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)]</li> </ul>	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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC	3121
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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
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	
Name Mailing Address Mailing Address	
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274	—
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 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 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.	
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	

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