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		Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	
	ems (Short Form)	DATE RECEIVED		coplicsoa@loc.gov
-	ictions are located	2/26/25	- ,	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
		Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2024/2	Fendur – January 1 - June 30	Feriou 2 – July 1 - December 31	
		_		
		Barcode Data Filing Period (optional	- see instructions)	
Accounting				
Period				
	Instructions:			
В	Give the full legal name of the owner of title of the subsidiary, not that of the pa		sidiary of another corporation, give the full corpo	rate
Owner	List any other name or names under wh	ich the owner conducts the business of	the cable system	
	If there were different owners during the single statement of account and royalty		the last day of the accounting period should sub nting period.	mit a
	Check here if this is the system's first fil	ing If not enter the system's ID number	r assigned by the Licensing Division	33403
	LEGAL NAME OF OWNER/MAIL	NG ADDRESS OF CABLE SYSTEM	1	
	Mediacom California LLC (Sun Cit BUSINESS NAME(S) OF OWNER (T)	
	DUSINE US NAME(S) OF OWNER (ST SABLE STOTEM (IF DIFFEREN	' <i>'</i>	
	MAILING ADDRESS OF OWNER O	OF CABLE SYSTEM		
	(Number, street, rural route, apartment, or suite	number)		
	MEDIACOM PARK, NY 10918			

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

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.

(City, town, state, zip)

IDENTIFICATION OF CABLE SYSTEM:

(Number, street, rural route, apartment, or suite number)

MEDIACOM CALFORINIA LLC MAILING ADDRESS OF CABLE SYSTEM:

27192-A SUN CITY BLVD

SUN CITY, CA 92586 (City, town, state, zip code)

С

System

1

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Nume	Mediacom California LLC (Sun City, CA)	334
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single list will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Riverside County	СА
dd Rows as Necessary		

	1						FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				SYS [.]	TEM ID
Nume	Mediacom California LL	C (Sun City	y, CA)					3340
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIBERS AND	RATES				
E	In General: The information in s	-	-		•			
Secondary	system, that is, the retransmission about other services (including p							
Transmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Both					ble system	, broken	
scribers and	down by categories of secondar	•	•		•			
Rates	each category by counting the n separately for the particular serv						charged	
	Rate: Give the standard rate of				•	,	je and the	
	unit in which it is generally billed	. (Example: "\$	20/mth"). Summarize	e any standa	rd rate variatior	is within a p	oarticular rate	
	category, but do not include disc							
	Block 1: In the left-hand block systems most commonly provide	-		-	•			
	that applies to your system. Not							
	categories, that person or entity		-		-			
	subscriber who pays extra for ca				I in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system	•		• • •	convice that are	difforant f	rom those	
	printed in block 1 (for example, t	-	•					
	with the number of subscribers a							
	sufficient.		-					
	BLO	DCK 1	-			BLOCK		-
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CATE	GORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:							
	Service to first set		409 74.49					
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial		0 74.49					
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMISSIONS: RAT	TES				
-	In General: Space F calls for ra				ll your cable sy	stem's serv	ices that were	
F	not covered in space E, that is, t				,	,		
Services	service for a single fee. There ar furnished at cost or (2) services							
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the					anie pei pi	og.a 20010,	
ransmissions:								
Rates	Block 2: List any services that listed in block 1 and for which a	• •		-	-	-		
	brief (two- or three-word) description				these other ser	vices in the		
	CATEGORY OF SERVICE	BLO RATE	CATEGORY OF SE	RVICE	RATE	CATEGO	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:	TUTE	Installation: Non-re	-	TUTE	0/(TEOC		
	• 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				
	1		Fire protection					
	Installation: Residential		1	n				
	Installation: Residential First set 	75.00	 Burglar protection 					
			 Burglar protection Other services: 					
	• First set		- · ·	ווכ	49.00			
	First setAdditional set(s)		Other services:	ווכ	49.00			
	First setAdditional set(s)FM radio (if separate rate)	49.00	Other services: • Reconnect		49.00 49.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Mediacom California I	LC (Sun City, CA)		334
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WH Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part- the carriage of certain network progr 61(e)(2) and (4))]; and (2) certain state carried by your cable system on a sub- the Special Statement and Program ed both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educated uctions in the paper SA1-2 form. t the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each fort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KABC/KABC (HD) ABC	7	N	LOS ANGELES, CA
	KABC-DT2 Localish HD	7.2	I-M	LOS ANGELES, CA
d Rows as Necessary	KABC-DT3 Charge!	7.3	I-M	LOS ANGELES, CA
	KCAL/KCAL (HD) IND	9	I	LOS ANGELES, CA
	KCBS/KCBS (HD) CBS	43	N	LOS ANGELES, CA
	KCBS-DT2 Start TV	43.2	I-M	LOS ANGELES, CA
	KCBS-DT3 DABL	43.3	I-M	LOS ANGELES, CA
	KCET (IND)	28	I	LOS ANGELES, CA
	KCOP/KCOP (HD) (MYNET)	13	I	LOS ANGELES, CA
	KCOP-DT2 BUZZR	13.2	I-M	LOS ANGELES, CA
	KCOP-DT3 Movies	13.3	I-M	LOS ANGELES, CA
	КДОС ТСТ	32	I	ANAHEIM, CA
	KILM Laff	44	I	Barstow, CA
	KJLA/ KJLA HD (IND)	49	I	Los Angeles, CA
	KLCS/KLCS (HD) PBS	41	E	LOS ANGELES, CA
	KLCS-DT2 PBS KIDS	41.2	E-M	LOS ANGELES, CA
	KLCS-DT3 Create	41.3	E-M	LOS ANGELES, CA
	KMEX/KMEX (HD) UNIVISION	34	I	LOS ANGELES, CA
	KMEX-DT2 Unimas	34.2	I-M	LOS ANGELES, CA
			I-M	LOS ANGELES, CA
	KMEX-DT3 Bounce TV	34.3		
	KMEX-DT3 Bounce TV KMEX-DT4 True Crime Netwo	34.3 34.4	I-M	LOS ANGELES, CA
			I-M N	LOS ANGELES, CA LOS ANGELES, CA
	KMEX-DT4 True Crime Netwo	34.4		

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM
	Mediacom California L	.LC (Sun City, CA)			334
_	PRIMARY TRANSMITTERS:	TELEVISION			
G	• •	ntify every television station (including to n during the accounting period, <i>except</i>	•	,	
\checkmark		effect on June 24, 1981, permitting th			
Primary)(2) and (4), or 76.63 (referring to 76.67) explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain st	tations carried on a	
ransmitters: Television	1 9 /	With respect to any distant stations ca	arried by your cable system on a s	ubstitute program	
		es, regulations, or authorizations: in space G—but do list it in space I (th	a Special Statement and Drogram	alog) if the	
	• Do not list the station here station was carried only on a		18 Special Statement and Frogram	h Log)—ii the	
		lso in space I, if the station was carried			
		n concerning substitute basis stations, s call sign. <i>Do not</i> report origination p			
	multicast stream associated	with a station according to its over-the	-	-	
	"WETA-2" as the same on th Column 2: Give the channel	ne form. I number the FCC assigned to the telev	vision station for broadcasting ove	er the air in its community	
	of license. For example, WR	RC is channel 4 in Washington, D.C.			
		case whether the station is a network s ing the letter "N" (for network), "N-M" (f	, , ,		
	(for independent multicast), "	"E" (for noncommercial educational), o	r "E-M" (for noncommercial educa	. ,	
		ms, see page (iv) of the general instru-	ctions in the paper SA1-2 form. the community to which the statio	n is licensed by the	
	Column A. Cive the location				
		ian stations, if any, give the name of th	,	,	
			,	,	
			,	,	
			,	,	STATION
	FCC. For Mexican or Canadi	ian stations, if any, give the name of th	ne community with which the static	on is identified.	STATION
	FCC. For Mexican or Canadi	ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	ne community with which the static 3. TYPE OF STATION	on is identified. 4. LOCATION OF	STATION
	FCC. For Mexican or Canadi	ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 18	ne community with which the static 3. TYPE OF STATION	A. LOCATION OF S	STATION
	FCC. For Mexican or Canadi 1. CALL SIGN KSCI/KSCI IND (HD) KTLA/KTLA(HD) CW	ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 18 31	ne community with which the static 3. TYPE OF STATION I	A. LOCATION OF S LOS ANGELES, CA LOS ANGELES, CA	STATION
	FCC. For Mexican or Canadi 1. CALL SIGN KSCI/KSCI IND (HD) KTLA/KTLA(HD) CW KTLA-DT2 Antenna TV	ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 18 31 31.2	ne community with which the static 3. TYPE OF STATION I I I I I	on is identified. 4. LOCATION OF : LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA	STATION
	FCC. For Mexican or Canadi 1. CALL SIGN KSCI/KSCI IND (HD) KTLA/KTLA(HD) CW KTLA-DT2 Antenna TV KTLA-DT3 Grit	ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 18 31 31. 31.2 31.3	ne community with which the static 3. TYPE OF STATION I I I I I-M I-M	A. LOCATION OF S LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA	STATION
	FCC. For Mexican or Canadi 1. CALL SIGN KSCI/KSCI IND (HD) KTLA/KTLA(HD) CW KTLA-DT2 Antenna TV KTLA-DT3 Grit KTLA-DT4 TBD	ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 18 31 31.2 31.3 31.4	ne community with which the static 3. TYPE OF STATION I I I-M I-M I-M	on is identified. 4. LOCATION OF S LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA	STATION
	FCC. For Mexican or Canadi 1. CALL SIGN KSCI/KSCI IND (HD) KTLA/KTLA(HD) CW KTLA-DT2 Antenna TV KTLA-DT3 Grit KTLA-DT4 TBD KTLA-DT5 Rewind TV	ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 18 31 31.2 31.3 31.4 31.5	ae community with which the static 3. TYPE OF STATION I I I I-M I-M I-M I-M	on is identified. 4. LOCATION OF : LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA	STATION
	FCC. For Mexican or Canadi 1. CALL SIGN KSCI/KSCI IND (HD) KTLA/KTLA(HD) CW KTLA-DT2 Antenna TV KTLA-DT3 Grit KTLA-DT4 TBD KTLA-DT5 Rewind TV KTTV/KTTV (HD) FOX	ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 18 31 31.2 31.3 31.4 31.5 11	a community with which the static 3. TYPE OF STATION I I I-M I-M I-M I-M I-M I	on is identified. 4. LOCATION OF : LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA LOS ANGELES, CA	STATION
	FCC. For Mexican or Canadi 1. CALL SIGN KSCI/KSCI IND (HD) KTLA/KTLA(HD) CW KTLA-DT2 Antenna TV KTLA-DT3 Grit KTLA-DT4 TBD KTLA-DT5 Rewind TV KTTV/KTTV (HD) FOX KVCR (PBS)	ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 18 31 31.2 31.3 31.4 31.5 11 26	a community with which the static 3. TYPE OF STATION I I I-M I-M I-M I E	on is identified. 4. LOCATION OF S LOS ANGELES, CA SAN BERNARDINO, CA	STATION
	FCC. For Mexican or Canadi 1. CALL SIGN KSCI/KSCI IND (HD) KTLA/KTLA(HD) CW KTLA-DT2 Antenna TV KTLA-DT3 Grit KTLA-DT4 TBD KTLA-DT5 Rewind TV KTTV/KTTV (HD) FOX KVCR (PBS) KVEA/ KVEA HD (TELEMUNE	ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 18 31 31.2 31.3 31.4 31.5 11 26 39	e community with which the static 3. TYPE OF STATION I I I I-M I-M I-M I I I I I I I I I I I I I	on is identified. 4. LOCATION OF : LOS ANGELES, CA LOS ANGELES, CA	STATION
	FCC. For Mexican or Canadi 1. CALL SIGN KSCI/KSCI IND (HD) KTLA/KTLA(HD) CW KTLA-DT2 Antenna TV KTLA-DT3 Grit KTLA-DT3 Grit KTLA-DT5 Rewind TV KTTV/KTTV (HD) FOX KVCR (PBS) KVEA/ KVEA HD (TELEMUND KVEA-DT2 Telexitos	ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 18 31 31.2 31.3 31.4 31.5 11 26 39 39.2	e community with which the static 3. TYPE OF STATION I I I I-M I-M I-M I I I I I I I I I I I I I	on is identified. 4. LOCATION OF 3 LOS ANGELES, CA	STATION
	FCC. For Mexican or Canadi 1. CALL SIGN KSCI/KSCI IND (HD) KTLA/KTLA(HD) CW KTLA-DT2 Antenna TV KTLA-DT3 Grit KTLA-DT4 TBD KTLA-DT5 Rewind TV KTTV/KTTV (HD) FOX KVCR (PBS) KVEA/ KVEA HD (TELEMUND KVEA/ CIND)	ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 18 31 31.2 31.3 31.4 31.5 11 26 39 39.2 31	e community with which the static 3. TYPE OF STATION I I I I I I I I I I I I I	on is identified.	STATION
	FCC. For Mexican or Canadi 1. CALL SIGN KSCI/KSCI IND (HD) KTLA/KTLA(HD) CW KTLA-DT2 Antenna TV KTLA-DT3 Grit KTLA-DT3 Grit KTLA-DT5 Rewind TV KTTV/KTTV (HD) FOX KVCR (PBS) KVEA/ KVEA HD (TELEMUND KVEA/ KVEA HD (TELEMUND KVEA/ KVEA HD (TELEMUND KVHY (IND)	ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 18 31 31.2 31.3 31.4 31.5 11 26 39 39.2 31 42	e community with which the static 3. TYPE OF STATION I I I I I I I I I I I I I	A. LOCATION OF 3 4. LOCATION OF 3 LOS ANGELES, CA LOS ANGELES, CA	STATION

II-band basis whose signals were generally receivable by your cable system during the accounting period. special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally aceivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, in the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. or detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. aper SA1-2 form. 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 ignal, 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).	EGAL NAME OF								SYSTEM I 334
 Transmi Radii Transmi Is carried by the system whenever it is received at the system's headend, and (2) it can be expected, in the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. To detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. aper SA1-2 form. 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 ignal, 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 flexican or Canadian stations, if any, the community with which the station is identified). 	n General: List	t every radio s	station ca	arried on a separate and discre					Н
CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION Image: Sign of	eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf idgnal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio state this by placing Sive the station	y the sys be recein the consistence sign of e the static ion's sign g a check n's location	atem whenever it is received a wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 anna, during c ge (v) of the g ystem as a se sed by the FC	?) it can l ertain st eneral ir eparate a	be expected, ated intervals. hstructions in the. and discrete	Primary Transmitters Radio
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			2.2		5		2,0		
Image: section of the section of th				·					
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				·					
				·					

Accounting Perio	od: 2024/2					FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:					SYSTEM ID#
Name	Mediacom California L	LC (Sun City, CA)					33403
	SUBSTITUTE CARRIAG	E: SPECIAL STATEME	NT AND PROGRAM LO	G			
I I	In General: In space I, ident				tion that ve	our cable eve	tem carried on a
-	substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN						
Special	 During the accounting per 			sis anv nonr	network tel	evision prog	ram
Statement and	broadcast by a distant sta		in ourly, on a caponato pa	olo, any nom			
Program Log	DIDAUCASE DY A DISTAILE STA				l	YES	× NO
	Note: If your answer is "No	o", leave the rest of this pa	age blank. If your answer is	s "Yes," you r	nust comp	lete the prog	gram
	log in block 2.						
	2. LOG OF SUBSTITUTI						
	In General: List each subs			s wherever po	ossible, if t	heir meaning	g is
	clear. If you need more spa			program") t	aat during	the ecolupt	ina
	period, was broadcast by a		vision program ("substitute your cable system substitut				
	under certain FCC rules, re						
	Do not use general categor						
	"NBA Basketball: 76ers vs.						
			er "Yes." Otherwise enter '				
		0	casting the substitute progr the community to which th		rensed by	the ECC or	in
	the case of Mexican or Car						
			stem carried the substitute			ls, with the n	nonth
	first. Example: for May 7 gi			1 0		,	
			ogram was carried by you				ately
	to the nearest five minutes		ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.m	n. should be	
	stated as "6:00–6:30 p.m."		n was substituted for prog	romming that	vour ovet	m waa ragu	irod
	Column 7. Enter the lett						
	to delete under ECC rules :	and regulations in effect (
	to delete under FCC rules a was substituted for program						ogram
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	mming that your system w					ogram
	was substituted for program	mming that your system w		ler FCC rules	and regul	ations in	T
	was substituted for prograr effect on October 19, 1976	nming that your system w	vas permitted to delete und	ler FCC rules WHE	and regul	ations in	
	was substituted for prograr effect on October 19, 1976 S	nming that your system w	vas permitted to delete und	ler FCC rules WHE CARRI	and regul	ations in ITUTE CURRED	7. REASON FOR DELETION
	was substituted for prograr effect on October 19, 1976	nming that your system w	vas permitted to delete und	ler FCC rules WHE	and regul	ations in	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE PROGRAM	ras permitted to delete und	VHE CARRI, 5. MONTH	N SUBST AGE OCC	ITUTE URRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE PROGRAM	ras permitted to delete und	VHE CARRI, 5. MONTH	N SUBST AGE OCC	ITUTE URRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE PROGRAM	ras permitted to delete und	VHE CARRI, 5. MONTH	N SUBST AGE OCC	ITUTE URRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTE PROGRAM	ras permitted to delete und	VHE CARRI, 5. MONTH	N SUBST AGE OCC	ITUTE URRED TIMES	7. REASON FOR
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Accounting Period:	2024/2			FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom California LLC (Sun City, CA)			S	YSTEM ID# 33403
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (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	system's se on of how t	econdary transm o compute this a	ission service amount, see	5,275.35 pss 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less the	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	ty fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	noo 1 ond (, ,		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula		263,800.00		
	2. Enter amount of gross receipts from space K		165,275.35		
	3. Subtract line 2 from line 1	\$	98,524.65		
	Enter the amount of gross receipts from space K		. \$ 1	165,275.35	
	5. Enter the amount from line 3		. \$	98,524.65	
	6. Subtract line 5 from line 4		\$	66,750.70	
	7. Multiply line 6 by .005 (enter figure here)			\$	333.75
	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		\$	333.75
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (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 DU	IE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	333.75	
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			\$	353.75
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1				hts!

Accounting Period:	2024/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom California LLC (Sun City, CA)	SYSTEM ID# 33403
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 on which the cable system carried television broadcast stations and nonbroadcast services	50 81
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 ov 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
	Image: Second 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 I
liacom California LLC (Sun City, CA)	3340
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
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	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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