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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	by email to:			
	ry Transmissions by	DATE RECEIVED	AMOUNT			
	ms (Short Form)			<u>coplicsoa@loc.gov</u>		
-	. ,		\$	For additional information,		
General instru	ctions are located	2/26/25		contact the U.S. Copyright Office Licensing Division at:		
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150		
				7		
Α	ACCOUNTING DEDIOD COVEDED	BY THIS STATEMENT. (Y				
	ACCOUNTING PERIOD COVERED	BI INIS STATEMENT: (I	f f f/(Period))			
		1				
	2024/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
		l				
		1				
		Barcode Data Filing Period (optional	- see instructions)			
Accounting		•				
Period						
	Instructions:					
В	-		idiary of another corporation, give the full c	orporate		
В	title of the subsidiary, not that of the pare	ent corporation.				
Owner	List any other name or names under whic	h the owner conducts the business of	the cable system.			
	If there were different owners during the	accounting period, only the owner on	the last day of the accounting period should	l submit a		
	single statement of account and royalty fe	ee payment covering the entire accour	iting period.			
	Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	39515		
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM				
						
	MEDIACOM SOUTHEAST LLC (HAV	· · · · ·				
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	Γ)			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
	ONE MEDIACOM WAY					
	(Number, street, rural route, apartment, or suite nu	umber)				
	MEDIACOM PARK, NY 10918 (City, town, state, zip)					
<u> </u>	INSTRUCTIONS: In line 1, give any busin	ness or trade names used to ide	ntify the business and operation of th	ne system unless these		
С	names already appear in space B. In line	2, give the mailing address of the	ne system, if different from the addres	ss given in space B		
System	1					
	MEDIACOM SOUTHEAST LLC					
	MAILING ADDRESS OF CABLE SYSTEM					
	2 4435 GULF BREEZE PARKWAY (Number, street, rural route, apartment, or suite nu	umber)				
	GULF BREEZE, FL 32561	·				
	(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (HAVANA, FL)	SYSTEM II 395 ¹
D Area Served	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis 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 h identified city.	ty" is the same as a "community unit" as defined in FCC rules mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter knov
First Community	CITY OR TOWN HAVANA GADSEN COUNTY GREENSBORO	STATE FL FL FL
Add Rows as Necessary	GRETNA GADSEN	FL FL

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM ID
Name	MEDIACOM SOUTHEAS	ST LLC (HA	VANA	, FL)					3951
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND R	ATES				
E	In General: The information in s			-		-			
0	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period	· · ·					those exis	ting on the	
Service: Sub-	Number of Subscribers: Both					,	ble system	n, broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							s charged	
	separately for the particular serv Rate: Give the standard rate c					•	,	ge and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	ounts allowed	for adv	ance payment.					
	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					ι,	•		
	first set" and would be counted of	0			()				
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a					•	,	-	
	sufficient.		ongini						
	BLC	DCK 1					BLOCH		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТИ	EGORY OF SEI		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCIUD	LING	INATE	CAT		(VICL	SUBSCRIBERS	10411
	Service to first set		369	27.00-74.49					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	27.00-74.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat	•	,		•				
I	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 un								
Secondary	enter only the letters "PP" in the rate column.								
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not								
Rutes	Block 2: List any services that your cable system turnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) description and include the rate for each.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	PP		tel, hotel			Variety	τV	####
	Pay cable—add'l channel	PP	_	mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	75.00		rglar protection					
	Additional set(s)	49.00		services:		40.00			
	• FM radio (if separate rate)	0.00		connect		49.00			
	Converter	9.99		connect		40.00			
			_	tlet relocation ve to new addr		49.00			

Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	MEDIACOM SOUTHE	AST LLC (HAVANA, FL)		39				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a							
Primary ransmitters: Television	substitute program basis, as Substitute Basis Stations: basis under specific FCC rul	s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations:	carried by your cable system on a su	bstitute program				
	station was carried only on a	in space G—but do list it in space I (t a substitute basis. Iso in space I, if the station was carrie						
	basis. For further information Column 1: List each station'	n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination with a station according to its over-the	, see page (v) of the general instruct program services such as HBO, ESF	ions. PN, etc. Identify each				
	"WETA-2" as the same on th Column 2: Give the channel of license. For example, WF	he form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over	the air in its community				
	educational station, by enter (for independent multicast), '	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), "ms, see page (iv) of the general instr-	(for network multicast), "I" (for indep or "E-M" (for noncommercial educati	endent), "I-M"				
	Column 4: Give the location	rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis lian stations, if any, give the name of t	t the community to which the station	5				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WABW/WABW(HD) PBS	6	E	PELHAM, GA				
	WABW-DT2 Create	6.2	E-M	PELHAM, GA				
Rows as Necessary	WABW-DT3 PBS Knowled	6.3	E-M	PELHAM, GA				
	WABW-DT4 PBS KIDS	6.4	E-M	PELHAM, GA				
	WCTV/WCTV(HD) CBS	46	N	TALLAHASSEE, FL				
	WCTV-DT2 MeTV	46.2	I-M	TALLAHASSEE, FL				
	WCTV-DT2 MeTV WCTV-DT3 The365	46.2 46.3	I-M	TALLAHASSEE, FL TALLAHASSEE, FL				
	WCTV-DT3 The365	46.3	I-M	TALLAHASSEE, FL				
	WCTV-DT3 The365 WFSU/WFSU(HD) PBS	46.3 32	I-M E	TALLAHASSEE, FL TALLAHASSEE, FL				
	WCTV-DT3 The365 WFSU/WFSU(HD) PBS WFSU-DT2 TFC	46.3 32 32.2	I-M E E-M	TALLAHASSEE, FL TALLAHASSEE, FL TALLAHASSEE, FL				
	WCTV-DT3 The365 WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create	46.3 32 32.2 32.3	I-M E E-M E-M	TALLAHASSEE, FL TALLAHASSEE, FL TALLAHASSEE, FL TALLAHASSEE, FL TALLAHASSEE, FL				
	WCTV-DT3 The365 WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS KIDS	46.3 32 32.2 32.3 32.4 15	I-M E E-M E-M E-M	TALLAHASSEE, FL TALLAHASSEE, FL TALLAHASSEE, FL TALLAHASSEE, FL TALLAHASSEE, FL TALLAHASSEE, FL				
	WCTV-DT3 The365 WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS KIDS WTFL/WTFL HD Telemung	46.3 32 32.2 32.3 32.4 15	I-M E E-M E-M E-M I	TALLAHASSEE, FL				
	WCTV-DT3 The365 WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS KIDS WTFL/WTFL HD Telemund WTFL-DT2 Catchy Comed	46.3 32 32.2 32.3 32.4 15 15.2 15.3	I-M E E-M E-M E-M I I	TALLAHASSEE, FL				
	WCTV-DT3 The365 WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS KIDS WTFL/WTFL HD Telemund WTFL-DT2 Catchy Comed WTFL-DT3 StartTV	46.3 32 32.2 32.3 32.4 15 15.2 15.3 15.4	I-M E E-M E-M I I I-M I-M	TALLAHASSEE, FL				
	WCTV-DT3 The365 WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS KIDS WTFL/WTFL HD Telemund WTFL-DT2 Catchy Comed WTFL-DT3 StartTV WTFL-DT4/WTFL-DT4 (HD	46.3 32 32.2 32.3 32.4 15 15.2 15.3 15.4 50	I-M E E-M E-M I I I-M I-M	TALLAHASSEE, FL				
	WCTV-DT3 The365 WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS KIDS WTFL/WTFL HD Telemund WTFL-DT2 Catchy Comed WTFL-DT3 StartTV WTFL-DT4/WTFL-DT4 (HD)	46.3 32 32.2 32.3 32.4 15 15.2 15.3 15.4 50	I-M E E-M E-M I I I-M I-M I-M I-M I	TALLAHASSEE, FL BAINBRIDGE, GA BAINBRIDGE, GA				
	WCTV-DT3 The365 WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS KIDS WTFL/WTFL HD Telemund WTFL-DT2 Catchy Comed WTFL-DT3 StartTV WTFL-DT4/WTFL-DT4 (HD WTLH-DT4/WTFL-DT4 (HD) WTLH-DT2 / WTLH-DT2(H	46.3 32 32.2 32.3 32.4 15 15.2 15.3 15.4 50 50.2	I-M E E-M E-M I I I-M I-M I-M	TALLAHASSEE, FL BAINBRIDGE, GA BAINBRIDGE, GA BAINBRIDGE, GA				
	WCTV-DT3 The365 WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS KIDS WTFL/WTFL HD Telemund WTFL-DT2 Catchy Comed WTFL-DT3 StartTV WTFL-DT4/WTFL-DT4 (HD WTLH-DT/WTLH H&I (HD) WTLH-DT2 / WTLH-DT2(H	46.3 32 32.2 32.3 32.4 15 15.2 15.3 15.4 50 50.2 50.3	I-M E E-M E-M I I I-M I-M I-M I-M I-M	TALLAHASSEE, FL BAINBRIDGE, GA BAINBRIDGE, GA				
	WCTV-DT3 The365 WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS KIDS WTFL/WTFL HD Telemund WTFL-DT2 Catchy Comed WTFL-DT3 StartTV WTFL-DT4/WTFL-DT4 (HD) WTLH-DT7/WTLH H&I (HD) WTLH-DT2 / WTLH-DT2(H WTLH-DT3 COMET WTWC/WTWC(HD) NBC	46.3 32 32.2 32.3 32.4 15 15.2 15.3 15.4 50 50.2 50.3 40 40.2	I-M E E-M E-M I I I-M I-M I-M I I I I I I I I I I I	TALLAHASSEE, FL BAINBRIDGE, GA BAINBRIDGE, GA BAINBRIDGE, GA TALLAHASSEE, FL TALLAHASSEE, FL				
	WCTV-DT3 The365 WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS KIDS WTFL/WTFL HD Telemund WTFL-DT2 Catchy Comed WTFL-DT3 StartTV WTFL-DT3 StartTV WTFL-DT4/WTFL-DT4 (HD) WTLH-DT2 / WTLH-DT4 (HD) WTLH-DT2 / WTLH-DT2(H WTLH-DT3 COMET WTWC/WTWC(HD) NBC WTWC-DT2/WTWC-DT2 F0 WTWC-DT3 Charge!	46.3 32 32.2 32.3 32.4 15 15.2 15.3 15.4 50 50.2 50.3 40 40.2 40.3	I-M E E-M E-M I I I-M I-M I-M I-M I-M I-M I-M	TALLAHASSEE, FL BAINBRIDGE, GA BAINBRIDGE, GA BAINBRIDGE, GA TALLAHASSEE, FL TALLAHASSEE, FL TALLAHASSEE, FL				
	WCTV-DT3 The365 WFSU/WFSU(HD) PBS WFSU-DT2 TFC WFSU-DT3 PBS Create WFSU-DT4 PBS KIDS WTFL/WTFL HD Telemund WTFL-DT2 Catchy Comed WTFL-DT3 StartTV WTFL-DT4/WTFL-DT4 (HD) WTLH-DT7/WTLH H&I (HD) WTLH-DT2 / WTLH-DT2(H WTLH-DT3 COMET WTWC/WTWC(HD) NBC	46.3 32 32.2 32.3 32.4 15 15.2 15.3 15.4 50 50.2 50.3 40 40.2	I-M E E-M E-M I I I-M I-M I-M I I I I I I I I I I I	TALLAHASSEE, FL BAINBRIDGE, GA BAINBRIDGE, GA BAINBRIDGE, GA TALLAHASSEE, FL TALLAHASSEE, FL				

ounting Period:	2024/2			FORM SA1-2E. PA				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	MEDIACOM SOUTHE	AST LLC (HAVANA, FL)		39				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable syster	ntify every television station (including t n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	(1) stations carried only on a par	rt-time basis under				
Primary		(2) and (4) , or 76.63 (referring to 76.67)						
Transmitters:	substitute program basis, as	s explained in the next paragraph.						
Television	Substitute Basis Stations:	With respect to any distant stations ca	rried by your cable system on a s	substitute program				
		les, regulations, or authorizations:						
		in space G—but do list it in space I (th	e Special Statement and Program	m Log)—if the				
		station was carried <i>only</i> on a substitute basis.						
		Iso in space I, if the station was carried						
	basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each							
	Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream							
		multicast stream associated with a station according to its over-the-air designation. For example, report multistream						
	Column 2: Give the channe	I number the FCC assigned to the telev	vision station for broadcasting over	er the air in its community				
		RC is channel 4 in Washington, D.C.						
		Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial						
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"							
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).							
	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the							
		lian stations, if any, give the name of th						
	TOO. TOT MEXICAN OF Oanac	an stations, if any, give the name of th						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WTXL-DT4 ION Mystery	27.4	I-M	TALLAHASSEE, FL				
	WTXL-DT5 Court TV	27.5	I-M	TALLAHASSEE. FL				
	WTXL-DT6 Laff	27.6	I-M	TALLAHASSEE, FL				

EGAL NAME O			C (HAVANA, FL)					SYSTEM II 395
	t every radio s	station ca	rried on a separate and discre					Н
eceivable if (1) in the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein the Consign of e the station ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal 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 ca ge (v) of the g ystem as a se sed by the FC) it can l ertain st eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
	1	I						
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	od: 2024/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:						SYSTEM ID#
Name	MEDIACOM SOUTHEA	AST LLC (HAVA	ANA, F	E)				39515
			A TE		G	-		
1	SUBSTITUTE CARRIAG							
•	In General: In space I, ident							
Substitute	substitute basis during the a explanation of the programm							
Carriage:					ne general inc			
Special	1. SPECIAL STATEMEN							
Statement and	During the accounting per	-	e syste	m carry, on a substitute ba	sis, any nonr	IELWORK LE		
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	o", leave the rest o	f this pa	age blank. If your answer i	s "Yes," you r	nust com	plete the proc	gram
	log in block 2.	,		5 ,	, ,			, ,
	2. LOG OF SUBSTITUTI	F PROGRAMS						
	In General: List each subs		a separ	rate line. Use abbreviation	s wherever p	ossible. if	their meaning	a is
	clear. If you need more spa					,		5
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		or bask	cetball. List specific progra	im titles, for e	example,	I Love Lucy	or
			live. ent	er "Yes." Otherwise enter	'No."			
				casting the substitute prog				
	Column 4: Give the broa	adcast station's lo	cation (the community to which th	e station is lie	censed by	/ the FCC or,	in
	the case of Mexican or Car							
			your sy	stem carried the substitute	e program. U	se numer	als, with the r	nonth
	first. Example: for May 7 gi		tituto pr	ogram was carried by you	r cable sveto	m lictth/	timos accur	atoly
	to the nearest five minutes.							alery
	stated as "6:00-6:30 p.m."							
	Column 7: Enter the lett	ter "R" if the listed	prograi	m was substituted for prog	ramming that	your sys	tem was <i>requ</i>	iired
	to delete under FCC rules a							ogram
	was substituted for program		ystem w	as permitted to delete und	ler FCC rules	and regu	lations in	
	effect on October 19, 1976							
					WHE	N SUBS	TITUTE	
	S	UBSTITUTE PRO	OGRAM	1		N SUBS ⁻ AGE OC	TITUTE CURRED	7. REASON FOR
	S 1. TITLE OF PROGRAM	2. LIVE? 3. STA	ATION'S		5. MONTH	AGE OC 6.	CURRED TIMES	7. REASON FOR DELETION
		2. LIVE? 3. STA			CARRI	AGE OC	CURRED	
		2. LIVE? 3. STA	ATION'S		5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE? 3. STA	ATION'S		5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE? 3. STA	ATION'S		5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE? 3. STA	ATION'S		5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE? 3. STA	ATION'S		5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE? 3. STA	ATION'S		5. MONTH	AGE OC 6.	CURRED TIMES	
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		2. LIVE? 3. STA	ATION'S		5. MONTH	AGE OC 6.	CURRED TIMES	
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		2. LIVE? 3. STA	ATION'S		5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE? 3. STA	ATION'S		5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE? 3. STA	ATION'S		5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE? 3. STA	ATION'S		5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE? 3. STA	ATION'S		5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE? 3. STA	ATION'S		5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE? 3. STA	ATION'S		5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE? 3. STA	ATION'S		5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE? 3. STA	ATION'S		5. MONTH	AGE OC 6.	CURRED TIMES	

Accounting Period:	2024/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (HAVANA, FL)			S	39515 39515
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an 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 explanatic 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 to compute this a	ission service amount, see	0,367.12 oss 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 \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	/ou must pay for	this six-mon	
	•				
	Line 1. Royalty fee for accounting period				
		noo 1 ond (2		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				<u> </u>
	1. Base amount under statutory formula		263,800.00	,	
	2. Enter amount of gross receipts from space K		210,367.12		
	- 3. Subtract line 2 from line 1	\$	53,432.88		
	Enter the amount of gross receipts from space K		. \$ 2	210,367.12	
	5. Enter the amount from line 3		. \$	53,432.88	
	6. Subtract line 5 from line 4		\$	156,934.24	
	7. Multiply line 6 by .005 (enter figure here)			\$	784.67
	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		\$	784.67
	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	\$	263,800.00		
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		. \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	l, 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)		\$	784.67	
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			\$	804.67
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1				lhts!

Accounting Period:	2024/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (HAVANA, FL)	SYSTEM ID# 39515
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 broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	37 71
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 845-44	3-2762
	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 (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 B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as 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 owner of the 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 herein 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)]	
	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 II
DIACOM SOUTHEAST LLC (HAVANA, FL)	3951
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	-
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
^	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
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	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
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