This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2/26/25	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Accounting Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions) Barcode Data Filing Period (optional - see instructions) Barcode Data Filing Period (optional - see instructions) Convert		
Accounting Period Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royally fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MCC Georgia, LLC (Eastman, GA) BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM ONE MEDIACOM WAY [Turnier, sites, and rows, appartment, or suite number) MEDIACOM PARIK, NY 10918 [City, town, sales, 20) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B System INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B NAMILING ADDRESS OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM: NAILING ADDRESS OF CABLE SYSTEM:	Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
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2 (Number, street, rural route, apartment, or suite number)	System	1 IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
(Cht. tour. state. To gode)		Wumber, street, rural route, apartment, or suite number)
(City, town, state, zip code)		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Name		FORM SA1-2E. PAG
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	MCC Georgia, LLC (Eastman, GA)	50
		n. A "community" is the same as a "community unit" as defined in FCC rul
D		ncorporated communities within unincorporated areas and including singl
		inity 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 fu	
Area		ms, or mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Eastman	GA
Community	Dodge	GA
	MCRAE	GA
d Rows as Necessary	HELENA	GA
u nows as ivecessary	TELFAIR	GA
	I LLI AIIX	

Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 5077

MCC Georgia, LLC (Eastman, GA)

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	404	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						
		•		1	[

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

		BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Variety TV	#####
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	75.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	49.00		
Converter	9.99	Disconnect			
		Outlet relocation	49.00		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 5077

MCC Georgia, LLC (Eastman, GA)

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WALB/WALB(HD) NBC	10	N	Albany, GA
WALB-DT3 Bounce	10.3	I-M	Albany, GA
WGNM/WGNM(HD) CTN	45	<u> </u>	Macon, GA
WGXA/WGXA(HD) FOX	16	<u>l</u>	Macon, GA
WGXA ABC (HD)	16.1	N-M	Macon, GA
WGXA-DT2 (ABC)	16.2	N-M	Macon, GA
WGXA-DT3 COMET	16.3	I-M	Macon, GA
WMAZ/WMAZ(HD) CBS	13	N	Macon, GA
WMAZ-DT2/WMAZ-DT2 (HD)	13.2	I-M	Macon, GA
WMAZ-DT3 True Crime Netwo	13.3	I-M	Macon, GA
WMUM/WMUM (HD) PBS	29	E	Macon, GA
WPGA/WPGA(HD) IND	58	<u> </u>	Perry, GA
WSST MyNet	51	<u> </u>	CORDELE, GA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MCC Georgia, LLC (Eastman, GA)

5077

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

	T =	a :-	I	1	I		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
	l					 	<u> </u>
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Accounting Perio	nd: 2024/2						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	MCC Georgia, LLC (Ea	stman, G	A)				5077
				NT AND DOODAN O			
- 1	SUBSTITUTE CARRIAGE	_	_			tian that	ala avatana aanniad an a
•	In General: In space I, identi substitute basis during the a						
Substitute	explanation of the programm	٠.		•			
Carriage:	1. SPECIAL STATEMENT	CONCER	RNING SUBS	TITUTE CARRIAGE			
Special Statement and	 During the accounting per 	iod, did yoι	ır cable systen	n carry, on a substitute ba	sis, any nonr	network te <u>levisi</u> oi	n progr <u>am</u>
Program Log	broadcast by a distant stat	tion?				Y	ES X NO
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust complete th	ie program
	log in block 2.		•			•	, -
	2. LOG OF SUBSTITUTE		-				
	In General: List each subst				s wherever po	ossible, if their m	eaning is
	clear. If you need more spa Column 1: Give the title			riows to the tables. vision program ("substitute	e program") ti	hat, during the a	ccounting
	period, was broadcast by a	distant stat	tion and that ye	our cable system substitut	ed for the pro	ogramming of an	other station
	under certain FCC rules, re Do not use general categor						
	"NBA Basketball: 76ers vs.		VICS OF BASIC	cibali. List specific progra	iiii uucs, ioi c	skample, 1 Love	Lucy of
			,	er "Yes." Otherwise enter "			
				asting the substitute progr he community to which the		censed by the FC	CC or. in
	the case of Mexican or Can	adian statio	ons, if any, the	community with which the	e station is id	entified).	
		,	when your sys	stem carried the substitute	program. Us	se numerals, with	n the month
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	ogram was carried by you	r cable syste	m. List the times	accurately
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."	ar "D" if the	lieted program	n was substituted for progr	ramming that	vour evetem wa	s required
	to delete under FCC rules a						
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	and regulations	in
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	SI	JBSTITUT	E PROGRAM		CARRI	AGE OCCURRI	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	TO
		Tes of No	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROW —	10
						_	
						_	
						_	

counting Period:	2024/2			FORM S	SA1-2E. PAGI			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			,	SYSTEM II			
	MCC Georgia, LLC (Eastman, GA)				50			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form.							
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.			\$ 23	31,991.01			
	IMPORTANT: You must complete a statement in space P concerning gross re	ceipts.		(Amount of g	ross receipts)			
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 or less Use block 3 if the amount of gross receipts in space K is more than \$263,800 or less eepage (vi) of the general instructions located in the paper SA1-2 form for more in	out less tha	ın \$527,600	263,800				
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	ESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that yo	ou 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 lin	nes 1 and 2						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	re than \$137,	100)				
	Base amount under statutory formula	\$	263,800.00	-				
	2. Enter amount of gross receipts from space K	\$	231,991.01	-				
	3. Subtract line 2 from line 1	\$	31,808.99	_				
	4. Enter the amount of gross receipts from space K		\$	231,991.01				
	5. Enter the amount from line 3		\$	31,808.99				
	6. Subtract line 5 from line 4		\$	200,182.02				
	7. Multiply line 6 by .005 (enter figure here)			\$	1,000.91			
	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		\$	1,000.91			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but I	ess than \$527	,600)				
	Enter the amount of gross receipts from space K							
	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							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4							
	FILING FEE AND TOTAL REMITTANCE DU	E						
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,000.91				
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			\$	1,020.91			
	Important: Your remittance must be in the form of an electronic pays	mont navak	ale to the Regi	ster of Convri	nhtel			

Accounting Period:	2024/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABL MCC Georgia, LLC (Eastman			SYSTEM ID# 5077
M Channels	to its subscribers, and (2) the cab 1. Enter the total number of chan system carried television broads 2. Enter the total number of active	onels on which the cablicast stations		20
	on which the cable system carri and nonbroadcast services		si Stations	67
N Individual to Be Contacted	we can contact about this statem	nent of account.)	PRMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Kenneth J.	Kohrs	Telephone (845-443-2762
	Address One Media (Number, street, ru	com Way ural route, apartment, or sui	te number)	
	Mediacom (City, town, state, a	Park, NY 10918 zip)		
	Email Cor	oyrights@mediacom	cc.com Fax (optional)	
	CERTIFICATION (This statement	of account must be ce	rtified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby certify	that (Check one, <i>but or</i>	nly one, of the boxes.)	
	(Owner other than cor	poration or partnersh	ip) I am the owner of the cable system as identified in line 1 of space	B; or
			nartnership) I am the duly authorized agent of the owner of the cable sot a corporation or partnership; or	system as identified
	(Officer or partner) I a in line 1 of space B.	, ,	ration) or a partner (if a partnership) of the legal entity identified as ow	oner of the cable system
			eclare under penalty of law that all statements of fact contained hereir ge, information, and belief, and are made in good faith.	n
	·	X	/s/ Kenneth J. Kohrs	
			electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
	Тур	ed or printed name:	Kenneth J. Kohrs	
	Title		Vice President, Financial Reporting on held in corporation or partnership)	
	Date	e:	2/14/2025	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period: 2024/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
MCC Georgia, LLC (Eastman, GA)	5077
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 following 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 subscribers 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.	Noscipio Excidision
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 Assessment
x	
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	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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1	1.00
N	0.25
E	0.25
I-M	1
N-M	0.25
E-M	0.25