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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting	Barcode Data Filing Period (optional - see instructions)							
Period								
В	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.							
Owner	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 royalty 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							
	MEDIACOM SOUTHEAST LLC (PLYMOUTH, NC)							
	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	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	1 IDENTIFICATION OF CABLE SYSTEM:							
	MEDIACOM SOUTHEAST LLC							
	MAILING ADDRESS OF CABLE SYSTEM:							
	P.O. BOX 580 [Number, street, rural route, apartment, or suite number)							
	PLYMOUTH, NC 27962							
	(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.

Manne REDIACOM SOUTHEAST LLC (PLYMOUTH, NC) 24 Instructions: Bits each separate community served by the cable system. A "community" is the same as a "community will" as defined in PCC and a speak and distorted members by a speak and distorted members of a speak and distorted members by a speak and distorted distorted members by a speak and properties such as hatels, apartments, condominiums, or mobile home parks should be reported in parentheses below the speak and properties such as hatels, apartments, condominiums, or mobile home parks should be reported in parentheses below the speak and properties such as hatels, apartments, condominiums, or mobile home parks should be reported in parentheses below the speak and properties such as hatels, apartments, condominiums, or mobile home parks should be reported in parentheses below the speak and properties such as hatels, apartments, condominiums, or mobile home parks should be reported in parentheses below the speak and properties such as hatels, apartments, condominiums, or mobile home parks should be reported in parentheses below the speak and properties such as hatels, apartments, condominiums, or mobile home parks should be reported in parentheses below the speak and properties such as hatels, apartments, condominiums, or mobile home parks should be reported in parentheses below the speak and properties such as hatels, apartments, condominiums, or mobile home parks should be reported in parentheses below the speak and the properties and the parenthese below the speak and the parenthese as a form of system identification hereafter to appropriate and the parenthese as a form of system identification hereafter to appropriate and the parenthese as a form of system identification hereafter to appropriate and the parenthese and the parenthese as a form of system identification hereafter to appropriate		I	FORM SA1-2E. PAG								
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE PLYMOUTH NC MARTIN COUNTY NC MARTIN COUNTY NC COLUMBIA NC CRESWELL NC CRESWELL NC	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM								
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. Community First Community JAMESVILLE NC MARTIN COUNTY NC WASHINGTON COUNTY NC COLUMBIA NC CRESWELL NC NC											
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CRESWELL NC											
TYRRELL COUNTY		CRESWELL	NC								
		TYRRELL COUNTY	NC								

Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 24029

MEDIACOM SOUTHEAST LLC (PLYMOUTH, NC)

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	413	30.95-74.49					
 Service to additional set(s) 							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	0	30.95-74.49					
Converter							
Residential							
Non-residential							
		•			[

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	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) 	49.00	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#

4. LOCATION OF STATION

MEDIACOM SOUTHEAST LLC (PLYMOUTH, NC)

24029

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

WCTI/WCTI(HD)ABC 12 **NEW BERN, NC** 34 WEPX/WEPX (HD) ION JACKSONVILLE, NC WHRO PBS 15 16 HAMPTON-NORFOLK, VA 32.2 WITN MyNet I-M WASHINGTON, NC WITN/WITN(HD) NBC 32 WASHINGTON, NC Ν WITN-DT3 MeTV 32.3 I-M WASHINGTON, NC WITN-DT6 The365 I-M WASHINGTON, NC 32.6 WNCT/WNCT(HD) CBS 10 Ν GREENVILLE, NC 10.2 I-M WNCT-DT2 CW GREENVILLE, NC WNCT-DT3 Rewind TV 10.3 I-M GREENVILLE, NC WSKY IND 9 MANTEO, NC WUND/WUND(HD)PBS 20 Ε COLUMBIA, NC COLUMBIA, NC WUND-DT2 PBS KIDS 20.2 E-M WUND-DT3 PBS Explorer Ch 20.3 E-M COLUMBIA, NC WUND-DT4 NCCHL 20.4 E-M COLUMBIA, NC WYDO/WYDO(HD)FOX 47 GREENVILLE, NC

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 24029 MEDIACOM SOUTHEAST LLC (PLYMOUTH, NC) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections Primary 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 Transmitters: 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 Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 4. LOCATION OF STATION 3. TYPE OF STATION

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

24029

MEDIACOM SOUTHEAST LLC (PLYMOUTH, NC)

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

I: 2024/2 LEGAL NAME OF OWNER OF MEDIACOM SOUTHE SUBSTITUTE CARRIAGE IN General: In space I, idea is substitute basis during the explanation of the program	east LLC GE: SPECIA Intify every note accounting priming that mu NT CONCEF Ideriod, did you tation? No", leave the TE PROGRA Distitute progra pace, please le of every note a distant state regulations, coories like "mote s. Bulls." am was broa all sign of the roadcast state continuation thand day give "5/7." mes when the ses and regulation amming that y "6. SUBSTITUT	AL STATEME connetwork televioleriod, under spust be included RNING SUBS ur cable system and additional connetwork televition and that y or authorization ovies" or "bask addast live, entrations in each of the system when your sy	ENT AND PROGE ision program, broad pecific present and in this log, see page TITUTE CARRIAM carry, on a substage blank. If your additional attention of the carry, on a substage blank. If your additional attention program ("sour cable system as. See page (v) of the community to be community with the community with th
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In General: In space I, idea substitute basis during the explanation of the program 1. SPECIAL STATEMEN. During the accounting proroadcast by a distant st. Note: If your answer is "Nog in block 2. 2. LOG OF SUBSTITUTION General: List each subclear. If you need more sp. Column 1: Give the titl period, was broadcast by under certain FCC rules, in Don on to use general category (NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the case of Mexican or Calumn 4: Give the brother case of Mexican or Calumn 5: Give the motion of the case of Mexican or Calumn 6: State the time to the nearest five minute stated as "6:00–6:30 p.m. Column 7: Enter the less was substituted for program of effect on October 19, 197	entify every note accounting priming that mu NT CONCEF deriod, did you tation? No", leave the TE PROGRA postitute progra pace, please le of every note a distant state regulations, of ories like "mote as Bulls." ram was broat all sign of the roadcast static anadian static onth and day give "5/7." Tetter "R" if the sea and regulations that is and regulations that is and regulations that is and regulations. ESUBSTITUT 2. LIVE?	ennetwork televioleriod, under spust be included RNING SUBS ur cable system e rest of this pa AMS am on a separ add additional onnetwork televition and that y or authorization ovies" or "bask adcast live, enti- station broaddion's location (i ions, if any, the y when your sy the substitute price a program carr el listed program tions in effect d your system w	ision program, broad pecific present and in this log, see page TITUTE CARRIA on carry, on a substance blank. If your additional attention of the program ("so our cable system as. See page (v) of the thing of the community of the community with the community wi
to delete under FCC rules was substituted for progra effect on October 19, 197	s and regulation amming that you follow for the second sec	tions in effect d your system w FE PROGRAM 3. STATION'S	luring the account ras permitted to de
1. TITLE OF PROGRAM			

	2024/2			-	A1-2E. PAGI				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (PLYMOUTH, NC)			3	YSTEM II 240				
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			\$ 19 (Amount of gr	8,948.99 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	but less that	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 royal accounting period is \$52.00	ty fee that y	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 in	nes 1 and 2	2	· · <u> </u>					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,	100)					
	Base amount under statutory formula	\$	263,800.00	-					
	2. Enter amount of gross receipts from space K	\$	198,948.99	-					
	3. Subtract line 2 from line 1	\$	64,851.01	-					
	4. Enter the amount of gross receipts from space K		. \$	198,948.99					
	5. Enter the amount from line 3		. \$	64,851.01					
	6. Subtract line 5 from line 4		\$	134,097.98					
	7. Multiply line 6 by .005 (enter figure here)			\$	670.49				
	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		\$	670.49				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less 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			-					
	Novalty due on the first \$263,800 of gross receipts (under statutory formula) .			1 319 00					
	Royally due on the lifst \$255,000 or gross receipts (under statutory formula) . Royally due on the lifst \$255,000 or gross receipts (under statutory formula) .		-						
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines								
	FILING FEE AND TOTAL REMITTANCE DU	JE							
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	670.49					
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			\$	690.49				

Accounting Period:	2024/2				FORM SA1-2E. PAGE 7			
Name	LEGAL NAME OF OWNER OF		OUTH, NC)	SYSTEM ID# 24029			
M Channels	to its subscribers, and (2) 1. Enter the total number of	the cable system's to of channels on which broadcast stations of activated channel	total numb		22			
	-				67			
N Individual to Be Contacted								
for Further Information	Name Kenne	eth J. Kohrs		Tele	phone 845-443-2762			
	Address One W	lediacom Way street, rural route, aparte	tment, or suit	e number)				
		com Park, NY	10918					
	Email	Copyrights@me	ediacomo	c.com Fax (optional)				
	CERTIFICATION (This state	ement of account m	nust he cer	tified and signed in accordance with Copyright Office regul	ations)			
O Certification	I, the undersigned, hereby							
	(Owner other th	an corporation or p	partnershi	p) I am the owner of the cable system as identified in line 1 o	f 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 identified in line 1 of space B and that the owner is not a corporation or partnership; or							
	(Officer or parti		(if a corpor	ation) or a partner (if a partnership) of the legal entity identifie	d as owner of the cable system			
		rect to the best of my		eclare under penalty of law that all statements of fact contained ge, information, and belief, and are made in good faith.	d herein			
			X	/s/ Kenneth J. Kohrs				
				electronic signature on the line above to certify this statement. ature using an "/s/ signature" (e.g., /s/ John Smith)				
		Typed or printed	d name:	Kenneth J. Kohrs				
		Title:		Vice President, Financial Reporting n 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.

Accounting Period: 2024/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 24029 MEDIACOM SOUTHEAST LLC (PLYMOUTH, NC) 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-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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. 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 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. **Interest Assessment** davs 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 * 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

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Address

ID number

First community served Accounting period