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
	Barcode Data Filing Period (optional - see instructions)
Accounting 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 ILLINOIS LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)
	MEDIACOM PARK, NY 10918
	(City, town, state, zip)
С	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	IDENTIFICATION OF CABLE SYSTEM:
	MEDIACOM ILLINOIS LLC
	MAILING ADDRESS OF CABLE SYSTEM:
	ONE MEDIACOM WAY
	2 (Number, street, rural route, apartment, or suite number)
	MEDIACOM PARK, NY 10918 (City, town, state, zip code)
L	(Conf.) Conf. Conf. Lip 2000/

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.

		FORM SA1-2E. PAGE 1
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	MEDIACOM ILLINOIS LLC	34380
	Instructions: List each separate community served by the cable system. A "community"	is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorporated comm	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w	vill serve as a form of system identification hereafter known
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	ne parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	CAPRON	IL
Community	BELVIDERE TOWNSHIP	<b>IL</b>
	ARGYLE	IL
dd Rows as Necessary	CALEDONIA	IL
•	CANDLEWICK LAKE	IL
	POPLAR GROVE	iL
	CHEMUNG	iL
	RINGWOOD	
	RICHMOND / SOLON MILLS	IL
	SPRING GROVE	IL
	GARDEN PRAIRIE	IL
	HEBRON	IL
	Village of Timberlane	IL

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 34380

### **MEDIACOM ILLINOIS LLC**

# 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:					
<ul> <li>Service to first set</li> </ul>	639	14.00-61.54			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	0	14.00-61.54			
Converter					
<ul> <li>Residential</li> </ul>					
Non-residential					
				•	<b>§</b>

# 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	TEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Variety TV	#####
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial			
Fire protection		• Pay cable			
Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		<ul> <li>Fire protection</li> </ul>			
• First set	75.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	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# 34380

4. LOCATION OF STATION

### MEDIACOM ILLINOIS LLC

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

WBBM/WBBM (HD) CBS	12	N	CHICAGO, IL
WBBM-DT2 Start TV	12.2	I-M	CHICAGO, IL
WBBM-DT3 DABL	12.3	I-M	CHICAGO, IL
WCIU/WCIU (HD) IND	27	<u> </u>	CHICAGO, IL
WCIU-DT2 The U (HD)	27.2	I-M	CHICAGO, IL
WCIU-DT3 MeTV	27.3	I-M	CHICAGO, IL
WCIU-DT4 Heroes & Icons	27.4	I-M	CHICAGO, IL
WCIU-DT5 Story Television	27.5	I-M	CHICAGO, IL
WCIU-DT6 Catchy Comedy	27.6	I-M	CHICAGO, IL
WCPX/WCPX (HD) ION	48	<u> </u>	CHICAGO, IL
WCPX-DT2 Bounce	48.2	I-M	CHICAGO, IL
WCPX-DT3 Court TV	48.3	I-M	CHICAGO, IL
WFLD/WFLD (HD) FOX	31	I	CHICAGO, IL
WFLD-DT2 Movies!	31.2	I-M	CHICAGO, IL
WFLD-DT3 BUZZR	31.3	I-M	CHICAGO, IL
WGBO/WGBO (HD) Univision	15	<u> </u>	CHICAGO, IL
WGBO-DT3 getTV	15.3	I-M	CHICAGO, IL
WGBO-DT4 True Crime Netw	15.4	I-M	CHICAGO, IL
WGBO-DT5 Grit	15.5	I-M	CHICAGO, IL
WGN/WGN (HD)/IND	19	<u> </u>	CHICAGO, IL
WGN-DT2 Antenna TV	19.2	I-M	CHICAGO, IL
WGN-DT3 Grit	19.3	I-M	CHICAGO, IL
WIFR/WIFR (HD) CBS	41	N	FREEPORT-ROCKFORD, IL
WLS/WLS (HD) ABC	7	N	CHICAGO, IL

3. TYPE OF STATION

Add Rows as Necessary

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **MEDIACOM ILLINOIS LLC**

34380

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WLS-DT2 Localish HD	7.2	I-M	CHICAGO, IL
WMAQ/WMAQ (HD) NBC	29	N	CHICAGO, IL
WMAQ-DT2 Cozi TV	29.2	I-M	CHICAGO, IL
WPWR/WPWR (HD) MYNET	51	<u> </u>	CHICAGO, IL
WQRF/WQRF (HD) FOX	42	<u> </u>	ROCKFORD, IL
WQRF-DT2 Bounce TV	42.2	I-M	ROCKFORD, IL
WQRF-DT3 ION Mystery	42.3	I-M	ROCKFORD, IL
WQRF-DT4 Rewind TV	42.4	I-M	ROCKFORD, IL
WREX/WREX (HD) NBC	13	N	ROCKFORD, IL
WREX-DT3 (Me TV)	13.3	I-M	ROCKFORD, IL
WREX-DT4 Court TV	13.4	I-M	ROCKFORD, IL
WREX-DT5 True Crime Netwo	13.5	I-M	ROCKFORD, IL
WSLN/WSLN (HD) CW	9	l	Freeport, IL
WSLN-DT2 The365 (HD)	9.2	I-M	Freeport, IL
WSLN-DT3 Antenna TV	9.3	I-M	Freeport, IL
WSNS/WSNS (HD) Telemund	17	<u> </u>	CHICAGO, IL
WSNS-DT2 Telexitos	17.2	I-M	CHICAGO, IL
WTTW/WTTW (HD) PBS	47	E	CHICAGO, IL
WTTW-DT2 Prime	47.2	E-M	CHICAGO, IL
WTTW-DT3 Create	47.3	<b>E-M</b>	CHICAGO, IL
WTTW-DT4 V-Me	47.4	E-M	CHICAGO, IL
WTVK-DT1/WTVK-DT1 (HD) C	10.1	<u> </u>	Oswego, IL
WTVO/WTVO (HD) ABC	16	N	ROCKFORD, IL
WTVO-DT2 (HD) Mynet	16.2	I-M	ROCKFORD, IL

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34380 MEDIACOM ILLINOIS LLC 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. Television 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

"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 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

**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.

basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**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	3. TYPE OF STATION	4. LOCATION OF STATION
WTVO-DT3 Laff	16.3	I-M	ROCKFORD, IL
WTVO-DT4 Grit	16.4	I-M	ROCKFORD, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 34380

### **MEDIACOM ILLINOIS LLC**

### 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
						l	
						l	
						l	
	1	l				l	1

Nama	LECAL NAME OF OWNED OF	CAPIESVO	TEM:				FOR	M SA1-2E. PAGE:			
	LEGAL NAME OF OWNER OF		) I ⊏IVI.					SYSTEM ID			
	MEDIACOM ILLINOIS	LLC						3438			
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G						
	In General: In space I, iden										
	substitute basis during the a	٠.		•							
	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Special	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
tatement and	0.	•	ui cable systei	in carry, on a substitute ba	sis, arry rioriii	ietwork televis	1	, , l			
	-						YES				
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	"Yes," you n	nust complete	the pro	gram			
l-	log in block 2.										
	2. LOG OF SUBSTITUTION General: List each subs			rata lina. Usa abbraviations	whorever no	secible if their	moonin	a ic			
	clear. If you need more spa				wilelevel po	ossible, il tileli	IIIcaiiiii	y is			
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute							
	period, was broadcast by a										
	under certain FCC rules, re Do not use general catego										
	"NBA Basketball: 76ers vs.		SVICS OF BUSIN	ceban. List specific progra	111 11100, 101 0	xumpio, i Lov	C Lucy	OI .			
			,	er "Yes." Otherwise enter "							
		0		casting the substitute progr the community to which the		sensed by the	ECC or	in			
	the case of Mexican or Car		,	,		•	1 00 01,				
			when your sy	stem carried the substitute	program. Us	se numerals, v	vith the r	month			
	first. Example: for May 7 gi							4-1.			
	to the nearest five minutes	ies when th . Example:⊹	e substitute pr a program car	ogram was carried by your ried by a system from 6:01	:15 p.m. to 6:	11. List the time :28:30 p.m. sh	ould be	atery			
	stated as "6:00-6:30 p.m."	. Example:	a program can	nod by a dyolom nom old	. 10 p to 0	.20.00 p.iii. oii	ould bo				
				n was substituted for progr							
	to delete under FCC rules							ogram			
	was substituted for prograr	nming that	vour system w								
	effect on October 19, 1976		,	as permitted to delete und	er FCC rules	and regulation	ns in				
	effect on October 19, 1976	i.		ras permitted to delete und	er FCC rules	and regulation	ns in				
	· · · · · · · · · · · · · · · · · · ·			·	MHEI	N SUBSTITU	TE	7 PEASON FO			
	S	UBSTITUT	E PROGRAM	1	WHEI CARRIA	N SUBSTITU AGE OCCUR	TE RED	7. REASON FO			
	· · · · · · · · · · · · · · · · · · ·			1	MHEI	N SUBSTITU	TE RED				
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHEI CARRIA	N SUBSTITU AGE OCCUR 6. TIME	TE RED				
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHEI CARRIA	N SUBSTITU AGE OCCUR 6. TIME	TE RED				
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHEI CARRIA	N SUBSTITU AGE OCCUR 6. TIME	TE RED				
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHEI CARRIA	N SUBSTITU AGE OCCUR 6. TIME	TE RED				
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHEI CARRIA	N SUBSTITU AGE OCCUR 6. TIME	TE RED				
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHEI CARRIA	N SUBSTITU AGE OCCUR 6. TIME	TE RED				
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHEI CARRIA	N SUBSTITU AGE OCCUR 6. TIME	TE RED				
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHEI CARRIA	N SUBSTITU AGE OCCUR 6. TIME	TE RED				
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHEI CARRIA	N SUBSTITU AGE OCCUR 6. TIME	TE RED				
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHEI CARRIA	N SUBSTITU AGE OCCUR 6. TIME	TE RED				
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHEI CARRIA	N SUBSTITU AGE OCCUR 6. TIME	TE RED				
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHEI CARRIA	N SUBSTITU AGE OCCUR 6. TIME	TE RED				
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHEI CARRIA	N SUBSTITU AGE OCCUR 6. TIME	TE RED				
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHEI CARRIA	N SUBSTITU AGE OCCUR 6. TIME	TE RED				
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHEI CARRIA	N SUBSTITU AGE OCCUR 6. TIME	TE RED				
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHEI CARRIA	N SUBSTITU AGE OCCUR 6. TIME	TE RED				
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHEI CARRIA	N SUBSTITU AGE OCCUR 6. TIME	TE RED				
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHEI CARRIA	N SUBSTITU AGE OCCUR 6. TIME	TE RED				
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHEI CARRIA	N SUBSTITU AGE OCCUR 6. TIME	TE RED				
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHEI CARRIA	N SUBSTITU AGE OCCUR 6. TIME	TE RED	7. REASON FO DELETION			
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHEI CARRIA	N SUBSTITU AGE OCCUR 6. TIME	TE RED				
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHEI CARRIA	N SUBSTITU AGE OCCUR 6. TIME	TE RED				

Accounting Period:	2024/2				SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC			•	SYSTEM ID: 34380
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 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 re	ystem's se on of how to	condary transm compute this a	ission service amount, see	
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 to less  • Use block 3 if the amount of gross receipts in space K is more than \$263,800 to less page (vi) of the general instructions located in the paper SA1-2 form for more in the space of the space of the general instructions located in the paper SA1-2 form for more in the space of the sp	out less tha nformation	n \$527,600	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00  Line 1. Royalty fee for accounting period	,		this six-mon	
	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			-	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES			00)	
	Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K		·		
	5. Enter the amount from line 3		·		
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but I	ess than \$527	,600)	
	Enter the amount of gross receipts from space K	\$	278,440.79		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	14,640.79		
	4. Multiply line 3 by .01		\$	146.41	
	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 .		\$	1,465.41
				<u> </u>	.,
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,465.41	
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			\$	1,485.41
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1				ghts!

Accounting Period:	2024/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM ILLINOIS LLC	SYSTEM ID# 34380
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	66
	on which the cable system carried television broadcast stations and nonbroadcast services	67
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	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, but only one, 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  X (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)]	
	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.

ounting Period: 2024/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
DIACOM ILLINOIS LLC	34380
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.	
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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 averabas	***************************************
ID number First community served	,,,,,,,,,
Accounting period	

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 th 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.