



**VIA: CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

December 16, 2016

VME Media  
Mayte DeRamon  
1001 Brickell Bay Drive  
Suite 1208  
Miami, FL 33131

**RE: Certification of Compliance with Children's Television Laws & Closed Captioning**

To Whom It May Concern:

Mediacom is requesting a certificate from VME Media for your networks (listed below) in order to be in compliance with our record keeping obligations as a cable operator under the Children's Television Act of 1990 and the FCC rules implementing the Act (Ref 76.1703, 76.225). We need certificates for the three months ended December 31, 2016.

1. VME

In addition, we respectfully request a certification for closed captioning as required by the FCC Rules and Regulation. (Ref 79.3(b)(3), 79.3(e)(3)(i))

Please have the appropriate officer of your company review the Children's Programming practices and Closed Captioning requirements for the quarters stated above and send us certification. In addition, please make a detailed notation of any instances in which your programs exceeded the limits on commercial time. When complete, please send notification(s) to my attention at the address listed below or you can email an electronic version to: [djanssen@mediacomcc.com](mailto:djanssen@mediacomcc.com).

As you probably are aware, under FCC Rules, we must place certification in our files before the 10<sup>th</sup> of the month following the end of each quarter. We therefore appreciate your prompt attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Dawn Janssen".

Dawn Janssen

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p>	
<p>1. Article Addressed to:</p> <p>VME Media Mayte DeRamon 1001 Brickell Bay Drive, Suite 1208 Miami, FL 33131</p>		<p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7014 1200 0002 3144 5264</p>		<p>D. Is delivery address different from item 1? <span style="float: right;"><input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</span></p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Priority Mail Express®</span></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <span style="float: right;"><input type="checkbox"/> Registered Mail™</span></p> <p><input checked="" type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <span style="float: right;"><input checked="" type="checkbox"/> Return Receipt for Merchandise</span></p> <p><input type="checkbox"/> Collect on Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span></p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Insured Mail <span style="float: right;"><input type="checkbox"/> Restricted Delivery</span></p>			

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage</p>	<p>Postmark Here</p>
<p>Sent To</p> <p>Street, Apt. No. or PO Box No.</p> <p>City, State, ZIP</p>	<p>VME Media Mayte DeRamon 1001 Brickell Bay Drive, Suite 1208 Miami, FL 33131</p>
PS Form 3800, August 2006 <span style="float: right;">See Reverse for Instructions</span>	