



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.

As you probably are aware, under FCC Rules, we must place certification in our files before the 10th 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 items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

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



9590 9403 0413 5163 7968 35

2. Article Number (Transfer from service label)

7014 1200 0002 3144 5264

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

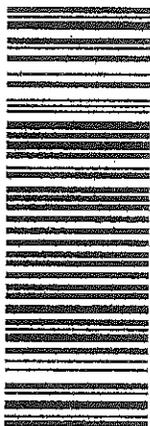
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PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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 Mayte DeRamon
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 Miami, FL 33131

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 City, State, ZIP

PS Form 3800, August 2006

See Reverse for Instructions