

**FCC 317**  
**ANNUAL DTV ANCILLARY/SUPPLEMENTARY**  
**SERVICES REPORT FOR DIGITAL TELEVISION**  
**STATIONS**

FOR  
FCC  
USE  
ONLY

FOR COMMISSION USE ONLY  
FILE NO.

**SECTION I - GENERAL INFORMATION**

1. Legal Name of the Licensee or Permittee **WBQP TV-12 / Vernon Watson**

Mailing Address **312 E. Nine Mile Road**

City **Pensacola, FL** State or Country (if foreign address) **FL** ZIP Code **32514**

Telephone Number (include area code) \_\_\_\_\_ E-Mail Address (if available) \_\_\_\_\_

FCC Registration Number **000378 9547** Facility ID Number **69993** Call Sign **WBQP-TV**

2. Contact Representative (if other than Licensee or Permittee) \_\_\_\_\_ Firm or Company Name \_\_\_\_\_

Telephone Number (include area code) \_\_\_\_\_ E-Mail Address (if available) \_\_\_\_\_

3. For the twelve-month period ended September 30th, has the DTV licensee or permittee provided, at any time during the period, an ancillary or supplementary service as defined by 47 C.F.R. Section 73.624?  Yes  No

If "No," complete Question 7 and submit this Report to the Commission.

If "Yes," proceed to Questions 4 through 7.

4. **Ancillary/Supplementary Services Provided.** Briefly describe below the service provided; whether a fee was charged for the provision of such service; and, if so, the amount of gross revenues received therefrom and the amount of DTV bitstream used to provide such service.

Description of Service	Feeable (Y/N)	Gross Revenues (\$)	Bitstream Used
N/A			

5. Total amount of gross revenues derived from feeable ancillary or supplementary services:

\$ 0

6. Has the DTV licensee or permittee remitted to the Commission, through the filing of FCC Form 159, a payment in the amount of 5% of the gross revenues derived from the feeable ancillary or supplementary services?

Yes  No  
 N/A

7. **Certification.** I certify that I have examined this Report and that, to the best of my knowledge and belief, all statements in this Report are true, correct and complete.

Typed or Printed Name of Person Signing <i>Vernon Watson</i>	Typed or Printed Title of Person Signing <i>owner</i>
Signature <i>[Handwritten Signature]</i>	Date <i>11/30/2015</i>

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).