

(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

 File Number: 0000021493
 Submit Date: 01/23/2017
 Call Sign: WOLE-DT
 Facility ID: 71725
 FRN: 0029892536

 State: Puerto Rico
 City: AGUADILLA

 Service: DTV
 Purpose: Annual Ancillary/Supplemental Service Report
 Status: Received
 Status Date: 01/23/2017

 Filing Status: Active

 General Information
 Section
 Question
 Response

 Attachments
 Are attachments (other than associated schedules) being filed with this application?
 No

Applicant

Applicant Name, Type, and Contact Information

Information

Applicant	Address	Phone	Email	Applicant Type
WESTERN BROADCASTING CORP. OF PUERTO	Osvaldo Torres	+1 (787)	yrodriguez@wole12.	Corporation
RICO, INC.	P.O. BOX 415	997-1200	com	
Doing Business As: WESTERN BROADCASTING	AGUADILLA,			
CORP. OF PUERTO RICO	PR 00605			

Authorization Holder Name

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

United States

Contact Representatives (2)	Contact Name	Address	Phone	Email	Contact Type
	TIMOTHY J. FITZGIBBON , ESQ LEGAL REPRESENTATIVE NELSON MULLINS RILEY & SCARBOROUGH LLP	TIMOTHY J. FITZGIBBON, ESQ. 101 CONSTITUTION AVENUE, NW SUITE 900 WASHINGTON, DC 20001 United States	+1 (202) 712-2812	TIM. FITZGIBBON@NELSONMULLINS. COM	Legal Representative
	GRAFTON OLIVERA <i>TECHNICAL CONSULTANT</i> DUTREIL LUNDIN & RACKLEY INC	GRAFTON OLIVERA 201 FLETCHER AVENUE SARASOTA, FL 34237 United States	+1 (941) 329-6001	GRAFTON@DLR.COM	Technical Representative

Ancillary /Supplementary Services

Certification	Section	Question	Response
	General Certification Statements	The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).	
		The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1. 2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002 (c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.	
	Authorized Party to Sign	 FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503). 	
		I certify that this application includes all required and relevant attachments.	Yes
		I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Osvaldo Torres <i>Engineering Director</i> 01/23/2017

Information not provided.

Attachments