

(REFERENCE COPY - Not for submission)

# Annual DTV Ancillary/Supplementary Services Report

File Number: 0000034814 Submit Date: 11/02/2017 Call Sign: WTMO-CD Facility ID: 10073 FRN: 0019509470

State: Florida City: ORLANDO

Service: DCA Purpose: Annual Ancillary/Supplemental Service Report Status: Received Status Date: 11/02/2017

Filing Status: Active

# General Information

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

# Applicant Information

#### **Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
ZGS BROADCASTING OF ORLANDO, INC. Doing Business As: ZGS BROADCASTING OF ORLANDO, INC.	Eduardo Zavala 2000 NORTH 14TH STREET SUITE 400 ARLINGTON, VA 22201 United States	+1 (703) 528-5656	ezavala@zgsgroup. com	Corporation

#### **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.

### Contact Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
Stan Salek Consulting Engineer Hammett & Edison, Inc.	470 Third Street West SONOMA, VA 95476 United States	+1 (707) 996- 5200	ssalek@h-e.com	Technical Representative
David M. Silverman ,	1919 Pennsylvania Ave.,	+1 (202) 973-	davidsilverman@dwt.	Legal Representative
Esq.	N.W.	4261	com	
Davis Wright Tremaine	Suite 800			
LLP	Washington, DC 20006-			
	3401			
	United States			

### Ancillary /Supplementary Services

Call Sign	City	State	Licensee
WKME-CD	KISSIMMEE	FL	ZGS BROADCASTING OF ORLANDO, INC.
WMVJ-CD	MELBOURNE	FL	ZGS BROADCASTING OF ORLANDO, INC.

## 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.	Eduardo A. Zavala President 11/02/2017

#### **Attachments**

Information not provided.