



(REFERENCE COPY - Not for submission)

Children's Television Programming Report

FRN: **0026907345** | File Number: **0000107433** | Submit Date: **03/09/2020** | Call Sign: **WXAX-CD** | Facility ID: **57538** |

City: **CLEARWATER** | State: **FL**

Service: **Digital Class A** | Purpose: **Children's TV Programming Report** | Status: **Received** | Status Date: **03/09/2020** |

Filing Status: **Active**

Report reflects information for year 2019

General Information

| Section | Question | Response |
|-------------|--|----------|
| Attachments | Are attachments (other than associated schedules) being filed with this application? | Yes |

Applicant
Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|-------------------------|--|-------------------|------------------------------|----------------|
| HC2 STATION GROUP, INC. | RENEE ILHARDT 450 PARK AVENUE 30TH FLOOR NEW YORK, NY 10022 United States | +1 (954) 606-5486 | RILHARDT@HC2BROADCASTING.COM | Company |

Contact
Representatives
(4)

| Contact Name | Address | Phone | Email | Contact Type |
|--|---|----------------------|----------------------------------|-----------------------------|
| PAUL A. CICELSKI <i>LEGAL REPRESENTATIVE</i> LERMAN SENTER PLLC | 2001 L STREET, NW SUITE 400 WASHINGTON , DC 20036 United States | +1 (202) 416-6756 | PCICELSKI@LERMANSENTER. COM | Legal Representative |
| KURT HANSON <i>CHIEF TECHNICAL OFFICER</i> HC2 BROADCASTING HOLDINGS INC. | 450 PARK AVENUE 30TH FLOOR NEW YORK, NY 10022 United States | +1 (212) 339-5853 | KHANSON@HC2BROADCASTING. COM | Technical Representative |
| REBECCA HANSON <i>EVP AND GENERAL COUNSEL</i> HC2 BROADCASTING HOLDINGS INC. | 450 PARK AVENUE 30TH FLOOR NEW YORK, NY 10022 United States | +1 (212) 339-5832 | RHANSON@HC2BROADCASTING. COM | Legal Representative |
| RENEE ILHARDT <i>CORPORATE REPRESENTATIVE</i> HC2 BROADCASTING HOLDINGS INC. | RENEE ILHARDT 450 PARK AVENUE 30TH FLOOR NEW YORK, NY 10022 United States | +1 (954) 606-5486 | RILHARDT@HC2BROADCASTING. COM | CORPORATE REPRESENTATIVE |

Children's
Television
Information

| Section | Question | Response |
|--------------|-----------------------|---------------------------|
| Station Type | Station Type | Network Affiliation |
| | Affiliated network | AZTECA AMERICA |
| | Nielsen DMA | Tampa-St. Pete (Sarasota) |
| | Web Home Page Address | |

Digital Core
Programming

| Question | Response |
|---|--|
| Indicate which of the Core Programming safe harbor processing guidelines the station elected to utilize during the covered reporting period to demonstrate compliance with the Children's Television Act of 1990 (See 47 CFR Section 73.671(d)) | Category A, Option 1: Three-hours per week (as averaged over a six-month period) of Core Programming |
| State the total number of hours of regularly scheduled weekly Core Programming broadcast per quarter by the station on its main program stream | Q1: 0.0 Q2: 0.0 Q3: 6.0 Q4: 39.0 |
| State the total number of hours of regularly scheduled weekly Core Programming broadcast per quarter by the station on a multicast stream | Q1: 0.0 Q2: 0.0 Q3: 0.0 Q4: 0.0 |
| Does the Licensee provide information identifying each Core Program aired on its station to publishers of program guides as required by 47 CFR Section 73.673? | Yes |

Digital Core
Programs(1)

| Digital Core Program (1 of 1) | Response |
|--|--|
| Title of Program | SUPER LIBRO |
| Did each broadcast of the program, including any rescheduled preemptions, occur between 6:00 AM and 10:00 PM? | Yes |
| Does the program have serving the educational and informational needs of children ages 16 and under as a significant purpose? | Yes |
| Type of Core Programming | Regularly scheduled weekly program |
| Total Times Aired | 30 |
| State the number of hours the program was aired on the station's main program stream and/or a multicast stream | Main Program Stream Q1: 0.0, Q2: 0.0, Q3: 6.0, Q4: 39.0 Multicast Stream Q1: 0.0, Q2: 0.0, Q3: 0.0, Q4: 0.0 |
| Were any regular scheduled weekly programs preempted | No |
| Length of Program | 30 minutes |
| Age Range of Target Child Audience | 12 and under |
| For each broadcast of the program on a commercial or Class A station, did the Licensee identify the program by displaying throughout the program the E/I symbol? | Yes |

**Sponsored Core
Programming (0)**

**Liaison Contact
/Other Efforts**

| Question | Response |
|--|------------------------------|
| Name of children's programming liaison | RENEE ILHARDT |
| Address | 450 PARK AVENUE, 30TH FLOOR |
| City | NEW YORK |
| State | NY |
| Zip | 10022 |
| Telephone Number | (954) 606-5486 |
| Email Address | RILHARDT@HC2BROADCASTING.COM |

Certification

| Question | Response |
|---|---|
| <p>The undersigned certifies that he or she is (a) the party filing the Children's Television Programming, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the Children's Television Programming; or (b) an attorney qualified to practice before the Commission under 47 C.F.R. Section 1.23 (a), who is authorized to represent the party filing the Children's Television Programming, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay.</p> <p>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</p> <p>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.</p> <p>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).</p> | |
| 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. | HENRY TURNER <i>CHIEF OPERATING OFFICER</i> 03/09/2020 |

Attachments

No Attachments.