

## Administrative Update for a Digital Class A Station Application

 File Number:
 0000074602
 Submit Date:
 06/10/2019
 Call Sign:
 WYME-CD
 Facility ID:
 7726
 FRN:
 0015435407
 State:

 Florida
 City:
 GAINESVILLE
 Status:
 Received
 Status Date:
 06/10/2019
 Filing Status:
 Active

General Information	Section	Question			Response			
Applicant Information	Applicant Name, Type, and Contact Information Applicant							
	Applicant		Address	Phone	Email	Туре		
	NEW AGE MEDIA OF GAINES LLC Doing Business As: NEW AGE GAINESVILLE LICENSE, LLC	MEDIA OF	1181 HIGHWAY 315 WILKES-BARRE, PA 18702 United States	+1 (570) 970-5600	jparente1966@gmail. com	Limited Liability Company		

## 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
	Paul A. Cicelski Lerman Senter PLLC	2001 L St. NW Suite 400 Washington, DC 20036 United States	+1 (202) 416- 6756	pcicelski@lermansenter. com	Legal Representative
	<b>Daniel A Kirkpatrick , Esq .</b> FLETCHER, HEALD & HILDRETH, PLC	1300 NORTH 17TH ST 11th Floor Arlington, VA 22209 United States	+1 (703) 812- 0432	kirkpatrick@fhhlaw.com	Legal Representative

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	<ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</li> <li>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).</li> </ul>	
		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.	John Parente CEO 06/10/2019

Information not provided.

## Attachments