

(REFERENCE COPY - Not for submission)

## Request to Extend a DTV Engineering STA Application File Number: Submit Date: 11/20/2020 Facility ID: 52073 FRN: 0004343323 State: Puerto Rico City: SAN JUAN Service: DTV Purpose: STA Extension Status: Granted Status Date: 11/24/2020 Expiration Date: Filing Status:

InActive

General Information	Section	Question	Response
Fees, Waivers,	Section	Question	Response
and Exemptions	Fees	Is the applicant exempt from FCC application Fees?	No
		Indicate reason for fee exemption:	
	Waivers	Does this filing request a waiver of the Commission's rule(s)?	No
		Total number of rule sections involved in this waiver request:	
	Application Type	Fee Code Fee An	ount

Application Type	Fee Code	Fee Amount
STA Extension	MGT	\$200.00
	Total	\$200.00

## Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
TELEVICENTRO OF PUERTO RICO, LLC Applicant Doing Business As: TELEVICENTRO OF PUERTO RICO, LLC	JAVIER MAYNULET PO Box 362050 SAN JUAN, 00936-2050 Puerto Rico	7877924444	javier. maynulet@wapa-tv. com	Other

## 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	Contact Name	Address	Phone	Email	Contact Type
Representatives (1)	SALLY A. BUCKMAN A. BUCKMAN LERMAN SENTER PLLC	SALLY A. BUCKMAN 2001 L Street, NW SUITE 400 WASHINGTON, DC 20036 United States	+1 (202) 429- 8970	SBUCKMAN@LERMANSENTER. COM	Legal Representative

Channel and Facility Information	Section	Question	Response
	Proposed Community of License	Facility ID	52073
		State	Puerto Rico
		City	SAN JUAN
		DTV Channel	
		Designated Market Area	NA
	Facility Type	Facility Type	Commercial
		Station Type	Main
	Zone	Zone	2

Antenna Location Data	Section	Question	Response
	Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	
		ASR Number	
	Coordinates (NAD83)	Latitude	
		Longitude	
		Structure Type	
		Overall Structure Height	
		Support Structure Height	
		Ground Elevation (AMSL)	
	Antenna Data	Height of Radiation Center Above Ground Level	
		Height of Radiation Center Above Average Terrain	
		Height of Radiation Center Above Mean Sea Level	0.0 meters
		Effective Radiated Power	

Antenna Technical Data	Section	Question	Response
	Antenna Type	Antenna Type	
		Do you have an Antenna ID?	
		Antenna ID	
	Antenna Manufacturer and Model	Manufacturer:	
		Model	
		Rotation	
		Electrical Beam Tilt	
		Mechanical Beam Tilt	
		toward azimuth	
		Polarization	
	DTV and DTS: Elevation Pattern	Does the proposed antenna propose elevation radiation patterns that vary with azimuth for reasons other than the use of mechanical beam tilt?	
		Uploaded file for elevation antenna (or radiation) pattern data	

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.	Javier Maynulet Maynulet President 11/20/2020

Attachments	File Name	Uploaded By	Attachment Type	Description
	WAPA TV Ext of STA Narrative.pdf	Applicant	All Purpose	