



(REFERENCE COPY - Not for submission)

# Digital Class A Legal STA Application

File Number: **0000048586** | Submit Date: **03/13/2018** | Call Sign: **W50EA-D** | Facility ID: **168014** | FRN: **0026907345**  
State: **Tennessee** | City: **MEMPHIS**  
Service: **DCA** | Purpose: **Legal STA** | Status: **Superceded** | Status Date: **05/15/2018** | Filing Status: **InActive**

## General Information

Section	Question	Response
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## Fees, Waivers, and Exemptions

Section	Question	Response
<b>Fees</b>	Is the applicant exempt from FCC application Fees?	Yes
	Indicate reason for fee exemption:	Request for Modification and Waiver of Phase Assignment
<b>Waivers</b>	Does this filing request a waiver of the Commission's rule(s)?	Yes
	Total number of rule sections involved in this waiver request:	1

**Applicant  
Information**

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

<b>Applicant</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>	<b>Applicant Type</b>
<b>HC2 STATION GROUP, INC.</b>	Les Levi 450 PARK AVENUE 30TH FLOOR NEW YORK, NY 10022 United States	+1 (646) 431- 8489	LLEVI@HC2BROADCASTING. COM	Corporation

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**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  
(4)**

Contact Name	Address	Phone	Email	Contact Type
<b>Trey Hanbury</b> Hogan Lovells US LLP	555 Thirteenth Street NW Washington, DC 20004 United States	+1 (202) 637-5534	trey.hanbury@hoganlovells.com	Legal Representative
<b>Renee Ilhardt</b> DTV America Corporation	1671 NW 144th Terrace, Suite 110 Sunrise, FL 33323 United States	+1 (954) 606-5486	renee@dtvamerica.com	CORPORATE REPRESENTATIVE
<b>Sean Spivey</b> Hogan Lovells US LLP	555 Thirteenth Street NW Washington, DC 20004 United States	+1 (202) 637-3280	sean.spivey@hoganlovells.com	Legal Representative
<b>William Zema</b> HC2 Broadcasting Holdings, Inc.	William R. Zema, Jr. 450 PARK AVENUE 30TH FLOOR New York, NY 10022 United States	+1 (703) 853-5914	BZEMA@HC2BROADCASTING. COM	Corporate Representative

**Channel and Facility Information**

Section	Question	Response
Facility ID	168014	
State	Tennessee	
City	MEMPHIS	
DCA Channel	50	

**Certification**

Section	Question	Response
<p><b>General Certification Statements</b></p>	<p>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.).</p>	
	<p>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.</p>	
<p><b>Authorized Party to Sign</b></p>	<p><b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b></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>	
	<p>I certify that this application includes all required and relevant attachments.</p>	<p>Yes</p>
	<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>LES LEVI</b>  <i>CHIEF OPERATING OFFICER</i></p> <p>03/13/2018</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#">Early Transition Waiver for W50EA-D Memphis TN.pdf</a>	Applicant	All Purpose	Early Transition Waiver for W50EA-D