

## (REFERENCE COPY - Not for submission)

## Resumption of Operations of a Digital Class A Station Application

File Number: 0000130248Submit Date: 12/30/2020Call Sign: WDES-CDFacility ID: 4353FRN: 0004941621State:FloridaCity: DESTINService: DCAPurpose: Resume OperationsStatus: ReceivedStatus Date: 12/30/2020Filing Status: Active

General Information	Section Question		Response		
Applicant	Applicant Name, Type, and Contact Information				
Information	Applicant	Address	Phone	Email	Applicant Type
	<b>BEACH TV PROPERTIES, IN</b> Doing Business As: BEACH T PROPERTIES, INC.		+1 (850) 234-2773	jud. colley@destinationnetwork. 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 (4)	Contact Name	Address	Phone	Email	Contact Type
	<b>Clarence M. Beverage</b> Broadcast Engineering Consultant Communications Technologies, Inc.	PO Box 1130 Marlton, NJ 08053 United States	+1 (609) 451- 5296	CBeverage@CommTechRF. com	Technical Representative
	<b>Jud Colley</b> <i>Owner</i> Beach TV Properties, Inc.	Jud. Colley 8317 Front Beach Road Suite 23 Panama City Beach, FL 32407 United States	+1 (850) 234- 2773	jud.colley@touristnetwork.com	Carriage Election Contact
	Wade Thomaston Contract Engineer Beach TV Properties, Inc.	PO Box 9556 Panama City Beach, FL 32417 United States	+1 (850) 258- 1796	wade. thomaston@destinationnetwork. com	Technical Representative
	Kathleen Victory , Esq . FCC Counsel Fletcher Heald & Hildreth, PLC.	1300 N. 17th Street Arlington, VA 22209 United States	+1 (703) 812- 0473	victory@fhhlaw.com	Legal Representative

us	Question	Response
	Resuming Power Operations:	Full
	Date Station Resumed Full Power	12/30/2020

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.	Byron J. Colley President 12/30/2020

Attachments	File Name	Uploaded By	Attachment Type	Description
	WDES Resumption Exhibit.pdf	Applicant	All Purpose	Facilities Exhibit