

## (REFERENCE COPY - Not for submission)

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

File Number: 0000150557		Submit Date: 06/21/20	D21 Call Sign: WD	YB-CD	Facility ID: 413	75 FRN: 002	20239505
State: Florida	City: DAY	TONA BEACH					
Service: DCA	Purpose: F	Resume Operations	Status: Received	Status Da	ate: 06/21/2021	Filing Status:	Active

General	Section Question			Response			
Information							
Applicant	Applicant Name, Type, and Contact Information						
Information	Applicant		Address	Phone	Email	Applicant Type	
	LATINA BROADCASTERS C	OF DAYTONA	Nora Crosby	+1 (469) 556-	NORA@LATINALLC.	Limited Liability	
	BEACH, LLC		2320 N	2919	COM	Company	
			Houston St				
			#1007				
			Dallas, TX				
			75219				
			United States				

## **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)	Kathleen Kirby Wiley Rein LLP	1776 K Street, NW Washington, DC 20006 United States	+1 (202) 719-3360	kkirby@wiley.law	Legal Representative

Resuming Power Operations:       Full         Date Station Resumed Full Power       06/16/2021	IS	Question	Response
Date Station Resumed Full Power 06/16/2021		Resuming Power Operations:	Full
		Date Station Resumed Full Power	06/16/2021

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.	<b>Nora Crosby</b> <i>CEO</i> 06/21/2021

Attachments	File Name	Uploaded By	Attachment Type	Description
	WDYB-CD Resumption Statement.pdf	Applicant	All Purpose	Resumption Statement