Approved by OMB (Office of Management and Budget) 3060-0386
July 2002

Federal Communications Commission

(REFERENCE COPY - Not for submission)

Change Main Studio/Control Point Location

File Number: **0000013940** | Submit Date: **09/07/2016** | Call Sign: **WBSF** | Facility ID: **82627** | FRN: **0023170681** | State: **Michigan** | City: **BAY CITY**

Service: **DTV** | Purpose: **Change Main Studio/Control Point Location** | Status: **Received** | Status Date: **09/07/2016**

Filing Status: **Active**

General Information

Section	Question	Response
Main Studio Location Compliance	The main studio location complies with 47 C.F.R. Section 73.1125.	Yes

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
FLINT (WBSF-TV) LICENSEE, INC. Doing Business As: FLINT (WBSF-TV) LICENSEE, INC.	2000 W. 41ST. STREET BALTIMORE, MD 21211 United States	+1 (410) 662-9688	christine.reilly@pillsburylaw.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 (1)

Contact Name	Address	Phone	Email	Contact Type
Miles S Mason , Esq. . *FCC Counsel* Pillsbury Winthrop Shaw Pittman LLP	Miles S. Mason, Esq. 1200 Seventeenth Street, NW WASHINGTON, DC 20036 United States	+1 (202) 663-8195	miles.mason@pillsburylaw.com	Legal Representative

Main Studio Location

Section	Question	Response
Main Studio Address	Country	US
	PO Box	
	Address Line 1	3463 W. Pierson Road
	Address Line 2	
	City	Flint
	State	MI
	Zip Code	48504
	Phone	

Control Point Location

Section	Question	Response
Control Point Address	Address Line 1	
	Address Line 2	
	City	
	State	
	Zip Code	
	Phone	

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	**FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID** 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. 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).	
	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.	**Lisa Asher** *Secretary* 09/07/2016

Attachments

Information not provided.