

(REFERENCE COPY - Not for submission)

Request to Extend a Suspension of Operations and Silent Authority of a DTV Station Application

File Number: 0000080975 | Submit Date: 09/06/2019 | Call Sign: KMBH | Facility ID: 56079 | FRN: 0001529627 | State:

Texas City: HARLINGEN

Service: DTV Purpose: STA Extension Status: Granted Status Date: 09/09/2019 Expiration Date: 02/18/2020

Filing Status: InActive

General Information

Section Question Response

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|-------------------|---|-----------------------|------------------------------|------------------------------|
| MBTV TEXAS VALLEY | Debbie Barrera 21019 US Highway 281 N. Suite 830-59 San Antonio, TX 78258 United States | +1 (210) 854- 2761 | dbarrera@rcommunications.com | Limited Liability Company |

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 (2)

| Contact Name | Address | Phone | Email | Contact Type |
|--|---|-----------------------|---------------------------|-------------------------|
| Gregory L. Masters , Esq . Wiley Rein LLP | 1776 K Street, N.W. Washington, DC 20006 United States | +1 (202) 719- 7370 | gmasters@wileyrein.com | Legal Representative |
| Steven Avery Smith | Steven A. Smith | +1 (956) 992- | Steve. | Technical |
| Station Engineer | 1201 North Jackson | 8895 | Smith@rcommunications.com | Representative |
| MBTV Texas Valley | Road | | | |
| LLC | Suite 900 | | | |
| | McAllen, TX 78501 | | | |
| | United States | | | |

Station Status

| Question | Response |
|---------------------------|------------|
| Date Station Went Silent: | 02/18/2019 |

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. | Robert L. Reed Manager of MB Revolution, LLC |
| | | 09/06/2019 |

Attachments

| File Name | Uploaded By | Attachment Type | Description |
|--|----------------|--------------------|--|
| KMBH(TV) Exhibit for Silent Authority Extension. pdf | Applicant | All Purpose | STA Extension Request for Silent Authority |