



(REFERENCE COPY - Not for submission)

Request to Extend a DTV Engineering STA Application

File Number: **0000054304** | Submit Date: **05/21/2018** | Call Sign: **WPXM-TV** | Facility ID: **48608** | FRN: **0003720042**
 State: **Florida** | City: **MIAMI**
 Service: **DTV** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **05/30/2018** | Expiration Date: **12/03/2018**
 Filing Status: **InActive**

General Information

Section	Question	Response
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Fees, Waivers, and Exemptions

Section	Question	Response
Fees	Is the applicant exempt from FCC application Fees?	No
	Indicate reason for fee exemption:	
Waivers	Does this filing request a waiver of the Commission's rule(s)?	No
	Total number of rule sections involved in this waiver request:	

Application Type	Fee Code	Fee Amount
STA Extension	MGT	\$190.00
Total		\$190.00

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
ION MEDIA LICENSE COMPANY, LLC Doing Business As: ION MEDIA LICENSE COMPANY, LLC	Michael Hubner 810 Seventh Avenue 31st Floor New York, NY 10019 United States	+1 (212) 603-8407	MichaelHubner@ionmedia.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
Shea Clark <i>Vice President, Engineering</i> ION Media Networks, Inc.	Shea Clark 14444 66th Street N Clearwater, FL 33764 United States	+1 (727) 533- 2708	sheaclark@ionmedia.com	Technical Representative
Michael S Hubner ION Media Networks, Inc.	Michael S. Hubner 810 Seventh Avenue 31st Floor New York, NY 10019 United States	+1 (212) 603- 8407	michaelhubner@ionmedia. com	Legal Representative

Channel and Facility Information

Section	Question	Response
Facility ID	48608	
State	Florida	
City	MIAMI	
DTV Channel	35	
Facility Type	Facility Type	Commercial
	Station Type	Main
Zone	Zone	3

Antenna Location Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1029604
Coordinates (NAD83)	Latitude	25° 57' 31.0" N+
	Longitude	080° 12' 43.0" W-
	Structure Type	GTOWER-Guyed Structure Used for Communication Purposes
	Overall Structure Height	317.9 meters
	Support Structure Height	299.2 meters
	Ground Elevation (AMSL)	1.9 meters
Antenna Data	Height of Radiation Center Above Ground Level	224 meters
	Height of Radiation Center Above Average Terrain	224 meters
	Height of Radiation Center Above Mean Sea Level	225.9 meters
	Effective Radiated Power	150 kW

**Antenna
Technical Data**

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1003666
Antenna Manufacturer and Model	Manufacturer:	DIE
	Model	TFU-8WB-1-R C160
	Rotation	100 degrees
	Electrical Beam Tilt	1.05
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Horizontal
DTV and DTS: Elevation Pattern	Does the proposed antenna propose elevation radiation patterns that vary with azimuth for reasons other than the use of mechanical beam tilt?	No
	Uploaded file for elevation antenna (or radiation) pattern data	

Directional Antenna Relative Field Values (Pre-rotated Pattern)

Degree	V _A (Authorized Value)	Degree	V _A (Authorized Value)	Degree	V _A (Authorized Value)	Degree	V _A (Authorized Value)
0	.792	90	.898	180	.677	270	.898
10	.809	100	.851	190	.634	280	.937
20	.853	110	.78	200	.523	290	.972
30	.911	120	.672	210	.414	300	.996
40	.964	130	.533	220	.416	310	.995
50	.995	140	.413	230	.534	320	.966
60	.997	150	.411	240	.673	330	.913
70	.974	160	.521	250	.781	340	.854
80	.938	170	.632	260	.851	350	.809

Additional Azimuths

Degree	V _A
55	1

Certification

Section	Question	Response
<p>General Certification Statements</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>Authorized Party to Sign</p>	<p>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</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>Michael Hubner <i>Secretary</i></p> <p>05/21/2018</p>

Attachments

File Name	Uploaded By	Attachment Type	Description
WPXM-TV STA Extension Exhibit Ch. 35.pdf	Applicant	General Information	STA Exhibit