



(REFERENCE COPY - Not for submission)

Children's Television Programming Report

FRN: **0003582384** | File Number: **CPR-170955** | Submit Date: **07/08/2015** | Call Sign: **WKMG-TV** | Facility ID: **71293** |

City: **ORLANDO** | State: **FL**

Service: **Full Service Television** | Purpose: **Children's TV Programming Report** | Status: **Received** | Status Date:

07/08/2015 | Filing Status: **Active**

Report reflects information for : Second Quarter of 2015

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	

**Applicant
Information**

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type

Contact
Representatives
(0)

Contact Name	Address	Phone	Email	Contact Type
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