

Annual DTV Ancillary/Supplementary Services Report

File Number: BAFDDT-20131219FNW Submit Date: 12/19/2013 Call Sign: W23BZ-D Facility ID: 47695 FRN: State: Ohio City: COLUMBUS 0006162218 Service: DTV Purpose: Annual Ancillary/Supplemental Service Report Status: Received Status Date: 12/20/2013 Filing Status: Active

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

Applicant

Applicant Name, Type, and Contact Information

Information

Applicant	Address	Phone	Applicant Email Type
GUARDIAN ENTERPRISE GROUP, INC.	PO BOX 1497	+1 (614) 416-	Other
Applicant	WESTERVILLE, OH	6080	
Doing Business As: GUARDIAN ENTERPRISE	43086		
GROUP, INC.	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 Representatives (1)	Contact Name	Address	Phone	Email	Contact Type
	JAMES A. KOERNER, ESQ. KOERNER & OLENDER, P. C.	United States	+1 (301) 468- 3336	JKOERNER.LAW@COMCAST. NET	Legal Representative

Ancillary /Supplementary Services

General Certification Statements The Applicant waives any claim to the use of any particular frequency or of the deletromagnetic spectrum as against the regulatory power of the United State beacause of the previous use of the same, whether by authorization or otherwise, and requests in Authorization in accordance with this application (See Saction 304 of the Communications Act of 1924, 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. \$852, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exampled undre \$12,002(c) of the rules, 47 CFR, \$30,051. JODE The Applicant certifies that all statements made in this application, and are true, complete, correct, and made in gend faith. Authorized Party to Sign FAILURE TO SIGN THIS APPLICATION MAP RESULT IN be subject to certain construction or coverage requirements in corporate by reference are material, are part of this application, and are true, complete, correct, and made in gend faith. FAILURE TO SIGN THIS APPLICATION MAP RESULT IN Dons grant of this application in coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements. Failure to meet the construction or	Certification	Section	Question	Response
other party to the application is subject to a denial of Federal benefits pursuant to \$3501 of the Anti-Dug Abuse Act of 1989, 21 U.S. (\$862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications flied in services exempted under §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 FALURE 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. Failure to meet the construction or coverage requirements. Failure to meet the construction or coverage requirements. Failure to neet the construction or coverage requirements. Failure to meet the construction or coverage requirements. Failure to neet the construction or coverage requirements. Failure to meet the 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. WILLPUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND OR ANY ATTACHMENTS ARE PUNIS			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	
DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAIDUpon 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.			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	
relevant attachments.		Authorized Party to Sign	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.	
representative of the above-named applicant for the			relevant attachments. I declare, under penalty of perjury, that I am an authorized	DAVID WILSON

Information not provided.

Attachments