



(REFERENCE COPY - Not for submission)

Request to Extend an Analog LPTV Engineering STA Application

File Number: **0000055086** | Submit Date: **06/08/2018** | Call Sign: **KAZH-LP** | Facility ID: **68574** | FRN: **0026907345** | State: **Texas** | City: **MCALLEN**
 Service: **LPA** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **12/11/2018** | Expiration Date: **12/17/2018**
 Filing Status: **Active**

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	MGL	\$190.00
Total		\$190.00

**Applicant
Information**

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
HC2 NETWORK INC.	WILLIAM R. ZEMA, JR. 450 PARK AVENUE 30TH FLOOR NEW YORK, NY 10022 United States	+1 (703) 853- 5914	BZEMA@HC2BROADCASTING. 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
(3)**

Contact Name	Address	Phone	Email	Contact Type
TREY HANBURY <i>PARTNER</i> HOGAN LOVELLS US LLP	555 THIRTEENTH STREET, NW WASHINGTON, DC 20004 United States	+1 (202) 637-5600	TREY. HANBURY@HOGANLOVELLS. COM	Legal Representative
RENEE ILHARDT DTV AMERICA CORPORATION	1671 NW 144TH TERRACE, SUITE 110 SUNRISE, FL 33323 United States	+1 (954) 606-5486	RENEE@DTVAMERICA.COM	CORPORATE REPRESENTATIVE
LES LEVI <i>CHIEF OPERATING OFFICER</i> HC2 BROADCASTING HOLDINGS, INC.	1671 NW 144TH TERRACE, SUITE 110 SUNRISE, FL 33323 United States	+1 (954) 606-5486	LLEVI@HC2BROADCASTING. COM	CORPORATE REPRESENTATIVE

Channel and Facility Information

Section	Question	Response
Facility ID	68574	
State	Texas	
City	MCALLEN	
LPA Channel	39	

Primary station proposed to be rebroadcast:

Facility Id	Call Sign	City	State
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Antenna Location Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1062607
Coordinates (NAD83)	Latitude	26° 15' 24.3" N+
	Longitude	098° 13' 52.0" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	146.3 meters
	Support Structure Height	134.1 meters
	Ground Elevation (AMSL)	34.7 meters
Antenna Data	Height of Radiation Center Above Ground Level	116 meters
	Height of Radiation Center Above Mean Sea Level	150.7 meters
	Effective Radiated Power	7 kW

**Antenna
Technical Data**

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1003848
Antenna Manufacturer and Model	Manufacturer:	KAT
	Model	723147
	Rotation	90 degrees
	Electrical Beam Tilt	Not Applicable
	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	
	Frequency Offset:	None

Directional Antenna Relative Field Values (Pre-rotated Pattern)

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	1	90	0.03	180	0.1	270	0.03
10	0.96	100	0.04	190	0.1	280	0.05
20	0.86	110	0.05	200	0.06	290	0.13
30	0.7	120	0.05	210	0.02	300	0.27
40	0.54	130	0.04	220	0.03	310	0.4
50	0.4	140	0.03	230	0.04	320	0.54
60	0.27	150	0.02	240	0.05	330	0.7
70	0.13	160	0.06	250	0.05	340	0.86
80	0.05	170	0.1	260	0.04	350	0.96

Additional Azimuths

Degree	V _A
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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>LES LEVI <i>CHIEF OPERATING OFFICER</i></p> <p>06/08/2018</p>

Attachments

File Name	Uploaded By	Attachment Type	Description
55086.pdf	Internal	All Purpose	
Engineering STA Extension Request Narrative for KZAH-LP..pdf	Applicant	General Information	Engineering STA Extension Request Narrative for KZAH-LP