

Administrative Update for a Analog LPTV Station Application

File Number:0000028485Submit Date:07/12/2017Call Sign:WMTO-LPFacility ID:127802FRN:0005741558State:North CarolinaCity:MoyockService:LPAPurpose:Administrative UpdateStatus:ReceivedStatus Date:07/12/2017Filing Status:Active

Section Question	Section Question			Response			
Applicant Name, Type, and Contac	Applicant Name, Type, and Contact Information						
Applicant	Address	Phone	Email	Applicant Type			
SYNCOM MEDIA GROUP, INC. Applicant Doing Business As: SYNCOM MEDIA GROUP, INC.	3253 Sand Marsh Lane Mount Pleasant, SC 29466-9162 United States	+1 (303) 520- 9996	JCB123@gmail. com	Other			
	Applicant Name, Type, and Contac Applicant SYNCOM MEDIA GROUP, INC. Applicant Doing Business As: SYNCOM MEDIA	Applicant Name, Type, and Contact InformationApplicantAddressSYNCOM MEDIA GROUP, INC.3253 Sand Marsh LaneApplicantMount Pleasant, SCDoing Business As: SYNCOM MEDIA29466-9162	Applicant Name, Type, and Contact InformationApplicantAddressPhoneSYNCOM MEDIA GROUP, INC.3253 Sand Marsh Lane+1 (303) 520-ApplicantMount Pleasant, SC9996Doing Business As: SYNCOM MEDIA29466-9162	Applicant Name, Type, and Contact InformationApplicantAddressPhoneEmailSYNCOM MEDIA GROUP, INC. Applicant3253 Sand Marsh Lane Mount Pleasant, SC+1 (303) 520- 9996JCB123@gmail. comDoing Business As: SYNCOM MEDIA29466-9162-1000000000000000000000000000000000000			

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
	Byron W. St. Clair <i>Engineering Consultant</i> B. W. St. Clair	2355 Ranch Drive Westminster, CO 80234 United States	+1 (303) 465- 5742	stcl@comcast.net	Technical Representative
	PETER TANNENWALD Fletcher, Heald & Hildreth, PLC	1300 N. 17th Street 11th Floor Arlington, VA 22209 United States	+1 (703) 812- 0404	TANNENWALD@FHHLAW. COM	Legal Representative

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.	j. Christopher Blair President 07/12/2017

Information not provided.

Attachments