

(REFERENCE COPY - Not for submission)

Suspension of Operations of an Analog LPTV Station Application

File Number:	Submit Date: 10/01/2010 Call Sign	n: WWKQ-LP	Facility ID: 60369	FRN: 0026907345	State:
Puerto Rico	City: QUEBRADILLAS				
Service: LPA	Purpose: Suspension of Operations	Status: Pending	Status Date: 10/04	1/2010 Filing Status:	Active

General	Section Question	Section Question			Response		
Information							
Applicant Information	Applicant Name, Type, and Contact Infor	Applicant Name, Type, and Contact Information					
					Applicant		
	Applicant	Address	Phone	Email	Туре		
	CMCG PUERTO RICO LICENSE LLC	900 LASKIN ROAD	+1 (757) 437-		Other		
	Applicant	VIRGINIA BEACH, VA	9800				
	Doing Business As: CMCG PUERTO RICO	23451					
	LICENSE LLC	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	Contact Name	Address	Phone	Email	Contact Type
Representatives (1)	ERWIN G. KRASNOW, ESQ. GARVEY SCHUBERT BARER	1000 POTOMAC STREET, N.W. 5TH FLOOR WASHINGTON, DC 20007 United States	+1 (202) 965- 7880	EKRASNOW@GSBLAW. COM	Legal Representative

Question			

Date Station Suspended Operations:

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. I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	MELODIE A. VIRTUE, ESQ.

Attachments	File Name	Uploaded By	Attachment Type	Description
	1402093 897590.txt	Applicant	All Purpose	REASON FOR NOTICE