

Children's Television Programming Report

 FRN:
 0025536749
 File Number:
 CPR-133408
 Submit Date:
 09/27/2012
 Call Sign:
 WBXG-LP
 Facility ID:
 70413

 City:
 GAINESVILLE
 State:
 FL
 State:
 FL
 State:
 State:</td

Report reflects information for : First Quarter of 2012

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

Applicant	Applicant Name, Type, and Contact Information					
Information	Applicant	Address	Phone	Email	Applicant Type	

t	Contact Name	Address	Phone	Email	Contact Type
-					

Contact Representatives (0)

Children's	Section	Question	Response		
Television Information	Station Type	Station Type Independent			
		Affiliated network			
		Nielsen DMA	Gainseville		
		Web Home Page Address			
Digital Core Programming	Question			Response	
	State the average number of hours of Core Programming per week broadcast by the station on its main program stream				
	State the average number of hours per week of free over-the-air digital video programming broadcast by the station on other than its main program stream				
	State the average number of hours per week of Core Programming broadcast by the station on other than its main program stream. See 47 C.F.R. Section 73.671:				
	Does the Licensee provide information identifying each Core Program aired on its station, including an indication of the target child audience, to publishers of program guides as required by 47 C.F.R. Section 73.673?				
	Does the Licensee certify that at least 50% of the Core Programming counted toward meeting the additional programming guideline (applied to free video programming aired on other than the main Yes No program				

stream) did not consist of program episodes that had already aired within the previous seven days either on the

station's main program stream or on another of the station's free digital program streams?

Digital Core Programs(0) Non-Core Educational and Informational Programming (0) Sponsored Core Programming (0)

Question	Response
Does the Licensee publicize the existence and location of the station's Children's Television Programming Reports (FCC 398) as required by 47 C.F.R. Section 73.3526 (e)(11)(iii)?	Yes
Name of children's programming liaison	Jim Courtney
Address	309 NE 1st Dr
City	Gainesville
State	FL
Zip	32604
Telephone Number	352-386-5198
Email Address	
Include any other comments or information you want the Commission to consider in evaluating your compliance with the Children's Television Act (or use this space for supplemental explanations). This may include information on any other noncore educational and informational programming that you aired this quarter or plan to air during the next quarter, or any existing or proposed non-broadcast efforts that will enhance the educational and informational value of such programming to children. See 47 C.F.R. Section 73.671, NOTES 2 and 3.	WBXG-CA went silent under th Commission's authorization or /22/2011 and remained off the air during this quarter. The station will continue to broadca children's television programming when operations resume.

Liaison Contact

Other Matters (0)

Certification	Question	Response
	The undersigned certifies that he or she is (a) the party filing the Children's Television Programming, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the Children's Television Programming; or (b) an attorney qualified to practice before the Commission under 47 C.F.R. Section 1.23(a), who is authorized to represent the party filing the Children's Television Programming, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay. 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.	L4 Media, Inc.

Attachments No Attachments.