

## Request for Silent Authority of a LPTV Station Application

File Number: 0000010551 Submit Date: 04/15/201		Call Sign: KRUB-LD	Facility ID: 63225	FRN: NO FRN	State:	
lowa City:	Iowa City: CEDAR RAPIDS					
Service: LPD	Purpose: Request for Silence STA	Status: Granted St	tatus Date: 04/15/2016	Expiration Date:		
10/15/2016	Filing Status: InActive					

General	Section	Section Question		Response		
Information						
Applicant	Applicant Name,	Type, and Contact Information				
Information					Applicant	

Applicant	Address	Phone	Email	Арріїсант Туре
TIGER EYE BROADCASTING	12717 WEST	+1 (954)	RENEE@DTVAMERICA.	Other
CORPORATION	SUNRISE BLVD	646-9456	COM	
Applicant	SUITE 372			
Doing Business As: TIGER EYE	SUNRISE, FL			
BROADCASTING CORPORATION	33323			
	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)	RENEE ILHARDT TIGER EYE BROADCASTING CORPORATION	12717 WEST SUNRISE BLVD SUITE 372 SUNRISE, FL 33323 United States	+1 (954) 646-9456	RENEE@DTVAMERICA. COM	Corporate Representative

Station Status	Question	Response
	Date Station Went Silent:	04/09/2016

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	<ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</li> <li>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).</li> </ul>	
		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.	<b>JOHN KYLE , II .</b> <i>PRESIDENT</i> 04/15/2016

Attachments
-------------

File Name	Uploaded By	Attachment Type	Description
<u>GrantSilentSTA_0000010551.</u> pdf	Internal	All Purpose	Special Temporary Authority to remain silent auto grant letter.
STA REQUEST.docx	Applicant	General Information	STA REQUEST