

(REFERENCE COPY - Not for submission)

Amendment to an Extension of a Construction Permit

File Number: 0000139511 Submit Date: 04/13/2021 Call Sign: W19DN-D Facility ID: 185672 FRN: 0024156770

State: Georgia City: MACON

Service: LPD Purpose: Amendment Status: Granted Status Date: 04/30/2021 Expiration Date: 01/10/2022

Filing Status: InActive

General Information

| Section | Question | Response |
|-------------|--|----------|
| Attachments | Are attachments (other than associated schedules) being filed with this application? | Yes |

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|----------------------------|--|-----------------------|----------------------------------|-------------------|
| DTV AMERICA CORPORATION | RENEE ILHARDT 450 PARK AVENUE, 29TH FLOOR NEW YORK, NY 10022 United States | +1 (954) 606- 5486 | RILHARDT@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 |
|--|---|----------------------|-------------------------------|-----------------------------|
| RENEE ILHARDT VP, REGULATORY AFFAIRS HC2 BROADCASTING HOLDINGS, INC. | RENEE ILHARDT 450 PARK AVENUE, 29TH FLOOR NEW YORK, NY 10022 United States | +1 (954) 606-5486 | RILHARDT@HC2BROADCASTING. COM | CORPORATE REPRESENTATIVE |
| DAVID MARSHACK TECHNICAL CONSULTANT HC2 BROADCASTING HOLDINGS, INC. | DAVID MARSHACK 450 PARK AVENUE, 29TH FLOOR NEW YORK, NY 10022 United States | +1 (301) 980-9723 | DAVID@HC2.COM | Technical Representative |
| DAVID O'CONNOR PARTNER WILKINSON, BARKER, KNAUER, LLP | DAVID O'CONNOR 1800 M STREET NW; SUITE 800N WASHINGTON, DC 20036 United States | +1 (202) 383-3429 | DOCONNOR@WBKLAW.COM | Legal Representative |

Tolling Questions

| Section | Question | Response |
|---|--|----------|
| Applicant certifies that construction cannot be completed due to: | Legal reasons beyond station's control (e.g., litigation, international coordination): | |
| | Severe financial hardship (e.g., bankruptcy, negative cash flow): | |
| | other reasons (e.g., natural disasters): | Yes |
| | Has the construction period for this station been previously extended? | No |
| | Applicant requests that the time within which to complete | 01/13 |
| | construction be extended until: | /2022 |

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. | RENEE ILHARDT VICE PRESIDENT OF REGULATORY AFFAIRS |
| | | 04/13/2021 |

Attachments

| File Name | Uploaded By | Attachment Type | Description |
|---|----------------|--------------------|--|
| Extension Request.pdf | Applicant | All Purpose | Extension Request.pdf |
| PURPOSE STATEMENT - MAJOR MARKET.pdf | Applicant | Amendment | PURPOSE STATEMENT - MAJOR MARKET.pdf |
| Statement of MMBND for DTV America CP extension amendment (01523104xB3D1pdf | Applicant | All Purpose | Statement of MMBND for DTV America CP extension amendment (01523104xB3D1 pdf |