

## Federal Communications Communications COPY - Not for submission) LDTX LDTX

# LPTV Legal STA Application

 File Number: 0000059741
 Submit Date: 09/20/2018
 Call Sign: W31DV-D
 Facility ID: 188711
 FRN: 0019036516

 State: Puerto Rico
 City: GUAYAMA

 Service: LPD
 Purpose: Legal STA
 Status: Granted
 Status Date: 12/17/2018
 Expiration Date: 03/06/2019
 Filing Status:

 InActive

General Information	Section	Question	Response	
Fees, Waivers,	Section	Question	Response	
and Exemptions	Fees	Is the applicant exempt from FCC application Fees?	Yes	
		Indicate reason for fee exemption:	REASONS FOR RENEWAL OF SILENT STA	
	Waivers	Does this filing request a waiver of the Commission's rule(s)?	No	
		Total number of rule sections involved in this waiver request:		

### Applicant Name, Type, and Contact Information

### Applicant Information

Applicant	Address	Phone	Email	Applicant Type
RAMON A HERNANDEZ Doing Business As: RAMON A HERNANDEZ	RAMON A HERNANDEZ PO BOX 4956 PMB 2024 CAGUAS, PR 00726 United States	+1 (787) 223- 4562	MCOLON@ENCANTOTV. COM	Individual

#### 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
	<b>GRAFTON OLIVERA</b> <i>TECHNICAL CONSULTANT</i> GRAFTON OLIVERA	GRAFTON OLIVERA 5119 60TH DRIVE E Bradenton, FL 34203 United States	+1 (941) 323- 0381	GRAFTON. OLIVERA@ME.COM	Technical Representative
	<b>LEE J PELTZMAN</b> <i>LEGAL REPRESENTATIVE</i> SHAINIS & PELTZMAN CHARTERED	LEE J. PELTZMAN 1850 M STREET NW SUITE #240 WASHINGTON, DC 20036 United States	+1 (202) 293- 0011	LEE@S-PLAW.COM	Legal Representative

Channel and Facility Information	Section	Question	Response
	Facility ID	188711	
	State	Puerto Rico	
	City	GUAYAMA	
	LPD Channel	31	

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.	RAMON A HERNANDEZ OWNER 09/20/2018

Attach	nments
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File Name	Uploaded By	Attachment Type	Description
<u>Reasons for Silent STA Renewal Request -</u>	Applicant	General	REASONS FOR RENEWAL OF
<u>W31DV-D.pdf</u>		Information	SILENT STA