

(REFERENCE COPY - Not for submission)

Resumption of Operations of a LPTV Station Application

File Number: 0000123843		Submit Date: 10/02/20	Call Sign: WD	NP-LD	Facility ID: 6798	6 FRN: 0021329800	
State: Florida	City: ST.	City: ST. PETERSBURG					
Service: LPD	Purpose:	Resume Operations	Status: Received	Status D	ate: 10/02/2020	Filing Status: Active	

General Information	Section	Question		Response			
Applicant	Applicant Name, Type, and Contact Information						
Information	Applicant		Address	Phone	Email	Applicant Type	
	DIGITAL NETWORKS-SOUT LLC Doing Business As: Digital Ne Southeast, LLC		PO Box 11409 CHATTANOOGA, TN 37401 United States	+1 (423) 468- 5100	thurley@luken. tv	Limited Liability Company	

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
	Jeremy D Ruck , PE . Consulting Engineer Jeremy Ruck & Associates, Inc.	PO Box 415 Canton, IL 61520 United States	+1 (309) 647- 1200	jeremy@jeremyruck. com	Technical Representative
	Aaron P Shainis , Esq . <i>FCC Legal Counsel</i> Shainis & Peltzman, Chartered	1850 M Street, NW Suite 240 Washington, DC 20036 United States	+1 (202) 293- 0567	aaron@s-plaw.com	Legal Representative

IS	Question	Response
	Resuming Power Operations:	Full
	Date Station Resumed Full Power	10/01/2020

General Cortification Statements The Applicant walves any claim to the use of any particular frequency or of the electromagnetic spectrum as agains the regulatory power of the United Status because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization is accordance with this application (See Section 30.4 of the Communications Act of 1934, as amended.). The Applicant corfiles that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §3001 of the Anti-Ding Abuse Act of 1989, 2:10 SC; 982, because of a corricultion for possession or distribution of a controlled substance. This cortification dess not apply to applications file in services ascentification and in the outpilication is used in this certification \$12,002 (c). The Applicant certifies that all statements made in this application, and are true, complete, correct, and made in possession or distribution or coverage requirements. Failure to oriset to certain construction or coverage requirements. Failure to create the construction or coverage requirements. Failure to meet the construction or coverage requirements. Failu	Certification	Section	Question	Response
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. \$582, because of a conviction for possassion or distribution of a controlled subsence. 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 definition of "party to the application file and subsence in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, correct, and made in good faith. Authorized Party to Sign FAILURE TO SIGN THIS APPLICATION NAP RESULT IN DISMISSAL OF THE APPLICATION NAP ORPETTURE OF ANY FEES PADD Upon grant of this application, and are true, correct, and made in good faith. Authorized Party to Sign FAILURE TO SIGN THIS APPLICATION NAP ORPETTURE OF ANY FEES PADD Upon grant of this application. The Authorization Folder may be subject to certain construction or coverage requirements. Will result the construction or coverage requirements. Will result the construction or coverage requirements. Will result the construction or coverage requirements. Will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements. Will result in automatic Cancellation of AUTHORIZED FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND OR ANY AT			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	
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, §303).YesI certify that this application includes all required and relevant attachments.YesI declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.Joel Wertman COO			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	
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. Joel Wertman COO		Authorized Party to Sign	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.	
representative of the above-named applicant for the COO Authorization(s) specified above.				Yes
			representative of the above-named applicant for the	

Attachments	File Name	Uploaded By	Jploaded Attachment By Type Description	
	WDNP Resumption of Operations Notice 10012020.pdf	Applicant	All Purpose	WDNP Resumption of Operations Notification Exhibit 10-02-2020