

Administrative Update for a LPTV Station Application

| File Number: 00 | 00124127 | Submit Date: 10/06/2020 | Call Sign: WDID | -LD Facility ID: 191242 | FRN: 0026907345 |
|-----------------|-------------------|-------------------------|------------------|-------------------------|-----------------------|
| State: Georgia | City: SA | VANNAH | | | |
| Service: LPD | Purpose: / | Administrative Update | Status: Received | Status Date: 10/06/2020 | Filing Status: Active |

| General Information | Section | Question | | Response | | |
|------------------------|---|--|----------------------|----------------------------------|-------------------|--|
| Applicant | Applicant Name, Type, and Contact Information | | | | | |
| Information | Applicant | Address | Phone | Email | Applicant Type | |
| | HC2 BROADCASTING LICENSE INC. | 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 (4) | Contact Name | Address | Phone | Email | Contact Type |
|-----------------------------------|---|--|----------------------|----------------------------------|-----------------------------|
| | Paul A. Cicelski , Esq . Lerman Senter PLLC | 2001 L St. NW Suite 400 Washington, DC 20036 United States | +1 (202) 416-6756 | pcicelski@lermansenter.com | Legal Representative |
| | KURT HANSON CHIEF TECHNOLOGY OFFICER HC2 BROADCASTING LICENSE INC. | KURT HANSON 450 PARK AVE, 29TH FLOOR NEW YORK, NY 10022 United States | +1 (212) 339-5853 | KHANSON@HC2BROADCASTING. COM | Technical Representative |
| | REBECCA HANSON <i>EVP and General Counsel</i> HC2 BROADCASTING LICENSE INC. | REBECCA HANSON 450 PARK AVE, 29TH FLOOR NEW YORK, NY 10022 United States | +1 (212) 339-5832 | RHANSON@HC2BROADCASTING. COM | Legal Representative |
| | RENEE ILHARDT HC2 BROADCASTING LICENSE INC. | RENEE ILHARDT 450 PARK AVE, 29TH FLOOR NEW YORK, NY 10022 United States | +1 (954) 606-5486 | RILHARDT@HC2BROADCASTING. COM | CORPORATE REPRESENTATIVE |

| General Cortification Statements The Applicant valves any claim to the use of any particular frequency or of the electromagnetic spectrum as against the requercy or of the electromagnetic spectrum as against the end the same, whether by suthorization or deriveluse, and end uses 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 the application is abujed to a denial of Foderal 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 applicatione lifed in services scompted under §1 2002(c) the the rules, 47 CFR §1 2002(b), of the definition of party to the application' as used in this application and in the achibits, attachments, or documents incorporated by reference are material, are part of this application and in the achibits, 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 Upon grant of this application. the Authorization Holder may be subject to cortina construction or coverage requirements. Failure to meet the construction or coverage for quirements. Failure to meet the construction or coverage for Quirements will result in automatic cancellation of the Authorization requested in this application. House the post of Authorization requested in this application. Failure to meet the construction or coverage requirements. Failure to meet the construction or | Certification | Section | Question | Response |
|--|---------------|--------------------------|---|-----------------|
| party to the application is subject to a denial of Federal benefits pursuant to \$5301 of the Anti-Dirug Abuse Act of 1986, 21 U.S. (582, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under \$12002(c) of the nules, 47 CFR, See \$12002(c). The Application as used in this certification 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 FALLURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE 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 will result in automatic cancellation of the cancellation. Consult appropriate FCC regulations to determine the construction or coverage requirements will result in automatic cancellation of the Anthorization. Consult appropriate FCC regulations to determine the construction or coverage requirements will result in automatic cancellation of the Anthorization. Consult appropriate FCC regulations to determine the construction or coverage requirements will result in automatic cancellation. MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 47, \$1001, NAD/OR FORFEITURE (U.S. Code, Title 47, \$2101, NAD/OR FORFEITURE (U.S. Code, Title 47, \$2101, NAD/OR FORFEITURE (U.S. Code, Title 47, \$2102, \$101, | | | 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 | |
| DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAIDUpon 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).YesI certify that this application includes all required and relevant attachments.Yes | | | 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 | |
| attachments. I declare, under penalty of perjury, that I am an authorized REBECCA HANSON | | 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. | |
| | | | | Yes |
| Authorization(s) specified above. 10/06/2020 | | | representative of the above-named applicant for the | GENERAL COUNSEL |

| Attachments | File Name | Uploaded By | Attachment Type | Description |
|-------------|--|----------------|--------------------|--|
| | Form 316 Correction Statement October 2020. pdf | Applicant | All Purpose | Form_316_Correction_Statement_October_2020 |