

## Administrative Update for a LPTV Station Application

File Number: <b>(</b>	000124514	Submit Date: 10/13/2020	Call Sign: KONV	-LD Facility ID: 18428	4 FRN: 0019866425
State: Ohio	City: CANT	ON			
Service: LPD	Purpose:	Administrative Update	Status: Received	Status Date: 10/13/2020	Filing Status: Active

General Information	Section	Question		Response		
Applicant	Applicant Name, Type,	oplicant Name, Type, and Contact Information				
Information	Applicant	Address	Phone	Email	Applicant Type	
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## 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
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	<b>RENEE ILHARDT</b> <i>VP, REGULATORY</i> <i>AFFAIRS</i> DTV AMERICA CORPORATION	RENEE ILHARDT 450 PARK AVENUE, 29TH FLOOR NEW YORK, NY 10022 United States	+1 (954) 606-5486	RILHARDT@HC2BROADCASTING. COM	CORPORATE REPRESENTATIVE

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 Sites because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization is 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. §820, because of a conviction for possession or distribution of a controled substance. This conflication does not apply to applications filed in services oxempted under §1,2002(c) of the rules, 47 CFR, See §1,2002(b) of the rules, 47 CFR §1,2002(c) of the adjention of "party to the application" is used in this conflication and in the exhibits, attribution of "party to the application" as used in this conflication and in the exhibits, attribution of party to the application" as used in this application, and are true, complete, correct, and made in good faith.   Authorized Party to Sign FALURE TO SIGN THIS APPLICATION MAY RESULT IN Program of this application or coverage requirements. Failure to construction or coverage requirements. Failure to meat the construction or coverage requirements. Fai	Certification	Section	Question	Response
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. \$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. \$1002(c). The application of "party to the application" as used in this certification of "party to the 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 MAY RESULT IN DISMISSAL OF THE APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION MAY RESULT in Complete, correct, and made in good faith.   Failure to meet the construction or coverage requirements. Consult appropriate FCC regulations. to determine the construction or coverage requirements. Consult appropriate FCC regulations. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR MERVICON GENERATION (U.S. Code, Title 47, \$312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, \$312(a)(1)), AND/OR FO			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 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 theRebecca Hanson General Counsel			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 representative of the above-named applicant for the Rebecca Hanson   General Counsel Representative of the above-named applicant for the 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.	
representative of the above-named applicant for the General Counsel				Yes
10/13/2020			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