

Federal Communications Commission

Withdrawal of Request for Silent Authority of a LPTV Station Application

 File Number:
 000235964
 Submit Date:
 01/26/2024
 Call Sign:
 W16CC-D
 Facility ID:
 4331
 FRN:
 0026907345
 State:

 Florida
 City:
 WEST GATE
 Service:
 LPD
 Purpose:
 Request for Silence STA Withdrawal BLDTL-20101112AQD
 Status:
 Withdrawn
 Status Date:

 01/29/2024
 Filing Status:
 Active
 Status:
 Status:
 Status:
 Status Date:

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

Applicant Name, Type, and Contact Information

Applicant Information

Applicant	Address	Phone	Email	Applicant Type
HC2 STATION GROUP, INC.	RENEE ILHARDT 295 MADISON AVENUE, 12TH FLOOR NEW YORK, NY 10017 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 295 MADISON AVENUE, 12TH FLOOR NEW YORK, NY 10017 United States	+1 (954) 606- 5486	RILHARDT@HC2BROADCASTING. COM	CORPORATE REPRESENTATIVE
	DAVID O'CONNOR <i>PARTNER</i> WILKINSON, BARKER, KNAUER, LLP	1800 M STREET, NW; SUITE 800N WASHINGTON, DC 20036 United States	+1 (202) 383- 3429	DOCONNOR@WBKLAW.COM	Legal Representative
	MICHAEL VOGE DIRECTOR OF ENGINEERING OPERATIONS HC2 BROADCASTING HOLDINGS, INC.	MICHAEL VOGE 295 MADISON AVENUE, 12TH FLOOR NEW YORK, NY 10017 United States	+1 (914) 772- 3345	MVOGE@HC2BROADCASTING. COM	Technical Representative

General Cortification Statements The Applicant walves any claim to the use of any particular frequency or of the electromagnetic spectrum as against the previous use of the same, whether by suborization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended). The Applicant cartifies that neither the Applicant nor any otherwise, and requests an Authorization in accordance with this application is Subjection is Subjection is Subjection any other party to the application is Subjection is Subjection any other party to the application is Subjection is Subjection any other prosession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under \$12,002(c) to the rule, 47 CFR, See \$1. 2002(b) of the rules, 47 CFR \$12,002(b) for the definition of "party to the application" as used in this certification \$1,2002 (c). The Applicant construction 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 cartinal concellation or coverage requirements. Failure to meet the construction or coverage requirement	Certification	Section	Question	Response
other party to the application is subject to a denial of Federal benefits pursuant to \$3501 of the Anth-Drug Abuse Act of 1988, 21 U.S. C. \$858, Decause 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 \$1.2002(b), for the definition of "party to the application" as used in this cartification \$1.2002(c) of the rules, 47 CFR \$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, or coverage requirements will result in automatic concellation of the Authorization. Consult appropriate FCC regulations to determine 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 the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. UNILEFULFALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND OR ANY ATTACHMENTS. I certify that this application includes all required and relevant attachments. I certify that this application includes all required and relevant attachments. Yes			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, §503).YesI certify that this application includes all required and relevant attachments.Yes			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 RENEE ILHARDT		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 VICE PRESIDENT C			relevant attachments.	
Authorization(s) specified above. REGULATORY AFF 01/26/2024				VICE PRESIDENT OF REGULATORY AFFAIRS

Attachments	File Name	Uploaded By	Attachment Type	Description
	SILENT STA WITHDRAWAL - W16CC.pdf	Applicant	All Purpose	SILENT STA WITHDRAWAL - W16CC.pdf