Approved by OMB (Office of Management and Budget) 3060-0386
July 2002

Federal Communications Commission

(REFERENCE COPY - Not for submission)

# Change Main Studio/Control Point Location

File Number: **0000063598** | Submit Date: **11/15/2018** | Call Sign: **WSWF-LD** | Facility ID: **61703** | FRN: **0028381564**
State: **Florida** | City: **ORLANDO**
Service: **LPD** | Purpose: **Change Main Studio/Control Point Location** | Status: **Received** | Status Date: **11/15/2018**
Filing Status: **Active**

## General Information

| Section | Question | Response |
|---|---|---|
| **Main Studio Location Compliance** | The main studio location complies with 47 C.F.R. Section 73.1125. | Yes |

## Applicant Information

### Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---|---|---|---|---|
| **Specialty Broadcasting Corporation** | Charles Namey<br>1060 McKean Circle<br>WINTER PARK, FL<br>32789<br>United States | +1 (407) 383-4566 | charles@wswf.tv | 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 (2)

| Contact Name | Address | Phone | Email | Contact Type |
|---|---|---|---|---|
| **RICHARD C GOETZ**<br>*BROADCAST CONSULTANT*<br>R & L MEDIA SYSTEMS | 135 N COUNTRY CLUB DR<br>HENDERSONVILLE, TN 37075<br>United States | +1 (615) 826-0792 | RICKG@RLMEDIASYSTEMS.COM | Technical Representative |
| **Charles Namey**<br>Specialty Broadcasting Corporation | Charles Namey<br>1060 McKean Circle<br>Winter Park, FL 32789<br>United States | +1 (407) 383-4566 | charles@wswf.tv | Legal Representative |

## Main Studio Location

| Section | Question | Response |
|---|---|---|
| **Main Studio Address** | Country | US |
| | PO Box | |
| | Address Line 1 | 1060 McKean Circle |
| | Address Line 2 | |
| | City | Winter Park |
| | State | FL |
| | Zip Code | 32789 |
| | Phone | +1 (407) 383-4566 |

## Control Point Location

| Section | Question | Response |
|---|---|---|
| **Control Point Address** | Address Line 1 | 10600 East Colonial Drive |
| | Address Line 2 | |
| | City | Orlando |
| | State | FL |
| | Zip Code | 32817 |
| | Phone | +1 (407) 383-4566 |

## 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** | **FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID**<br>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.<br>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). | |
| | 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. | **Charles S Namey**<br>*President*<br><br>11/15/2018 |

## Attachments

Information not provided.