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Annual DTV Ancillary/Supplementary Services Report For Digital Television Stations

General Information

* indicates required field

Application Description

Description of the application(255 characters max) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.

Attachments

* Are attachments (other than associated schedules) being filed with this application?

Yes No [Clear](#)

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APPLICATION SECTIONS

-  [General Information](#)
-  [Applicant Information](#)
-  [Contact Representatives](#)
- [Ancillary/Supplementary Services](#)
- [Application Summary](#)
- [Certify](#)



Annual DTV Ancillary/Supplementary Services Report For Digital Television Stations

Applicant Information

* indicates required field

✖ Please see errors below.

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.

Applicant Name and Type

* Applicant Type:

* Applicant Type Other:

Doing Business As:

Applicant Information

Attention To:

* Country:

PO Box: Either PO Box or Address Line 1 is required.

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip Code:

* Phone:

✖ Required Question - Please Respond.

* Email:

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Approved by OMB XXXX-XXXX
March 2015

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Applications Authorizations Facilities

Annual DTV Ancillary/Supplementary Services Report For Digital Television Stations

Contact Representatives

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Add Contact

Showing 1 to 1 of 1

COLBY M. MAY, mAY

Address: 205 THIRD STREET, S.E.
WASHINGTON, DC 20003
US

Contact Type: Legal Representative

Company: COLBY M. MAY, ESQ., P.C.

Phone: +1 (202) 544-5171

Email: CMMA@MAYLAWOFFICES.COM

Delete Edit

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Applications Authorizations Facilities

Annual DTV Ancillary/Supplementary Services Report For Digital Television Stations

Ancillary/Supplementary Services

* indicates required field

* For the twelve-month period ended September 30th, has the DTV licensee or permittee provided, at any time during the period, an ancillary or supplementary service as defined by 47 C.F.R. Section 73.624?

Yes No [«Clear](#)

* Ancillary/Supplementary Services Provided. Briefly describe below the service provided; whether a fee was charged for the provision of such service; and, if so, the amount of gross revenues received therefrom and the amount of DTV bitstream used to provide such service.

Description of Service	Feeable (Y/N)	Gross Revenues (\$)	Bitstream Used	Action
<input type="text"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> MB/s	Add Row

Total amount of gross revenues derived from feeable ancillary or supplementary services: \$

The Annual DTV Service Fee which is 5 percent of the total of gross Revenue is: \$

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Applications Authorizations Facilities

Annual DTV Ancillary/Supplementary Services Report For Digital Television Stations

Application Summary

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March 2015

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Attachments [Draft Copy](#)

APPLICATION SECTIONS

- ✓ General Information
- ✓ Applicant Information
- ✓ Contact Representatives
- Ancillary/Supplementary Services

[Application Summary](#) [Certify](#)

Please review your application before submitting.
You have provided information in all the categories listed under the Application Sections. Use the links under the Application Sections to go back and review your application. Make any corrections as necessary. Once you are confident that the application is ready for certification and submission, click on the "Continue to Certify" button below.

General Information

Application Purpose: Annual DTV Ancillary/Supplementary Services Report For Digital Television Stations

Attachments
You have 0 files that will be submitted with this application.
[View Attachments](#)

Applicant Information

Name: RESIDENTIAL ENTERTAINMENT INC
Title:

Address: P.O.BOX C-11949
SANTA ANA, CA 92711
United States

Phone: +1 (714) 832-2950
Email: HH@FCC.GOV

Contact Representatives

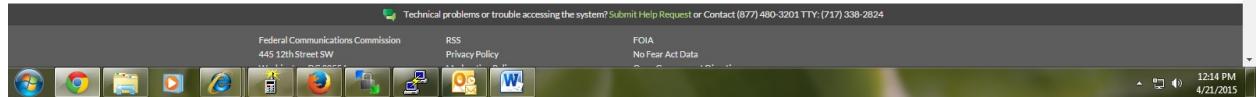
Name: COLBY M. MAY, ESQ. mAY
Title:

Address: 205 THIRD STREET, S.E.
P.O.BOX 15473
WASHINGTON, DC 20003
United States

Phone: +1 (202) 544-5171
Email: CMMAY@MAYLAWOFFICES.COM

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Applications Authorizations Facilities

Annual DTV Ancillary/Supplementary Services Report For Digital Television Stations Certification

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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 §12002(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 § 12002(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, 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(e)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

* indicates required field

Date: 04/21/2015

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Attachments: I certify that this application includes all required and relevant attachments.

Submit Application

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