

Annual DTV Ancillary/Supplementary Services Report For Digital Television Stations
General Information

Approved by OMB XXXX-XXXX
March 2015

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* 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.

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Attachments

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

Yes No [Clear](#)

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Applicant Information

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✖ 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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Annual DTV Ancillary/Supplementary Services Report For Digital Television Stations
Contact Representatives

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March 2015

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Add Contact

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| | |
|---|--|
| COLBY M. MAY, ESQ, mAY Delete Edit | |
| 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: CMMAY@MAYLAWOFFICES.COM | |

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

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* 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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March 2015

Application Summary

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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.

- APPLICATION SECTIONS
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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 | Contact Representatives |
|---|--|
| Name: RESIDENTIAL ENTERTAINMENT INC Title: | Name: COLBY M. MAY, ESQ, mAY Title: |
| Address: P.O. BOX C-11949 SANTA ANA, CA 92711 United States | Address: 205 THIRD STREET, S.E. P.O. BOX 15473 WASHINGTON, DC 20003 United States |
| Phone: +1 (714) 832-2950 Email: HH@FCC.GOV | Phone: +1 (202) 544-5171 Email: CMMAY@MAYLAWOFFICES.COM |

[View All Contact Representatives \(1\) >](#)

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

Approved by OMB XXXX-XXXX March 2015

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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 §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

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).

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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