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Callsign/Satellite ID:

APPLICATION FOR EARTH STATION AUTHORIZATIONS FCC Use Only FCC 312 MAIN FORM FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu:

al Name of Ap	plicant		
Name:	MMT License LLC	Phone Number:	757–437–9800
DBA Name:		Fax Number:	757–437–0034
Street:	900 Laskin Road	E–Mail:	dwilhelm@maxmediallc.com
City:	Virginia Beach	State:	VA
Country:	USA	Zipcode:	23451 –
Attention:	Mr David J Wilhelm		

9–16. Name of Contact Representative

Name: Julian L. Shepard, Esq. **Phone Number:** 2022938111

Williams Mullen, A Professional Fax Number: Company: 2022935939

Corporation

1666 K St., NW, JShepard@williamsmullen.com E-Mail: **Street:**

Suite 1200

City: Washington DC State:

USA Zipcode: **Country:** 20006 -

Julian L. Shepard, Esq. **Relationship:** Legal Counsel **Attention:**

CLASSIFICATION OF FILING

17. Choose the button next to the classification that applies to this filing for **b**1. Application for License of New Station both questions a. and b. Choose only one **b**2. Application for Registration of New Domestic Receive–Only Station for 17a and only one for 17b.

(N/A) b3. Amendment to a Pending Application

(N/A) b4. Modification of License or Registration

(N/A) b5. Assignment of License or Registration

(N/A) b6. Transfer of Control of License or Registration

(N/A) b7. Notification of Minor Modification

(N/A) b8. Application for License of New Receive-Only Station Using Non-U.S. Licensed Satellite

(N/A) b9. Letter of Intent to Use Non-U.S. Licensed Satellite to Provide Service in the United States

→ b10. Other (Please specify)

b11. Application for Earth Station to Access a Non–U.S.satellite Not Currently Authorized to Provide the Proposed Service in the Proposed Frequencies in the United States.

a1. Earth Station (N/A) a2. Space Station

2

17c. Is a fee submitted with this applica	ition?	
If Yes, complete and attach FCC Form	159. If No, indicate reason for fee exemption	on (see 47 C.F.R.Section 1.1114).
Governmental Entity Noncomm	nercial educational licensee	
Other(please explain): Fee has alrea	dy been paid in connection with previous filing	g that was dismissed as defective, without prejudice to
refiling. See DA 06–770.		
17d.		
Fee Classification BAX – Fixed Satellite Station	Transmit/Receive Earth	
18. If this filing is in reference to an existing station, enter:	19. If this filing is an amendment to a pendir (a) Date pending application was filed:	ng application enter: (b) File number of pending application:
(a) Call sign of station: Not Applicable	Not Applicable	Not Applicable
TYPE OF SERVICE		
20. NATURE OF SERVICE: This filing is	for an authorization to provide or use the follow	wing type(s) of service(s): Select all that apply:
a. Fixed Satellite b. Mobile Satellite c. Radiodetermination Satellite d. Earth Exploration Satellite e. Direct to Home Fixed Satellite f. Digital Audio Radio Service		

g. Other (please specify)

21. STATUS: Choose the button next to the applicable status. Choose	22. If earth station applicant, check all that apply.
only one.	Using U.S. licensed satellites
Common Carrier Non–Common Carrier	Using Non–U.S. licensed satellites
23. If applicant is providing INTERNATIONAL COMMON CARRIER facilities:	service, see instructions regarding Sec. 214 filings. Choose one. Are these
Connected to a Public Switched Network Not connected	to a Public Switched Network N/A
24. FREQUENCY BAND(S): Place an "X" in the box(es) next to all a	applicable frequency band(s).
a. C–Band (4/6 GHz) Section b. Ku–Band (12/14 GHz)	
c.Other (Please specify upper and lower frequencies in MHz.)	
Frequency Lower: Frequency Upper:	
TYPE OF STATION	
25. CLASS OF STATION: Choose the button next to the class of station	that applies. Choose only one.
a. Fixed Earth Station	
b. Temporary–Fixed Earth Station	
c. 12/14 GHz VSAT Network	
d. Mobile Earth Station	
(N/A) e. Geostationary Space Station (N/A) f. Non–Geostationary Space Station	
g. Other (please specify)	
26. TYPE OF EARTH STATION FACILITY: Choose only one. Transmit/Receive Transmit-Only Receive-Only N/A	Α

PURPOSE OF MODIFICATION

27. The purpose of this proposed modification is to: (Place an 'X' in the box(es) next to all that apply.)	
Not Applicable	
ENVIRONMENTAL POLICY	
28. Would a Commission grant of any proposal in this application or amendment have a significant environmental impact as defined by 47 CFR 1.1307? If YES, submit the statement as required by Sections 1.1308 and 1.1311 of the Commission's rules, 47 C.F.R. §§ 1.1308 and 1.1311, as an exhibit to this application. A Radiation Hazard Study must accompany all applications for new transmitting facilities, major modifications, or major amendments.	Yes No Hazard Report
ALIEN OWNERSHIP Earth station applicants not proposing to provide broadcast, common carrier, aerona aeronautical fixed radio station services are not required to respond to Items 30–34.	nutical en route or
29. Is the applicant a foreign government or the representative of any foreign government?	O Yes O No
30. Is the applicant an alien or the representative of an alien?	O Yes O No N/A

31. Is the applicant a corporation organized under the laws of any foreign government?	O Yes	⊘ No	O N/A
32. Is the applicant a corporation of which more than one–fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	O Yes	⊗ No	o o N/A
33. Is the applicant a corporation directly or indirectly controlled by any other corporation of which more than one–fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	O Yes	⊚ No	o o N/A
34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as an exhibit an identification of the aliens or foreign entities, their nationality, their relationship to the applicant, and the percentage of stock they own or vote.			
BASIC QUALIFICATIONS			
35. Does the Applicant request any waivers or exemptions from any of the Commission's Rules? If Yes, attach as an exhibit, copies of the requests for waivers or exceptions with supporting documents.	٥	Yes	No

36. Has the applicant or any party to this application or amendment had any FCC station authorization or license revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? If Yes, attach as an exhibit, an explination of circumstances.	O Yes	⊚ No
37. Has the applicant, or any party to this application or amendment, or any party directly or indirectly controlling the applicant ever been convicted of a felony by any state or federal court? If Yes, attach as an exhibit, an explination of circumstances.	O Yes	No
38. Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attemptiing unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement or any other means or unfair methods of competition? If Yes, attach as an exhibit, an explanation of circumstances	O Yes	⊚ No
39. Is the applicant, or any person directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items? If yes, attach as an exhinit, an explanation of the circumstances.	O Yes	⊚ No

40. If the applicant is a corporation and is applying for a space station license, attach as an exhibit the names, address, and citizenship of those stockholders owning a record and/or voting 10 percent or more of the Filer's voting stock and the percentages so held. In the case of fiduciary control, indicate the beneficiary(ies) or class of beneficiaries. Also list the names and addresses of the officers and directors of the Filer.		
41. By checking Yes, the undersigned certifies, that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti–Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.	Yes	O No
42a. Does the applicant intend to use a non–U.S. licensed satellite to provide service in the United States? If Yes, answer 42b and attach an exhibit providing the information specified in 47 C.F.R. 25.137, as appropriate. If No, proceed to question 43.	○ Yes	No
42b. What administration has licensed or is in the process of licensing the space station? If no license will be issued, we coordinated or is in the process of coordinating the space station? N/A	hat administr	ation has

43. Description. (Summarize the nature of the application and the services to be provided). (If the complete description does not application, please go to the end of the form to view it in its entirety.)	ppear in this
Satellite News Gathering	
CERTIFICATION	
The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory p United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance application. The applicant certifies that grant of this application would not cause the applicant to be in violation of the spectrum aggin 47 CFR Part 20. All statements made in exhibits are a material part hereof and are incorporated herein as if set out in full in this at The undersigned, individually and for the applicant, hereby certifies that all statements made in this application and in all attached extrue, complete and correct to the best of his or her knowledge and belief, and are made in good faith.	with this regation limit pplication.
44. Applicant is a (an): (Choose the button next to applicable response.)	
O Individual	
O Unincorporated Association	
O Partnership	
O Corporation	
O Governmental Entity	
Other (please specify)	
Limtied Liability Company	

45. Name of Person Signing David J. Wilhelm		46. Title of Person Signing Vice President/Assistant Secretary		
47. Please supply any need attachments.				_
Attachment 1:	Attachment 2: Attachment 3:		Attachment 3:	
	ction 1001), AND/OR RI	EVOCATION OF ANY	Y FINE AND / OR IMPRISONMENT STATION AUTHORIZATION ode, Title 47, Section 503).	

SATELLITE EARTH STATION AUTHORIZATIONS FCC Form 312 – Schedule B:(Technical and Operational Description) FOR OFFICIAL USE ONLY

E1: Site Identifier: KYTX-TV E5. Call Sign: E6. Phone E2: Contact Name Moe Strout 9035812211 Number: E3. Street: 2211 ESE Loop E7. City: Tyler 323 E8. County: Smith E4. State TXE9. Zip Code 75701 **CONUS** E10. Area of Operation: E11. Latitude: 0 °0 '0.0 " E12. Longitude: 0 °0 '0.0 " E13. Lat/Lon Coordinates are: NAD-27 NAD-83 N/A

0.0 meters

Location of Earth Station Site

E14. Site Elevation (AMSL):

E15. If the proposed antenna(s) operate in the Fixed Satellite Service (FSS) with geostationary satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a) and (b) as demonstrated by the manufacturer's qualification measurement? If NO, provide as a technical analysis showing compliance with two–degree spacing policy.	⊗ Ye	ès i	O No	O N/A
E16. If the proposed antenna(s) do not operate in the Fixed Satellite Service (FSS), or if they operate in the Fixed Satellite Service (FSS) with non–geostationary satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a2) and (b) as demonstrated by the manufacturer's qualification measurements?	O Ye	es i	O No	⊚ N/A
E17. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point.	O Y	Zes .	•	No
E18. Is frequency coordination required? If YES, attach a frequency coordination report as	O Y	/es	•	No
E19. Is coordination with another country required? If YES, attach the name of the country(ies) and plot of coordination contours as	O Y	Zes .	•	No
E20. FAA Notification – (See 47 CFR Part 17 and 47 CFR part 25.113(c)) Where FAA notification is required, have you attached a copy of a completed FCC Form 854 and or the FAA's study regarding the potential hazard of the structure to aviation? FAILURE TO COMPLY WITH 47 CFR PARTS 17 AND 25 WILL RESULT IN THE RETURN OF THIS APPLICATION.	1	/es	•	No
POINTS OF COMMUNICATION	-			
Satellite Name: ALSAT ALL AUTHORIZED U.S. ALSAT If you selected OTHER, please enter the following	g:			

E21. Common Name:	E22. ITU Name:
E23. Orbit Location:	E24. Country:
POINTS OF COMMUNICATION (Destination Points)	
E25. Site Identifier:	
E26. Common Name:	E27. Country:
ANTENNA	

ANTENNA

Site ID	E28. Antenna Id	E29. Quantity	E30. Manufacturer	E31. Model	E32. Antenna Size <meters></meters>	E41/42. Antenna GainTransmint and/or Recieve (dBi atGHz)
KYTX-TV	A1	1	Satcom Technologies	240KV	2.4	47.5 dBi at 11.7
						48.9 dBi at 14.0

E28. Antenna Id	Diameter	E35. Above Ground Level (meters)	(meters)	Height Above Ground Level 	Input Power at antenna flange 	Maximum Antenna Height	E40. Total EIRP for al carriers (dBW)
A1	0.0/0.0	3.5	0.0	2.4	150.0	1.1	21.8

FREQUENCY

E28. Antenna Id	E43/44.	E45. T/R Mode	E46. Antenna	E47. Emission	E48. Maximum	E49. Maximum
	Frequency Bands		Polarization(H,V,	Designator	EIRP per Carrier	ERIP Density per
	(MHz)		L , R)		(dBW)	Carrier
						(dBW/4kHz)

A1	11.7	12.2	R	Horizontal and Vertical	0.0	0.0	0.0	
E50. Modulation entirety.)	and Services	s (If th	ne complete description	on does not appear in	this box, please go to	o the end of the form	to view it in its	
QPSK Vide	o/Audio							
A1	14.0	14.5	Т	Horizontal and Vertical	24M0G7F	21.8	4.0	
E50. Modulation and Services (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.) QPSK Video/Audio								

FREQUENCY COORDINATION

E51. Satellite	E52/53.	E54/55.	E56. Earth	E57.	E58. Earth	E59.	E60.
Orbit Type			Station	Antenna	Station	Antenna	Maximum
	` ′		Azimuth	Elevation	Azimuth	Elevation	EIRP Density
		E/W Limit	Angle	Angle	Angle	Angle	toward the
			Eastern Limit	Eastern Limit	Western	Western	Horizon
					Limit	Limit	(dBW/4kHz)
		/					
		E51. Satellite Orbit Type E52/53. Frequency Limits(MHz)	Orbit Type Frequency Range of	Orbit Type Frequency Limits(MHz) Range of Station Azimuth Angle	Orbit Type Frequency Limits(MHz) Range of Station Antenna Elevation Angle	Orbit Type Frequency Limits(MHz) Range of Station Antenna Station Azimuth Angle Eastern Limit Eastern Limit Station Azimuth Angle Eastern Limit Station Azimuth Angle Eastern Limit Eastern Limit Station Azimuth Angle Eastern Azimuth Angle Eastern Limit Station Azimuth Angle Eastern Azimuth Angle Eastern Azimuth Azimuth Angle Eastern Azimuth Azim	Orbit Type Frequency Limits(MHz) Range of Station Antenna Elevation Angle Eastern Limit Eastern Limit Frequency Limits(MHz) Satellite Arc E/W Limit Eastern Limit Elevation Angle Eastern Limit Eastern Limit Western Angle Western

REMOTE CONTROL POINT LOCATION

E61. Call Sign	E65. Phone Number			
NOTE: Please enter the callsign of the control callsign for which this application is being filed.				
E62. Street Address				
E63. City	E67. County		E64/68. State/Country	E66. Zip Code
			/	

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

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