

# **Federal Communications Commission**

**FCC MB - CDBS Electronic Filing**  
**Account number: 816949**

**Description: WLTZ 2Q, 2008 FORM 388 (AMENDED)**  
**Application Reference Number: 20080709AMU**  
**Successfully filed at Oct 10 2008 4:03PM**

**Based on the information supplied, no fee is required.**

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Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-1115 (March 2008)		FOR FCC USE ONLY	
<b>FCC 388</b> <b>DTV Quarterly Activity Station Report</b>				FOR COMMISSION USE ONLY FILE NO. -20080709AMU	
Licensee SAGAMOREHILL BROADCASTING OF GEORGIA, LLC					
Call Sign WLTZ		Facility Id 37179		Previous Call Sign (if applicable)	
Community of License					
City COLUMBUS		State GA	County MUSCOGEE		Zip Code 31907 -
Nielsen DMA COLUMBUS GA (OPELIKA AL)		World Wide Web Home Page Address WWW.WLTZ.COM		Licensee Renewal Expiration Date (mm/dd/yyyy) 04/01/2013	
Channel Numbers: (Check the Channel Number(s) to which this form applies.)					
<input checked="" type="checkbox"/> Analog	38				
<input checked="" type="checkbox"/> Digital	35				
Report reflects information for quarter ending: 06/30/2008					
Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)? <input type="radio"/> Option One (A and D) <input checked="" type="radio"/> Option Two (B and D) <input type="radio"/> Option Three (C and D)					
Over the past quarter, have you fully complied with the requirements of this option?				<input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>Simulcasting:</b>					
Are you simulcasting on your Analog channel and your primary Digital stream?				<input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>Application Purpose:</b>					
<input type="radio"/> DTV Education Report					
<input checked="" type="radio"/> Amendment		File Number BDERCT-20080709AMU			
If an amendment, include a comment explaining the reason and the portions of the pending application that are being revised. DUE TO AN ADMINISTRATIVE OVERSIGHT, SOME PSAS AND CRAWLS AIRED BY OTHER SOURCES THAN WLTZ WERE NOT COUNTED IN WLTZ'S INITIAL 2ND QUARTER REPORT FILED JULY 9, 2008. THE STATION WAS IN COMPLIANCE WITH THE REQUIREMENTS OF OPTION B, BUT DID NOT HAVE THE CORRECT NUMBER OF PSAS AND CRAWLS LISTED IN ITS INITIAL REPORT. THIS AMENDED REPORT UPDATES THOSE TOTALS.					

### Section B (For broadcasters electing Option Two)

On its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transition-related crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m. It must also run one 30 minute DTV-related informational program once, and one 100-Day Countdown piece per day for the 100 days prior to the conclusion of the transition. Comment boxes MUST be used to describe these compliant activities (See rules for additional details).

### Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run -- Last Quarter

How many DTV PSAs and CSTs did your station run between 5:00 a.m. and 1:00 a.m. last quarter?	
Total 5:00 a.m. to 1:00 a.m. PSAs	211
Total 5:00 a.m. to 1:00 a.m. CSTs	214
For informational purposes only, how many DTV PSAs and CSTs did your station run in the last quarter from 6:00 a.m. to 9:00 a.m.?	

Total 6:00 a.m. to 9:00 a.m. PSAs	27
Total 6:00 a.m. to 9:00 a.m. CSTs	37
For stations located in the Eastern or Pacific Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter from 6:00 p.m. to 11:35 p.m. (must average at least 4 per week)?	
Total 6:00 p.m. to 11:35 p.m. PSAs	55
Total 6:00 p.m. to 11:35 p.m. CSTs	58
For stations located in the Central or Mountain Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter from 5:00 p.m. to 10:35 p.m. (must average at least 4 per week)?	
Total 5:00 p.m. to 10:35 p.m. PSAs	
Total 5:00 p.m. to 10:35 p.m. CSTs	
Comments: DURING THE PREVIOUS QUARTER, THE STATION AIRED PSAS AND CSTS PRODUCED BY THE NATIONAL ASSOCIATION OF BROADCASTERS. THE ABOVE TOTALS REFLECT BOTH VOLUNTARY AND MANDATORY PROGRAMMING.	

### 30 Minute Educational Programs - Last Quarter

How many 30 minute, DTV-related informational programs did your station run during the quarter? At least one such program must be run between the hours of 8:00 a.m. and 11:35 p.m., prior to February 17, 2009.	
Total number of 30 Minute Informational Programs	0
Comments:	

### 100-Day Countdown Eligible Pieces - Last Quarter

Beginning on November 10, 2008, all stations participating in Option Two will engage in special 100-Day "Countdown to DTV" activities. Stations must execute a minimum of one "Countdown to DTV" on-air activity per day during the 100 days leading up to February 17, 2009. During the last quarter, how many of each eligible 100-Day "Countdown to DTV" pieces did your station run?	
0	Graphic Displays
0	Animated Graphics
0	Graphic and Audio Displays
0	Longer Form Reminders
Comments:	

### Section D (For all broadcasters)

<b>Additional DTV On-air Initiatives - Last Quarter</b>	
Did your station run additional on-air initiatives (such as news reports, town hall meetings, etc.) during the quarter? The comment box may be used to describe these initiatives.	<input type="radio"/> Yes <input checked="" type="radio"/> No
Comments:	
<b>Station Website Additional Activity Related to the DTV Transition - Last Quarter</b>	
Does your station have a Website?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If YES, did your station provide additional DTV related information or activities on that Website? The comment box may be used to describe what was posted on the station's Website.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Comments: THE STATION'S WEBSITE CONTAINS A LINK TO THE WWW.DTV2009.GOV WEBSITE, WHICH PROVIDES	

ADDITIONAL INFORMATION CONCERNING THE DTV TRANSITION	
<b>Additional DTV Outreach Efforts -- Last Quarter</b>	
Check all of the DTV related activities listed below that your station engaged in over the last quarter. The comment box may be used to describe this activity.	
<input type="checkbox"/> Speaking Engagements	
Comments:	
<input type="checkbox"/> Community Events	
Comments:	
<input type="checkbox"/> Other (describe)	
Comments:	
<b>This comment box may be used to include other comments or information about your station's DTV activity over the last quarter.</b>	
Comments:	

<b>Station Certification</b>	
I certify that the statements in this document are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.	
Typed or Printed Name of Person Signing	Typed or Printed Title of Person Signing PROGRAM DIRECTOR
Signature CHARLES W. COLLINS	Date (mm/dd/yyyy) 10/10/2008

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

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