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| Federal Communications Commission Washington, D.C. 20554 | Approved by OMB 3060-1115 (February 2009) | FOR FCC USE ONLY |
| FCC 388 DTV Quarterly Activity Station Report | | FOR COMMISSION USE ONLY FILE NO. BDERET-20090407AHN |

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|---|--|---|
| Licensee COMMUNITY COMMUNICATIONS, INC. | | |
| Call Sign WMFE-TV | Facility Id 12855 | Previous Call Sign (if applicable) |
| Community of License | | |
| City ORLANDO | State FL | County ORANGE |
| | | Zip Code 32817 - |
| Nielsen DMA ORLANDO-DAYTONA BCH- MELBRN | World Wide Web Home Page Address WWW.WMFE.ORG | Licensee Renewal Expiration Date (mm/dd/yyyy) 02/01/2013 |

| | | |
|--|----|--|
| Channel Numbers: (Check the Channel Number(s) to which this form applies.) | | |
| <input checked="" type="checkbox"/> Analog | 24 | |
| <input checked="" type="checkbox"/> Digital | 23 | |

Report reflects information for quarter ending: 03/31/2009

Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)?

Option One (A and D) Option Two (B and D) 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 |
|--|---|

Simulcasting:

| | |
|--|---|
| Are you simulcasting on your Analog channel and your primary Digital stream? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|--|---|

Application Purpose:

| | |
|---|---------------|
| <input checked="" type="radio"/> DTV Education Report | |
| <input type="radio"/> Amendment | File Number - |

If an amendment, include a comment explaining the reason and the portions of the pending application that are being revised.

Section C (For Noncommercial broadcasters only)

On its analog channel, and its primary digital stream, a station must air 60 seconds per day of on-air consumer education, in variable timeslots, including at least 7.5 minutes per month between 6 pm and 12 am. Beginning May 1, 2008, this requirement doubles, and beginning November 1, 2008, it increases again, to 180 seconds per day and 22.5 minutes per month between 6 pm and midnight. It must also run one 30 minute transition education piece once (See rules for additional details).

| | |
|---|---|
| Have you aired a sufficient amount of consumer education (60, 120, or 180 seconds per day, depending on the date) during each day this quarter? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|---|---|

30 Minute Educational Programs - Last Quarter

How many 30 minute, DTV-related informational programs did your station run during the quarter? The comment box may be used to describe this activity. At least one such program must be run between the hours of 8:00 a.m. and 11:35 p.m., prior to June 12, 2009.

Total number of 30 Minute Informational Programs 1

Comments:

WMFE SIGNED OFF OUR ANALOG CHANNEL ON 2/17/09 AT 11:59:59.

Section D (For all broadcasters)**Additional DTV On-air Initiatives - Last Quarter**

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.

 Yes No

Comments:

Station Website Additional Activity Related to the DTV Transition - Last Quarter

Does your station have a Website?

 Yes 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.

 Yes No

Comments:

CONTINUED ONGOING INFO REGARDING THE TRANSITION, COUPON PROGRAM, AND ANSWERS TO FAQ'S COMPILED BY OUR DIRECTOR OF ENGINEERING.

Additional DTV Outreach Efforts -- Last Quarter

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.

 Speaking Engagements

Comments:

 Community Events

Comments:

 Other (describe)

Comments:

MEMBER MAGAZINE, FMO, ARTICLE IN JANUARY, FEBRUARY AND MARCH ISSUES.

This comment box may be used to include other comments or information about your station's DTV activity over the last quarter.

Comments:

Station Certification

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
TV PROGRAM MANAGER

Signature

NANCY ZAPPA

Date (mm/dd/yyyy)

04/07/2009

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR

Federal Communications Commission

FCC MB - CDBS Electronic Filing
Account number: 278161

Description: WMFE APRIL 2009 DTV EDUCATION REPORT
Application Reference Number: 20090407AHN
Successfully filed at Apr 7 2009 4:48PM

Based on the information supplied, no fee is required.

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