

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0906 (November 2003)	FOR FCC USE ONLY
FCC 317		
ANNUAL DTV ANCILLARY/SUPPLEMENTARY SERVICES REPORT FOR DIGITAL TELEVISION STATIONS		FOR COMMISSION USE ONLY FILE NO. BAFCDT - 20080331AKE
Read INSTRUCTIONS Before Filling Out Form		

Section I - General Information

1.	Legal Name of the Licensee PHOENIX 6 TV, LLC	
	Mailing Address 14450 COMMERCE WAY	
	City MIAMI LAKES	State or Country (if foreign address) FL
	Telephone Number (include area code) 3058635700	ZIP Code 33016 -
	E-Mail Address (if available) BBEHAR@BELALLC.COM	
	FCC Registration Number: 0011532553	Facility ID Number 24753
	Call Sign KMOH-TV	
2.	Contact Representative (if other than Licensee) PAUL J. FELDMAN, ESQ.	Firm or Company Name FLETCHER, HEALD & HILDRETH, P.L.C.
	Telephone Number (include area code) 7038120400	E-Mail Address (if available) FELDMAN@FHHLAW.COM
3.	For the twelve-month period ended September 30th, has the DTV licensee provided, at any time during the period, an ancillary or supplementary service as defined by 47 C.F.R. Section 73.624? If "No," complete Question 7 and submit this Report to the Commission. If "Yes," proceed to Questions 4 through 7.	<input type="radio"/> Yes <input checked="" type="radio"/> No
4.	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. [Services Provided]	
5.	Total amount of gross revenues derived from feeable ancillary or supplementary services:	\$
6.	Has the DTV licensee remitted to the Commission, through the filing of FCC Form 159, a payment in the amount of 5% of the gross revenues derived from the feeable ancillary or supplementary services?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
7.	Certification. I certify that I have examined this Report and that, to the best of my knowledge and belief, all statements in this Report are true, correct and complete.	
	Typed or Printed Name of Person Signing ROBERT BEHAR	Typed or Printed Title of Person Signing PRESIDENT
	Signature	Date 03/31/2008

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).

Exhibits