

Federal Communications Commission Washington, D.C. 20554  <p style="text-align: center;"><b>FCC 347</b></p>	Approved by OMB 3060-0017 (June 2002)  FOR FCC USE ONLY
<p><b>APPLICATION FOR A LOW POWER TV, TV TRANSLATOR OR TV BOOSTER STATION LICENSE</b></p> <p>Read INSTRUCTIONS Before Filling Out Form</p>	FOR COMMISSION USE ONLY FILE NO. - 20090817ACO

**Section I - General Information**

<b>1.</b>	Legal Name of the Applicant HERO LICENSECO LLC		
	Mailing Address 14450 COMMERCE WAY		
	City MIAMI LAKES	State or Country (if foreign address) FL	ZIP Code 33016 -
	Telephone Number (include area code) 3058635731	E-Mail Address (if available)	
	FCC Registration Number: 0017254418	Call Sign KEJR-LD	Facility ID Number 168349
<b>2.</b>	Contact Representative (if other than Applicant) PAUL J. FELDMAN, ESQUIRE		Firm or Company Name FLETCHER, HEALD & HILDRETH, PLC
	Telephone Number (include area code) 7038120400	E-Mail Address (if available) FELDMAN@FHHLAW.COM	
<b>3.</b>	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Noncommercial Educational Licensee/Permittee <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A (Fee Required)		
<b>4.</b>	Facility Information  a. <input type="checkbox"/> Low Power TV Station <input type="checkbox"/> TV Translator <input type="checkbox"/> TV Booster <input checked="" type="checkbox"/> Digital Low Power TV <input type="checkbox"/> Digital TV Translator  b. Community of License: City: PHOENIX State: AZ		
<b>5.</b>	Purpose of Application  <input checked="" type="checkbox"/> Cover construction permit (list original construction permit file number -- starts with the prefix BPTTL, BPTT, BPTVL, BPTTV, BMPTTL, BMPTT, BMPTVL, BMPTTV, BPVB, BPUB, BMPVB or BMPUB):		
	<input type="checkbox"/> Amend a pending application		BPDTL- 20090716ACB
	If an amendment, submit as an Exhibit a listing by Section and Question Number the portions of the pending application that are being revised.		[Exhibit I]

**NOTE:** In addition to the information called for in this section, an explanatory exhibit providing full particulars must be submitted for each question for which a "No" response is provided.

**Section II - Legal**

<b>1. Certification.</b> Licensee/Permittee certifies that it has answered each question in this application based on	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

<p>its review of the application instructions and worksheets. Licensee/Permittee further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application instructions and worksheets.</p>	
<p>2. Licensee/Permittee certifies that all terms, conditions, and obligations set forth in the underlying construction permit have been fully met.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 2]</p>
<p>3. Licensee/Permittee certifies that, apart from changes already reported, no cause or circumstance has arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 3]</p>
<p>4. <b>Programming.</b> The applicant certifies that it is either the licensee of the primary station whose programming is to be retransmitted or has obtained written authority from the licensee of that station.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 4]</p>
<p>5. <b>Character Issues.</b> Licensee/Permittee certifies that neither licensee/permittee nor any party to the application has or has had any interest in, or connection with:</p> <p>a. any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or party to the application; or</p> <p>b. any pending broadcast application in which character issues have been raised.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No  See Explanation in [Exhibit 5]</p>
<p>6. <b>Adverse Findings.</b> Licensee/Permittee certifies that, with respect to the licensee/permittee and any party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No  See Explanation in [Exhibit 6]</p>
<p>7. <b>Anti-Drug Abuse Act Certification.</b> Licensee/Permittee certifies that neither licensee/permittee nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations. I hereby waive any claim to the use of any particular frequency as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and request an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

<p>Typed or Printed Name of Person Signing ROBERT BEHAR</p>	<p>Typed or Printed Title of Person Signing OFFICER</p>
<p>Signature</p>	<p>Date 8/17/2009</p>

<p><b>SECTION III - Engineering</b></p>	
<p><b>TECHNICAL SPECIFICATIONS</b> Ensure that the specifications below are accurate. Contradicting data found elsewhere in this application will be disregarded. All items must be completed. The response "on file" is not acceptable.</p>	
<p><b>TECH BOX</b></p>	
<p>1.</p>	<p>Channel: 40</p>
<p>2.</p>	<p>Frequency Offset (analog stations): <input type="radio"/> No offset <input type="radio"/> Zero offset <input type="radio"/> Plus offset <input type="radio"/> Minus offset</p>
<p>3.</p>	<p>Antenna Location Coordinates: (NAD 27)</p>

	Latitude: Degrees 33 Minutes 20 Seconds 0 <input checked="" type="radio"/> North <input type="radio"/> South  Longitude: Degrees 112 Minutes 3 Seconds 48 <input checked="" type="radio"/> West <input type="radio"/> East	
4.	Maximum Effective Radiated Power (ERP) (if analog station Toward Radio Horizon):	14 kW
5.	Maximum ERP in any horizontal and vertical angle (analog stations):	kW
<p><b>NOTE:</b> In addition to the information called for in this section, an explanatory exhibit providing full particulars must be submitted for each question for which a "No" response is provided.</p>		
<p><b>CERTIFICATION</b></p> <p>All applicants must complete this section.</p>		
6.	<b>Constructed Facility.</b> The facility was constructed as authorized in the underlying construction permit.	<input checked="" type="radio"/> Yes <input type="radio"/> No  See Explanation in [Exhibit 7]
7.	<b>Special Operating Conditions.</b> The facility was constructed in compliance with all special operating conditions, terms, and obligations described in the construction permit.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 8]
An exhibit may be required. Review the underlying construction permit.		[Exhibit 9]
<p><b>PREPARER'S CERTIFICATION ON PAGE 4 MUST BE COMPLETED AND SIGNED.</b></p>		

**SECTION III - PREPARER'S CERTIFICATION**

I certify that I have prepared Section III (Engineering Data) on behalf of the applicant, and that after such preparation, I have examined and found it to be accurate and true to the best of my knowledge and belief.

Name LOUIS R DUTREIL JR	Relationship to Applicant (e.g., Consulting Engineer) CONSULTING ENGINEER	
Signature	Date 8/17/2009	
Mailing Address DUTREIL LUNDIN & RACKLEY INC 201 FLETCHER AVE		
City SARASOTA	State or Country (if foreign address) FL	Zip Code 34237 - 6019
Telephone Number (include area code) 9413296004	E-Mail Address (if available) BOBJR@DLR.COM	



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**

---

# Remittance ID:1637049 Authorization Number:292012

## Successful Authorization -- Date Paid: 8/17/09 FILE COPY ONLY!!

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING  (1) LOCKBOX #979089	FEDERAL COMMUNICATIONS COMMISSION <b>REMITTANCE ADVICE</b> <b>FORM 159</b> PAGE NO 1 OF 1	APPROVED BY OMB 3060-059  SPECIAL USE  FCC USE ONLY
<b>SECTION A - Payer Information</b>		
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) <b>Fletcher Heald &amp; Hildreth, PLC</b>		(3) TOTAL AMOUNT PAID (dollars and cents) <b>\$145.00</b>
(4) STREET ADDRESS LINE NO. 1 <b>1300 N.17th St.</b>		
(5) STREET ADDRESS LINE NO. 2 <b>11th Floor</b>		
(6) CITY <b>Arlington</b>	(7) STATE <b>VA</b>	(8) ZIP CODE <b>22209-3801</b>
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>703-8120400</b>		(10) COUNTRY CODE (IF NOT IN U.S.A.) <b>US</b>
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>		
(11) PAYER (FRN) <b>0005011069</b>		(12) FCC USE ONLY
<b>IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)</b>		
(13) APPLICANT NAME <b>HERO LICENSECO LLC</b>		
(14) STREET ADDRESS LINE NO. 1 <b>14450 COMMERCE WAY</b>		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY <b>MIAMI LAKES</b>	(17) STATE <b>FL</b>	(18) ZIP CODE <b>33016-</b>
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>3058635731</b>		(20) COUNTRY CODE (IF NOT IN U.S.A.) <b>USA</b>
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>		
(21) APPLICANT (FRN) <b>0017254418</b>		(22) FCC USE ONLY
<b>COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET</b>		
(23A) FCC Call Sign/Other ID <b>KEJR-LD</b>	(24A) Payment Type Code(PTC) <b>MEL</b>	(25A) Quantity <b>1</b>
(26A) Fee Due for (PTC) <b>\$145.00</b>	(27A) Total Fee <b>\$145.00</b>	FCC Use Only
(28A) FCC CODE 1 <b>168349</b>	(29A) FCC CODE 2 <b>CDBS20090817ACO</b>	
(23B) FCC Call Sign/Other ID	(24B) Payment Type Code(PTC)	(25B) Quantity
(26B) Fee Due for (PTC)	(27B) Total Fee	FCC Use Only
(28B) FCC CODE 1	(29B) FCC CODE 2	

Federal Communications Commission Washington, D.C. 20554  <p style="text-align: center;"><b>FCC 347</b></p>	Approved by OMB 3060-0017 (June 2002)  FOR FCC USE ONLY
<p><b>APPLICATION FOR A LOW POWER TV, TV TRANSLATOR OR TV BOOSTER STATION LICENSE</b></p> <p>Read INSTRUCTIONS Before Filling Out Form</p>	FOR COMMISSION USE ONLY FILE NO. - 20090817ACQ

**Section I - General Information**

1.	Legal Name of the Applicant HERO LICENSECO LLC		
	Mailing Address 14450 COMMERCE WAY		
	City MIAMI LAKES	State or Country (if foreign address) FL	ZIP Code 33016 -
	Telephone Number (include area code) 3058635731	E-Mail Address (if available)	
	FCC Registration Number: 0017254418	Call Sign KEJR-LP	Facility ID Number 55207
2.	Contact Representative (if other than Applicant) PAUL J. FELDMAN, ESQUIRE		Firm or Company Name FLETCHER, HEALD & HILDRETH, PLC
	Telephone Number (include area code) 7038120400	E-Mail Address (if available) FELDMAN@FHHLAW.COM	
3.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Noncommercial Educational Licensee/Permittee <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A (Fee Required)		
4.	Facility Information  a. <input checked="" type="checkbox"/> Low Power TV Station <input type="checkbox"/> TV Translator <input type="checkbox"/> TV Booster <input type="checkbox"/> Digital Low Power TV <input type="checkbox"/> Digital TV Translator  b. Community of License: City: PHOENIX State: AZ		
5.	Purpose of Application		
	<input checked="" type="checkbox"/> Cover construction permit (list original construction permit file number -- starts with the prefix BPTTL, BPTT, BPTVL, BPTTV, BMPTTL, BMPTT, BMPTVL, BMPTTV, BPVB, BPUB, BMPVB or BMPUB):		BPTTL- 20090716ACA
	<input type="checkbox"/> Amend a pending application		
	If an amendment, submit as an Exhibit a listing by Section and Question Number the portions of the pending application that are being revised.		[Exhibit 1]

**NOTE:** In addition to the information called for in this section, an explanatory exhibit providing full particulars must be submitted for each question for which a "No" response is provided.

**Section II - Legal**

1. Certification. Licensee/Permittee certifies that it has answered each question in this application based on	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

its review of the application instructions and worksheets. Licensee/Permittee further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application instructions and worksheets.	
2. Licensee/Permittee certifies that all terms, conditions, and obligations set forth in the underlying construction permit have been fully met.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 2]
3. Licensee/Permittee certifies that, apart from changes already reported, no cause or circumstance has arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 3]
4. <b>Programming.</b> The applicant certifies that it is either the licensee of the primary station whose programming is to be retransmitted or has obtained written authority from the licensee of that station.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 4]
5. <b>Character Issues.</b> Licensee/Permittee certifies that neither licensee/permittee nor any party to the application has or has had any interest in, or connection with:  a. any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or party to the application; or b. any pending broadcast application in which character issues have been raised.	<input checked="" type="radio"/> Yes <input type="radio"/> No  See Explanation in [Exhibit 5]
6. <b>Adverse Findings.</b> Licensee/Permittee certifies that, with respect to the licensee/permittee and any party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any law related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.	<input checked="" type="radio"/> Yes <input type="radio"/> No  See Explanation in [Exhibit 6]
7. <b>Anti-Drug Abuse Act Certification.</b> Licensee/Permittee certifies that neither licensee/permittee nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.	<input checked="" type="radio"/> Yes <input type="radio"/> No

I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations. I hereby waive any claim to the use of any particular frequency as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and request an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

Typed or Printed Name of Person Signing ROBERT BEHAR	Typed or Printed Title of Person Signing OFFICER
Signature	Date 8/17/2009

<b>SECTION III - Engineering</b>	
<b>TECHNICAL SPECIFICATIONS</b> Ensure that the specifications below are accurate. Contradicting data found elsewhere in this application will be disregarded. All items must be completed. The response "on file" is not acceptable.	
<b>TECH BOX</b>	
1. Channel: 43	2. Frequency Offset (analog stations): <input type="radio"/> No offset <input checked="" type="radio"/> Zero offset <input type="radio"/> Plus offset <input type="radio"/> Minus offset
3. Antenna Location Coordinates: (NAD 27)	

	Latitude: Degrees 33 Minutes 20 Seconds 0 <input checked="" type="radio"/> North <input type="radio"/> South  Longitude: Degrees 112 Minutes 3 Seconds 48 <input checked="" type="radio"/> West <input type="radio"/> East	
4.	Maximum Effective Radiated Power (ERP) (if analog station Toward Radio Horizon):	0.25 kW
5.	Maximum ERP in any horizontal and vertical angle (analog stations):	0.25 kW
<p><b>NOTE:</b> In addition to the information called for in this section, an explanatory exhibit providing full particulars must be submitted for each question for which a "No" response is provided.</p>		
<p><b>CERTIFICATION</b></p> <p>All applicants must complete this section.</p>		
6.	<b>Constructed Facility.</b> The facility was constructed as authorized in the underlying construction permit.	<input checked="" type="radio"/> Yes <input type="radio"/> No  See Explanation in [Exhibit 7]
7.	<b>Special Operating Conditions.</b> The facility was constructed in compliance with all special operating conditions, terms, and obligations described in the construction permit.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 8]  [Exhibit 9]
<p>An exhibit may be required. Review the underlying construction permit.</p>		
<p><b>PREPARER'S CERTIFICATION ON PAGE 4 MUST BE COMPLETED AND SIGNED.</b></p>		

**SECTION III - PREPARER'S CERTIFICATION**

I certify that I have prepared Section III (Engineering Data) on behalf of the applicant, and that after such preparation, I have examined and found it to be accurate and true to the best of my knowledge and belief.

Name LOUIS R DUTREIL JR		Relationship to Applicant (e.g., Consulting Engineer) CONSULTING ENGINEER	
Signature		Date 8/17/2009	
Mailing Address DUTREIL LUNDIN & RACKLEY INC 201 FLETCHER AVE			
City SARASOTA		State or Country (if foreign address) FL	Zip Code 34237 - 6019
Telephone Number (include area code) 9413296004		E-Mail Address (if available) BOBJR@DLR.COM	

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**

---

# Remittance ID:1637058 Authorization Number:204806

## Successful Authorization -- Date Paid: 8/17/09 FILE COPY ONLY!!

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING  (1) LOCKBOX #979089	FEDERAL COMMUNICATIONS COMMISSION <b>REMITTANCE ADVICE</b> FORM 159 PAGE NO 1 OF 1	APPROVED BY OMB 3060-059  SPECIAL USE  FCC USE ONLY
--	---	--

**SECTION A - Payer Information**

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) <b>Fletcher Heald &amp; Hildreth, PLC</b>		(3) TOTAL AMOUNT PAID (dollars and cents) <b>\$145.00</b>
(4) STREET ADDRESS LINE NO. 1 <b>1300 N.17th St.</b>		
(5) STREET ADDRESS LINE NO. 2 <b>11th Floor</b>		
(6) CITY <b>Arlington</b>	(7) STATE <b>VA</b>	(8) ZIP CODE <b>22209-3801</b>
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>703-8120400</b>	(10) COUNTRY CODE (IF NOT IN U.S.A.) <b>US</b>	
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>		
(11) PAYER (FRN) <b>0005011069</b>	(12) FCC USE ONLY	

**IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B  
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)**

(13) APPLICANT NAME <b>HERO LICENSECO LLC</b>		
(14) STREET ADDRESS LINE NO. 1 <b>14450 COMMERCE WAY</b>		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY <b>MIAMI LAKES</b>	(17) STATE <b>FL</b>	(18) ZIP CODE <b>33016-</b>
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>3058635731</b>	(20) COUNTRY CODE (IF NOT IN U.S.A.) <b>USA</b>	
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>		
(21) APPLICANT (FRN) <b>0017254418</b>	(22) FCC USE ONLY	

**COMPLETE SECTION C FOR EACH SERVICE. IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET**

(23A) FCC Call Sign/Other ID <b>KEJR-LP</b>	(24A) Payment Type Code(PTC) <b>MEL</b>	(25A) Quantity <b>1</b>
(26A) Fee Due for (PTC) <b>\$145.00</b>	(27A) Total Fee <b>\$145.00</b>	FCC Use Only
(28A) FCC CODE 1 <b>55207</b>	(29A) FCC CODE 2 <b>CDBS20090817ACQ</b>	
(23B) FCC Call Sign/Other ID	(24B) Payment Type Code(PTC)	(25B) Quantity
(26B) Fee Due for (PTC)	(27B) Total Fee	FCC Use Only
(28B) FCC CODE 1	(29B) FCC CODE 2	