-ATTORNEYS AT LAW-

ROBERT M. BOOTH, JR. (1911-1981) JULIAN P. FRERET (1918-1999) CHRISTOPHER D. IMLAY 14356 CAPE MAY ROAD SILVER SPRING, MD 20904-6011 WWW.IMLAYLAW.COM TELEPHONE: (301) 384-5525 FACSIMILE: (301) 384-6384 CHRIS@IMLAYLAW.COM

Received & Inspected

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July 16, 2018

Via U.S. Mail only

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445-12th Street, S.W. Washington, D.C. 20554

Attention: Audio Division, Media Bureau

Re: Application for Direct Measurement of Power, AM Broadcas Station WAMT, Pine Castle-Sky Lake, Florida; Facility ID No. 15877; Per File No. BP-20140721AAY, as modified by BMP-20170914ABA. Genesis Communications I, Inc., Licensee.

Greetings.

Attached on behalf of our client, Genesis Communications I, Inc., the licensee of AM Broadcast Station WAMT, Pine Castle/Sky Lake, Florida, please find an original and two copies of an application on FCC Form 302-AM requesting a return to Direct Measurement of Power. This application is being filed directly without a fee inasmuch as it seeks only Direct Measurement of Power.

The application is filed pursuant to Special Condition #6 of the above-referenced construction permit, which permitted the duplexing of AM Broadcast Station WHOO, Winter Park, Florida (also licensed to Genesis Communications I, Inc.) on the directional towers of WAMT, to accommodate WHOO. During construction of that antenna on the WAMT towers, WAMT was required to determine operating power by the indirect method. Condition #6 of the construction permit called for impedance measurements on the AM antenna and an application for WAMT to return to direct power measurement. This is that application.

Separately, today, a form 302-AM application for license to cover the WHOO construction permit is being filed with the Commission's St. Louis Lockbox, together with the requisite filing fee therefor.

Should any question arise concerning this application, kindly notify the undersigned counsel.

Yours very truly,

Christopher D. Imlay

Enclosures (as noted)

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FCC Mail Room

| FCC 302-AM |
|---------------------------|
| APPLICATION FOR AM |
| BROADCAST STATION LICENSE |

Federal Communications Commission Washington, D. C. 20554

(Please read instructions before filling out form.

FOR COMMISSION USE ONLY FILE NO BZ - 201807/7ABX

| SECTION I - APPLICANT FEE INFORMATION | | | |
|---|---|---|------------------------------------|
| 1. PAYOR NAME (Last, First, Middle Initial) | | | |
| Genesis Communications I, Inc. | | | |
| MAILING ADDRESS (Line 1) (Maximum 35 characters) 4300 West Cypress Street, Suite 1040 | | | |
| MAILING ADDRESS (Line 2) (Maximum 35 characters) | | | |
| CITY Tampa | STATE OR COUNTRY (if fo Florida | | ZIP CODE 33607 |
| TELEPHONE NUMBER (include area code) 8132811040 | CALL LETTERS WAMT | OTHER FCC IDE 15877 | NTIFIER (If applicable) |
| 2. A. Is a fee submitted with this application? | | | Yes 🖌 No |
| B. If No, indicate reason for fee exemption (see 47 C.F.R. Section | | | |
| Governmental Entity Noncommercial edu | cational licensee | ther (Please explair | ı): |
| C. If Yes, provide the following information: | | | |
| Enter in Column (A) the correct Fee Type Code for the service you Fee Filing Guide." Column (B) lists the Fee Multiple applicable for the | are applying for. Fee Type C his application. Enter fee amou | odes may be found int due in Column (0 | in the "Mass Media Services C). |
| Fee Filing Guide. Column (D) is a title roo matable appression | | | , |
| (A) (B) | (C) | | |
| FEE TYPE FEE MULTIPLE | FEE DUE FOR FE TYPE CODE IN COLUMN (A) | | FOR FCC USE ONLY |
| | \$ | | |
| | | | ne Code |
| To be used only when you are requesting concurrent actions which re | | ore than one ree ry | |
| | (C) | | FOR FCC USE ONLY |
| 0 0 0 1 | Ψ | | |
| | | | |
| ADD ALL AMOUNTS SHOWN IN COLUMN C, | TOTAL AMOUN REMITTED WITH T | | FOR FCC USE ONLY |
| AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED | APPLICATION \$ | | |
| REMITTANCE. | | | |

Approved by OMB 3060-0627 Expires 01/31/98

FOR FCC USE ONLY



| SECTION II - APPLICAN | T INFORMATION | | | | | | |
|--|---|-------------------------|------------------------------|-------------------------|--|--|--|
| 1. NAME OF APPLICANT Genesis Communications | s I. Inc. | | | | | | |
| MAILING ADDRESS 4300 West Cypress Stre | et, Suite 1040 | | | | | | |
| CITY Tampa | | STATE Florid | a | ZIP CODE 33607 | | | |
| 2. This application is for: | Commercial | Noncomn | nercial Ion-Directional | | | | |
| Call letters | Community of License Const | ruction Permit File No. | Modification of Construction | Expiration Date of Last | | | |
| WAMT | Pine Castle/Sky Lake | uction remnt rile no. | Permit File No(s). | Construction Permit | | | |
| 3. Is the station ne accordance with 47 C.F If No, explain in an Exhi | | itomatic program | test authority in | Yes No | | | |
| 4. Have all the terms construction permit been | s, conditions, and obligations n fully met? | set forth in the | above described | Yes No | | | |
| If No, state exceptions in | n an Exhibit. | | | | | | |
| the grant of the underl | ges already reported, has any ying construction permit whic d in the construction permit ap | n would result in | any statement or | Yes No | | | |
| If Yes, explain in an Ex | hibit. | | | | | | |
| | ed its Ownership Report (FCC ce with 47 C.F.R. Section 73.3 | | ership | Yes No | | | |
| If No, explain in an Exhi | bit. | | | Exhibit No. | | | |
| 7. Has an adverse finding been made or an adverse final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination? | | | | | | | |
| If the answer is Yes, attach as an Exhibit a full disclosure of the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application, the call letters of the station regarding which the application or Section 1.65 information was filed, and the date of filing; and (ii) the disposition of the previously reported matter. | | | | | | | |

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Does the applicant, or any party to the application, have a petition on file to migrate to the expanded band (1605-1705 kHz) or a permit or license either in the existing band or expanded band that is held in combination (pursuant to the 5 year holding period allowed) with the AM facility proposed to be modified herein?

If Yes, provide particulars as an Exhibit,

The APPLICANT hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because use of the same, whether by license or otherwise, and requests and authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended).

The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in

CERTIFICATION

1. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).

2. 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.

| Name Bruce C. Maduri | Signature | na |
|----------------------------|----------------------------------|-----------------------------|
| Title President and CEO | ^{Date} July 13, 2018 | Telephone Number 8132811040 |

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

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of the application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on the form is not provided, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authorization.

Public reporting burden for this collection of information is estimated to average 639 hours and 53 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, can be sent to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3060-0827), Washington, D. C. 20554. Do NOT send completed forms to this address.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

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Yes V No

Exhibit No.

| ~ | Yes | No |
|---|-----|----|

| Name of Applicar | ICENSE APPLICATION ENGII nt COMMUNICATIONS I, | | | | | | |
|--|---|----------------------------|----------------------------|---|------------------|--|--|
| PURPOSE OF AUTHORIZATION APPLIED FOR: (check one) | | | | | | | |
| | Station License | ✓ Direct Meas | urement of Power | | | | |
| 1. Facilities auth | orized in construction permit | | | | | | |
| Call Sign | File No. of Construction Permit (if applicable) N/A | Frequency (kHz) 1190 | Hours of Operation | Power in Night 0.23 | kilowatts Day | | |
| 2. Station location | n | II | | | | | |
| State City or Town Florida Pine Castle Sky Lake | | | | | | | |
| 3. Transmitter lo | cation | | | | | | |
| State FL | County Orange | | City or Town Pine Castle | Street address (or other identification) 6526 Dumont Street | | | |
| 4. Main studio lo | cation | | | L | | | |
| State FL | County Pinellas | | City or Town Largo | Street address (or other identification) 800 8th Ave. SE | | | |
| 5. Remote contro | ol point location (specify only if a | uthorized directiona | al antenna) | | | | |
| State FL | County Pinellas | | City or Town Largo | Street address (or other identification 800 8th Ave. SE | ation) | | |
| 6. Has type-approved stereo generating equipment been installed? | | | | | | | |
| 7. Does the sampling system meet the requirements of 47 C.F.R. Section 73.68? | | | | | | | |
| Attach as an Exhibit a detailed description of the sampling system as installed. Exhibit No. ENG. | | | | | | | |
| 8. Operating con | | without | PE common point or optonno | ourront (in amount | a) without | | |
| RF common point or antenna current (in amperes) without modulation for night systemRF common point or antenna current (in amperes) without modulation for day system2.329.70 | | | | | | | |

| Measured antenna or common p operating frequency Night 50.0 | Doint resistance (i Day 50.0 | n ohms) at | Measured ante operating frequ Night -5.4 | | Doint reactance (in Day -4.3 | ohms) at |
|--|--|------------|---|--------------------------|------------------------------------|----------|
| Antenna indications for direction | nal operation | | | | | |
| Towers | Antenna monitor Phase reading(s) in degrees | | Antenna mo current | nitor sample ratio(s) | Antenna base currents | |
| | Night | Day | Night | Day | Night | Day |
| 1(SW) | 0.0 | | 1.000 | | | |
| 2(NE) | -152.5 | | .810 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | 2. 10. |
| Manufacturer and type of antenna monitor: Potomac Instruments AM-19(204) | | | | | | |

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SECTION III - Page 2

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9. Description of antenna system ((f directional antenna is used, the information requested below should be given for each element of the array. Use separate sheets if necessary.)

| Type Radiator | Overall height in meters of radiator above base insulator, or above base, if grounded. | Overall height in meters above ground (without obstruction lighting) | Overall height in meters above ground (include obstruction lighting) | If antenna is either top loaded or sectionalized, describe fully in an Exhibit. |
|---------------|---|--|--|--|
| Guyed Tower | 55.18 | 56.3 | 56.3 | Exhibit No. ENG. |
| Excitation | Series | Shunt | | |

Geographic coordinates to nearest second. For directional antenna give coordinates of center of array. For single vertical radiator give tower location.

| North Latitude | 28 | 0 | 28 | , | 00 | 11 | West Longitude 81 | 0 | 22 | ı | 29 | w |
|----------------|----|---|----|---|----|----|-------------------|---|----|---|----|---|
| | | | | | | | | | | | | |

If not fully described above, attach as an Exhibit further details and dimensions including any other antenna mounted on tower and associated isolation circuits.

Exhibit No. ENG. Exhibit No.

ENG.

Also, if necessary for a complete description, attach as an Exhibit a sketch of the details and dimensions of ground system.

10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

| N/A |
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11. Give reasons for the change in antenna or common point resistance.

| Relocation of metering point (Day operation) | Annual Contraction |
|--|--------------------|
| | |

I certify that I represent the applicant in the capacity indicated below and that I have examined the foregoing statement of technical information and that it is true to the best of my knowledge and belief.

| Name (Please Print or Type) Kurt Gorman | Signature (check appropriate box below) |
|--|---|
| Address (include ZIP Code) | Date |
| Phasetek Inc. | June 30, 2018 |
| 550 California Rd., Unit 11 | Telephone No. (Include Area Code) |
| Quakertown, PA 18951 | 215-536-6648 |

| Technical Director | Registered Professional Engineer |
|------------------------------------|----------------------------------|
| Chief Operator | Technical Consultant |
| Other (specify) | |
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