

FCC 388

DTV Consumer Education Quarterly Activity Report

Instructions

This form should be used to provide the Federal Communications Commission (FCC) with information pertaining to all station activity to educate consumers on the transition to digital television (DTV). All stations should log DTV Transition-Related Public Service Announcements (PSAs) and other DTV activities using the appropriate house (identification) numbers. These logs or records should include the date and time that each DTV activity occurred. This form must be filed in Docket Number 07-148 as Document Type: REPORT, and placed in the station's Public Inspection File. This form must continue to be filed for each quarter in which a station has DTV Transition education obligations.

- Go to the ECFS upload page: http://fjallfoss.fcc.gov/prod/ecfs/upload_v2.cgi
- Fill out the relevant cover sheet information.
- In the "Send Comment Files to FCC (Attachments)" section click the "Browse" button to choose the file you want to attach. (Or the first file if you have multiple files to attach)
- Click on the "Select one of these file types or convert your file to one of these types:" dropdown to choose the type of file that was attached.
- Click "Send Attached File to FCC"
- If you only had one file to attach click "Finish Transaction and Receive Confirmation".
- If you have another file to attach, click on the "Enter Additional Attachments"

Station Call Sign(s)

WFSU-TV and
WFSU-DT

Report reflects information for quarter ending (mm/dd/yy)

03/31/08

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?

Yes No

Simulcasting

Are you simulcasting on your Analog channel and your primary Digital stream?

Yes No

If YES, complete only one form for both. If NO, complete a form for your Analog channel and a second for your primary Digital stream

Call Sign WFSU-TV/DT	Channel Numbers		Community of License			
	Analog	11 <input checked="" type="checkbox"/>	City	State	County	Zip Code
	Digital	32 <input checked="" type="checkbox"/>	Tallahassee	FL	Leon	32310
Licensee Florida State University						
Above, circle the Channel Number(s) to which this form applies. 11 and 32			Nielsen DMA 108	World Wide Web Home Page Address www.wfsu.org		
Facility ID Number 21801	Previous Call Sign (if applicable)		License Renewal Expiration Date (mm/dd/yy) 02/01/13			

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 (add additional sheets where necessary):
Two five-minute segments during regular local programming prior to March 31, 2008.

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 (add additional sheets where necessary):

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 (add additional sheets where necessary):
General Manager is a member of the NAB Speakers Bureau.

Community Events

Comments (add additional sheets where necessary):

Other (describe)

Comments (add additional sheets where necessary):

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

Comments (add additional sheets where necessary):

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 Lee F. Hinkle	Typed or Printed Title of Person Signing Vice President for University Relations
Signature <input type="checkbox"/>	Date 4/9/2008

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).

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of information will take 3 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, Paperwork Reduction Project (3060-1115), Washington, D. C. 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1115.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.