

Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-1115 (February 2009)		FOR FCC USE ONLY	
FCC 388				FOR COMMISSION USE ONLY	
DTV Quarterly Activity Station Report				FILE NO. -20090408AAP	
Licensee NEWPORT TELEVISION LICENSE LLC					
Call Sign WXXA-TV		Facility Id 11970		Previous Call Sign (if applicable)	
Community of License					
City		State	County		Zip Code
ALBANY		NY	ALBANY		12203 -
Nielsen DMA ALBANY-SCHENECTADY-TROY		World Wide Web Home Page Address WWW.FOX23NEWS.COM		Licensee Renewal Expiration Date (mm/dd/yyyy) 06/01/2015	
Channel Numbers: (Check the Channel Number(s) to which this form applies.)					
<input checked="" type="checkbox"/> Analog	23				
<input checked="" type="checkbox"/> Digital	7				
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)? <input type="radio"/> Option One (A and D) <input checked="" type="radio"/> Option Two (B and D) <input type="radio"/> 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 B (For broadcasters electing Option Two)

On its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transition-related crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m. It must also run one 30 minute DTV-related informational program once, and one 100-Day Countdown piece per day for the 100 days prior to the conclusion of the transition. Comment boxes MUST be used to describe these compliant activities (See rules for additional details).

Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run -- Last Quarter

How many DTV PSAs and CSTs did your station run between 5:00 a.m. and 1:00 a.m. last quarter?	
Total 5:00 a.m. to 1:00 a.m. PSAs	223
Total 5:00 a.m. to 1:00 a.m. CSTs	230

For informational purposes only, how many DTV PSAs and CSTs did your station run in the last quarter from 6:00 a.m. to 9:00 a.m.?	
Total 6:00 a.m. to 9:00 a.m. PSAs	30
Total 6:00 a.m. to 9:00 a.m. CSTs	8
For stations located in the Eastern or Pacific Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter from 6:00 p.m. to 11:35 p.m. (must average at least 4 per week)?	
Total 6:00 p.m. to 11:35 p.m. PSAs	57
Total 6:00 p.m. to 11:35 p.m. CSTs	91
For stations located in the Central or Mountain Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter from 5:00 p.m. to 10:35 p.m.(must average at least 4 per week)?	
Total 5:00 p.m. to 10:35 p.m. PSAs	
Total 5:00 p.m. to 10:35 p.m. CSTs	
Comments:	

30 Minute Educational Programs - Last Quarter

How many 30 minute, DTV-related informational programs did your station run during the quarter? 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: THE SHOW AIRED SATURDAY, 1/24/09 AT 1:00P	

100-Day Countdown - Last Quarter

All stations participating in Option Two must air a minimum of one "Countdown To DTV" per day during certain periods. Due to the delay in the DTV deadline, the revision of the countdown rules, and differing analog termination dates, not every station was required to air the "Countdown To DTV" the same number of times during the first quarter of 2009. Below, list the actual number of days on which your station aired any eligible "Countdown to DTV," and, in the Comments field, briefly explain how this number of days was calculated.	
0	<i>Graphic Displays</i>
44	<i>Animated Graphics</i>
0	<i>Graphic and Audio Displays</i>
0	<i>Longer Form Reminders</i>
Comments: A COUNTDOWN WAS DISPLAYED DAILY FROM 1/1/2009 - 2/13/2009. DUE TO THE TRANSITION DEADLINE CHANGE WE PLAN TO RUN A 60 DAY COUNTDOWN DISPLAY BEGINNING IN APRIL.	

Section D (For all broadcasters)

Additional DTV On-air Initiatives - Last Quarter	
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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.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Comments: 3 NEWS REPORTS ON POSSIBLE DELAY OF ANALOG SHUTOFF, 1/8, 1/13 & 1/26. 4 NEWS REPORTS ON THE DEFINATE DELAY OF ANALOG SHUTOFF, 2/4, 2/13, 2/16 & 2/17.	
Station Website Additional Activity Related to the DTV Transition - Last Quarter	
Does your station have a Website?	<input checked="" type="radio"/> Yes <input type="radio"/> 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.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Comments: LINK TO WWW.DTVANSWERS.COM, ALSO FOX23NEWS.COM HAS A SECTION "WXXADIGITAL" THAT ANSWERS QUESTIONS ABOUT OUR DIGITAL SIGNAL, HOW TO RECEIVE IT AND WHEN THE ANALOG SIGNAL WILL BE TURNED OFF. THERE IS ALSO A LINK TO WWW.DTV2009.GOV	
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.	
<input type="checkbox"/> Speaking Engagements Comments:	
<input type="checkbox"/> Community Events Comments:	
<input type="checkbox"/> Other (describe) Comments:	
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 PROGRAM DIRECTOR
Signature PAUL PELLICCIA	Date (mm/dd/yyyy) 04/08/2009

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).

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