

FCC 317

ANNUAL DTV ANCILLARY/SUPPLEMENTARY SERVICES REPORT FOR DIGITAL TELEVISION STATIONS

FOR COMMISSION USE ONLY
FILE NO.

Read INSTRUCTIONS Before Filling Out Form

Section I - General Information

1. Legal Name of the Licensee or Permittee FAMILY STATIONS OF NEW JERSEY, INC.	
Mailing Address 4135 NORTHGATE BOULEVARD SUITE 1	
City SACRAMENTO	State or Country (if foreign address) CA
ZIP Code 95834 -	
Telephone Number (include area code) 9166418191	E-Mail Address (if available) KEBR@JPS.NET
FCC Registration Number:	Facility ID Number 20818
Call Sign WFME-TV	
2. Contact Representative (if other than Licensee or Permittee) MICHELLE A. MCCLURE, ESQUIRE	
Firm or Company Name FLETCHER, HEALD & HILDRETH, P.L.C.	
Telephone Number (include area code) 7038120484	
E-Mail Address (if available) MCCLURE@FHHLAW.COM	
3. For the twelve-month period ended September 30th, has the DTV licensee or permittee provided, at any time during the period, an ancillary or supplementary service as defined by 47 C.F.R. Section 73.624?	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
If "No," complete Question 7 and submit this Report to the Commission.	
If "Yes," proceed to Questions 4 through 7.	
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]	
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.	
Description of Service	Feeable (Y/N)
Gross Revenues (\$)	Bitstream Used
CONTINUAL SIMULCAST FEED OF NONCOMMERCIAL RADIO STATION KEAR (FM), SACRAMENTO, CA (LICENSED TO FAMILY STATIONS, INC., PARENT ENTITY OF WFME-TV)	<input type="radio"/> Yes <input checked="" type="radio"/> No
0	196

Description of Service	Feeable (Y/N)	Gross Revenues (\$)	Bitstream Used
CONTINUAL SIMULCAST FEED OF NONCOMMERCIAL RADIO STATION WFME (FM), NEWARK, NJ (LICENSED TO FAMILY STATIONS, INC., PARENT ENTITY OF WFME-TV)	<input type="radio"/> Yes <input checked="" type="radio"/> No	0	196

Description of Service	Feeable (Y/N)	Gross Revenues (\$)	Bitstream Used
CONTINUAL SIMULCAST FEED OF RADION TAIWAN INTERNATIONAL	<input type="radio"/> Yes <input checked="" type="radio"/> No	0	196

Description of Service	Feeable (Y/N)	Gross Revenues (\$)	Bitstream Used
FAMILY STATIONS, INC. EAST COAST FEED	<input type="radio"/> Yes <input checked="" type="radio"/> No	0	196

Description of Service	Feeable (Y/N)	Gross Revenues (\$)	Bitstream Used
FAMILY STATIONS, INC. WESTCOAST AUDIO FEED	<input type="radio"/> Yes <input checked="" type="radio"/> No	0	196

Description of Service	Feeable (Y/N)	Gross Revenues (\$)	Bitstream Used
FAMILY STATIONS, INC. FOREIGN LANGUAGE SERVICE AUDIO FEED	<input type="radio"/> Yes <input checked="" type="radio"/> No	0	196

Description of Service	Feeable (Y/N)	Gross Revenues (\$)	Bitstream Used
NOAA WEATHER RADIO AUDIO FEED	<input type="radio"/> Yes <input checked="" type="radio"/> No	0	196

Description of Service	Feeable (Y/N)	Gross Revenues (\$)	Bitstream Used
EDUCATIONAL TV SERVICE BASED IN PHILADELPHIA, PA (WYBE TV)	<input type="radio"/> Yes <input checked="" type="radio"/> No	0	4MB

- | | |
|--|---|
| 5. Total amount of gross revenues derived from feeable ancillary or supplementary services: | \$ 0 |
| 6. Has the DTV licensee or permittee 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 checked="" type="radio"/> No
<input checked="" 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 SUSAN ESPINOZA	Typed or Printed Title of Person Signing SECRETARY TREASURER
Signature	Date 10/1/2011

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
