

Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-1115 (February 2009)	FOR FCC USE ONLY
<b>FCC 388</b> <b>DTV Quarterly Activity Station Report</b>			FOR COMMISSION USE ONLY FILE NO. -
Licensee NEWPORT TELEVISION LLC			
Call Sign KOKI-TV	Facility Id 11910		Previous Call Sign (if applicable)
Community of License			
City TULSA	State OK	County TULSA	Zip Code 74129 - 2601
Nielsen DMA TULSA	World Wide Web Home Page Address WWW.FOX23.COM		Licensee Renewal Expiration Date (mm/dd/yyyy) 06/01/2014
Channel Numbers: (Check the Channel Number(s) to which this form applies.)			
<input checked="" type="checkbox"/> Analog	23		
<input checked="" type="checkbox"/> Digital	22		
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
<b>Simulcasting:</b>			
Are you simulcasting on your Analog channel and your primary Digital stream?			<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Application Purpose:</b>			
<input type="radio"/> DTV Education Report			
<input checked="" type="radio"/> Amendment	File Number BDERCT-20090106AAV		
If an amendment, include a comment explaining the reason and the portions of the pending application that are being revised. FOR THE FILING QUARTER ENDING 12/31/08, STATION INADVERTENTLY IDENTIFIED THE PERIOD END DATE TO BE 3/31/09. THIS AMENDMENT IS INTENDED TO REFLECT THE ACCURATE PERIOD ENDING DATE OF 12/31/08.			

**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.	203

PSAs	
Total 5:00 a.m. to 1:00 a.m. CSTs	276
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	27
Total 6:00 a.m. to 9:00 a.m. CSTs	0
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	
Total 6:00 p.m. to 11:35 p.m. CSTs	
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	62
Total 5:00 p.m. to 10:35 p.m. CSTs	92
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: IT AIRED ON SATURDAY, OCTOBER 4, 2008, AT 11:30AM.	

**100-Day Countdown Eligible Pieces - Last Quarter**

Beginning on March 4, 2009, all stations participating in Option Two will engage in special 100-Day "Countdown to DTV" activities. Stations must execute a minimum of one "Countdown to DTV" on-air activity per day during the 100 days leading up to June 12, 2009. During the last quarter, how many of each eligible 100-Day "Countdown to DTV" pieces did your station run?	
52	<i>Graphic Displays</i>
0	<i>Animated Graphics</i>
0	<i>Graphic and Audio Displays</i>
0	<i>Longer Form Reminders</i>
Comments: WE AIRED ONE GRAPHIC DISPLAY EVERY DAY FROM NOVEMBER 10, 2008 - DECEMBER 31, 2008.	

**Section D (For all broadcasters)**

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<b>Additional DTV On-air Initiatives - Last Quarter</b>	
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: DTV TRANSITION TESTS WERE DONE ON-AIR ON THE FOLLOWING DATES:  NOVEMBER 20, 2008 FROM 9:15-9:16PM DECEMBER 17, 2008 FROM 5:20-5:22PM AND 10:20-10:22PM	
<b>Station Website Additional Activity Related to the DTV Transition - Last Quarter</b>	
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: WE HAVE A LINK TO HTTP://WWW.DTVANSWERS.COM/ PROVIDED BY NAB.	
<b>Additional DTV Outreach Efforts -- Last Quarter</b>	
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:	
<b>This comment box may be used to include other comments or information about your station's DTV activity over the last quarter.</b>	
Comments:	

<b>Station Certification</b>	
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
Signature	Date (mm/dd/yyyy)
HOLLY ALLEN	03/04/2009

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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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-PERF, 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](mailto: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.**