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| Federal Communications Commission Washington, D.C. 20554 | | Approved by OMB 3060-1115 (March 2008) | FOR FCC USE ONLY |
| FCC 388 DTV Quarterly Activity Station Report | | | FOR COMMISSION USE ONLY FILE NO. - |
| Licensee NEWPORT TELEVISION LLC | | | |
| Call Sign KMYT-TV | | Facility Id 54420 | Previous Call Sign (if applicable) |
| Community of License | | | |
| City | State | County | Zip Code |
| TULSA | OK | TULSA | 74129 - 2601 |
| Nielsen DMA TULSA | World Wide Web Home Page Address | | 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 | 41 | | |
| <input checked="" type="checkbox"/> Digital | 42 | | |
| Report reflects information for quarter ending: 12/31/2008 | | | |
| 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

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| 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 | 211 |
| Total 5:00 a.m. to 1:00 a.m. CSTs | 210 |

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| 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 | 17 |
| 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 | 80 |
| Total 5:00 p.m. to 10:35 p.m. CSTs | 92 |
| Comments: | |

30 Minute Educational Programs - Last Quarter

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| 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 February 17, 2009. | |
| Total number of 30 Minute Informational Programs | 2 |
| Comments: IT AIRED ON SUNDAY, OCTOBER 26, 2008, AT 6:30PM AND 11:30PM. | |

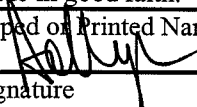
100-Day Countdown Eligible Pieces - Last Quarter

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| Beginning on November 10, 2008, 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 February 17, 2009. During the last quarter, how many of each eligible 100-Day "Countdown to DTV" pieces did your station run? | |
| 52 | Graphic Displays |
| 0 | Animated Graphics |
| 0 | Graphic and Audio Displays |
| 0 | Longer Form Reminders |
| Comments: WE AIRED ONE GRAPHIC DISPLAY EVERY DAY FROM NOVEMBER 10, 2008 - DECEMBER 31, 2008. | |

Section D (For all broadcasters)

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| 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. | <input checked="" type="radio"/> Yes <input type="radio"/> No |

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| Comments: DTV TRANSITION TESTS WERE DONE ON-AIR ON THE FOLLOWING DATES: DECEMBER 17, 2008 FROM 5:20-5:22PM AND 10:20-10:22PM | |
| 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: WE HAVE A LINK TO HTTP://WWW.DTVANSWERS.COM/ PROVIDED BY NAB. | |
| 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: | |

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| 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  Signature HOLLY ALLEN | Typed or Printed Title of Person Signing VICE PRESIDENT/GENERAL MANAGER Date (mm/dd/yyyy) 01/06/2009 |

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

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