

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. -20081009ABT
Licensee INDEPENDENCE PUBLIC MEDIA OF PHILADELPHIA, INC.		
Call Sign WYBE	Facility Id 28480	Previous Call Sign (if applicable)
Community of License		
City PHILADELPHIA	State PA	County PHILADELPHIA
		Zip Code 19128 -
Nielsen DMA PHILADELPHIA	World Wide Web Home Page Address INDEPENDENCEMEDIA.ORG	Licensee Renewal Expiration Date (mm/dd/yyyy) 08/01/2007
Channel Numbers: (Check the Channel Number(s) to which this form applies.)		
<input checked="" type="checkbox"/> Analog	35	
<input checked="" type="checkbox"/> Digital	34	
Report reflects information for quarter ending: 09/30/2008		
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 type="radio"/> Option Two (B and D) <input checked="" 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 C (For Noncommercial broadcasters only)

On its analog channel, and its primary digital stream, a station must air 60 seconds per day of on-air consumer education, in variable timeslots, including at least 7.5 minutes per month between 6 pm and 12 am. Beginning May 1, 2008, this requirement doubles, and beginning November 1, 2008, it increases again, to 180 seconds per day and 22.5 minutes per month between 6 pm and midnight. It must also run one 30 minute transition education piece once (See rules for additional details).	
Have you aired a sufficient amount of consumer education (60, 120, or 180 seconds per day, depending on the date) during each day this quarter?	<input checked="" type="radio"/> Yes <input type="radio"/> No
30 Minute Educational Programs - Last Quarter	
How many 30 minute, DTV-related informational programs did your station run during the quarter? The comment box may be used to describe this activity. 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 0	
Comments:	

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.	<input type="radio"/> Yes <input checked="" type="radio"/> No
Comments:	
Station Website Additional Activity Related to the DTV Transition - Last Quarter	
Comments:	

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 type="radio"/> Yes <input checked="" type="radio"/> No
Comments:	
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
	PRESIDENT
Signature	Date (mm/dd/yyyy)
HOWARD BLUMENTHAL	10/09/2008

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR I