

Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-1115 (March 2008)		FOR FCC USE ONLY	
<b>FCC 388</b> <b>DTV Quarterly Activity Station Report</b>				FOR COMMISSION USE ONLY FILE NO. -	
Licensee CHRISTIAN TELEVISION NETWORK, INC.					
Call Sign WHTN		Facility Id 11117		Previous Call Sign (if applicable)	
Community of License					
City MURFREESBORO		State TN	County RUTHERFORD	Zip Code 37138 -	
Nielsen DMA NASHVILLE		World Wide Web Home Page Address WWW.CTNTV.ORG		Licensee Renewal Expiration Date (mm/dd/yyyy) 08/01/2013	
Channel Numbers: (Check the Channel Number(s) to which this form applies.)					
<input checked="" type="checkbox"/> Analog	39				
<input checked="" type="checkbox"/> Digital	38				
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 checked="" type="radio"/> Option One (A and D) <input 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 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 A (For broadcasters electing Option One).**

Stations that elect Option One must place a copy of this form on the station's public website, if such exists.

On its analog channel, and its primary digital stream, a station must air one transition PSA, and run one transition crawl, in every quarter of every day. This requirement will increase to two PSAs and crawls per quarter per day on April 1, 2008, and to three of each on October 1, 2008. Stations are required to air PSAs or crawls at various times in any given day part, and at least one PSA and one crawl per day must be run during primetime hours. On-air education must not contain inaccurate or misleading statements and must be provided in the same language as a majority of the programming carried by the station. PSAs must be at least 15 seconds, and closed-captioned. Crawls must run during programming for no fewer than 60 consecutive seconds across the bottom or top of the viewing area (See rules for additional details).

Have you aired a sufficient number of eligible PSAs (28, 56, or 84 per week, depending on the reporting period) during the correct quarters of the day?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Have you aired a sufficient number of eligible crawls (28, 56, or 84 per week, depending on the reporting period) during the correct quarters of the day?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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## DTV Quarterly Activity Station Report

**Section D (For all broadcasters)**

<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:	
<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:	
<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 checked="" 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:	

**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 MONICA M. SCHMELTER
Signature MONICA M. SCHMELTER	Date (mm/dd/yyyy) 12/31/2008

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).

**FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT**

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