

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  
 MEDIA GENERAL COMMUNICATIONS HOLDINGS, LLC

Call Sign WSAV-TV	Facility Id 48662	Previous Call Sign (if applicable) <input style="width:100%;" type="text"/>
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Community of License

City	State	County	Zip Code
SAVANNAH	GA	CHATHAM	31404 - <input style="width:50px;" type="text"/>

Nielsen DMA Savannah	World Wide Web Home Page Address WWW.WSAV.COM	Licensee Renewal Expiration Date (mm/dd/yyyy) 04/01/2013
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Channel Numbers: (Check the Channel Number(s) to which this form applies.)

<input checked="" type="checkbox"/> checkbox checked	3	
Analog		
<input checked="" type="checkbox"/> checkbox checked	39	
Digital		

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 checked="" type="checkbox"/> radio button not selected	Option One (A and D)	<input checked="" type="checkbox"/> radio button selected	Option Two (B and D)
<input checked="" type="checkbox"/> radio button not selected	Option Three (C and D)		

Over the past quarter, have you fully complied with the requirements of this option?  Yes  No

**Simulcasting:**

Are you simulcasting on your Analog channel and your primary Digital stream?  Yes  No

**Application Purpose:**

<input checked="" type="checkbox"/> radio button selected	DTV Education Report	
<input checked="" type="checkbox"/> radio button not selected	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**

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	<input type="text"/>
Total 5:00 a.m. to 1:00 a.m. CSTs	<input type="text"/>
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	<input type="text"/>
Total 6:00 a.m. to 9:00 a.m. CSTs	<input type="text"/>
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	<input type="text"/>
Total 6:00 p.m. to 11:35 p.m. CSTs	<input type="text"/>
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	<input type="text"/>
Total 5:00 p.m. to 10:35 p.m. CSTs	<input type="text"/>
Comments:	
<input style="width: 100%; height: 50px;" type="text"/>	

**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 February 17, 2009.	
Total number of 30 Minute Informational Programs	<input type="text" value="1"/>
Comments:	
<input style="width: 100%; height: 50px;" type="text" value="WSAV AIRED A 30-MINUTE SPECIAL, 'GET READY FOR DTV,' ON SATURDAY, AUGUST 30, 2008, FROM 7:30-8PM ON OUR ANALOG/D.1 CHANNELS. THE SAME PROGRAM ALSO AIRED SUNDAY, AUGUST 31, 2008, FROM 9-9:30AM ON OUR D.2 CHANNEL."/>	

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

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?

<input type="text" value="0"/>	<i>Graphic Displays</i>
<input type="text" value="0"/>	<i>Animated Graphics</i>
<input type="text" value="0"/>	<i>Graphic and Audio Displays</i>
<input type="text" value="0"/>	<i>Longer Form Reminders</i>

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.

Yes  No

Comments:

**Station Website Additional Activity Related to the DTV Transition - Last Quarter**

Does your station have a Website?

Yes  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.

Yes  No

Comments:

WSAV MAINTAINS AT DIGITAL & HD TELEVISION PAGE ON OUR WEBSITE, WWW.WSAV.COM, KEYWORD "DIGITAL TV". CONSUMER INFORMATION, LINKS TO THE NAB AND CONSUMER ELECTRONICS ASSOCIATION DTV WEBSITES, AND A COUNTDOWN TO

**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.

Speaking Engagements

Comments:

Community Events

Comments:

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 PROGRAM MANAGER
Signature DAVID J. STAGNITTO	Date (mm/dd/yyyy) 10/06/2998

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