FCC FORM 1275
CERTIFICATION FOR OPEN VIDEO SYSTEMS

A. Company Information

Company Name: Digital Broadcasting OVS Corporation
Contact Person: Roy Jimenez, CEO
Mailing Address: 807 Ponce de Leon
City: San Juan
State: P.R.
Zip Code: 00907
Phone Number: 787-546-4660
Fax Number: N/A

B. Attach a statement of ownership, including all affiliated entities:

C. Eligibility and Compliance Representations

1. If you are a cable operator applying for certification within your cable franchise area, are you qualified to operate an open video system under 47 C.F.R. § 76.1501?
2. Do you agree to comply and to remain in compliance with each of the Commission’s regulations in 47 C.F.R. §§ 76.1503, 76.1504, 76.1506(m), 76.1508, 76.1509, and 76.1513?
3. Do you agree to comply with the Commission’s notice and enrollment requirements for unaffiliated video programming providers?
4. If applicable, do you agree to file changes to your cost allocation manual at least 60 days before the commencement of service?

D. System Information

1. Provide a general description of the anticipated communities or areas to be served upon completion of the system.
   State of Florida: Jacksonville, Orlando, Miami, Tampa and Tallahassee.
   U.S. Territory of Puerto Rico and the 78 municipalities.

2. Anticipated Digital Capacity: 10,000
3. Anticipated Analog Capacity: Zero
4. If Switched Digital, Anticipated Number of Channel Input Ports: 10,000

E. Verification Statement

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE TITLE 18, SECTIONS 1001), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503)
To the best of my knowledge and belief, the representations made herein are accurate according to the most recent information available.
Name: Roy Jimenez
Title: CEO
Signature: [Signature]
Date: Monday, May 9, 2022