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November 18, 2005

Commission's Secretary / Office Of The Secretary
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

CGB-CC-0013

Attention: CGB Room 3-B431

Re: #47 C.F.R. § 79.1 (d) & 47 C.F.R. § 79.1 (f)
MDR Consulting, MDR Television, Petition for EXEMPTION from Closed Captioning Requirement.

To Whom It May Concern.

As owner of MDR Consulting, MDR Television, please note our request to PETITION for EXEMPTION from CLOSED CAPTIONING requirement for our company. In our opinion, the evidence is overwhelming to show and exemption to be granted as a result of UNDUE BURDEN IMPOSED BY CAPTIONING REQUIREMENTS.

We submit the following evidence of EXEMPTION from CLOSED CAPTIONING requirements:

1. 2004 TAX STATEMENT – Programming provided by program providers with annual gross revenues below three million dollars.
2. Statement Of Business Purpose – Describes programming provided by program provider as a local advertisement for a local retailer.
3. Statement Of Burden Imposed By Captioning Requirement.
4. DVD sample of a typical local program produced.

I welcome any inquiries the F.C.C. may have to help our company obtain the exemption we need to continue in business as normal.

Sincerely,

Thomas LoChiatto
Owner

Statement Of Business Purpose

Tom Lochiatto began a sole proprietorship business DBA MDR Consulting / MDR Television in June of 1996. The purpose of the business was to offer to local retailers a unique opportunity to advertise their business as an infomercial. At that time only national products and companies utilized the infomercial avenue.

After a challenging beginning it became apparent that only local automobile dealership would be able to afford such an advertising direction. A production format was developed that made this type of advertising affordable. The format consisted of the following mandates:

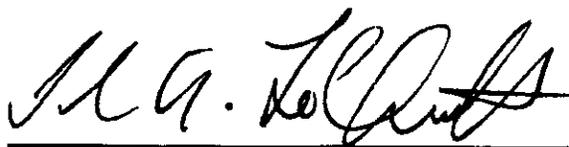
1. Tom Lochiatto would have to host all infomercials to save the clients talent fee's
2. An ad lib format would also have to be used to hold costs down.
3. Finally advertisers would have to have MDR Consulting / MDR Television purchase all media to get the rates low enough to see a return on investment.

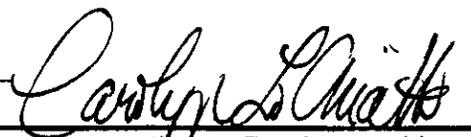
MDR Consulting / MDR Television only airs these infomercials on LOCAL STATIONS in the TV market where the automobile dealer is located.

MDR Consulting / MDR Television produces infomercials with time sensitive sales prices thus these productions have a very short shelf life.

MDR Consulting / MDR Television uses free lance video professionals to produce all video productions to hold costs down for the local advertiser.

I swear under oath and witness that the above statements are true.


Thomas Lochiatto Owner

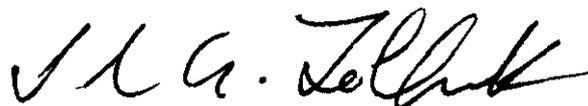

Witness Carolyn Lochiatto

Statement Of Burden Imposed By Captioning Requirement

As owner of this sole proprietorship business DBA MDR Consulting / MDR Television I do declare cause for a petition for exemption from close captioning #47 C.F.R. § 79.1 (d) & 47 C.F.R. § 79.1 (f) on the grounds of the following:

1. Our total revenue in 2004 was under \$3,000,000 as stated by the F.C.C requirement for burden. In 2004 our gross revenues were \$1,337,909 as stated by the enclosed schedule c form of our tax return for Thomas Lochiatto DBA MDR Consulting / MDR Television.
2. The nature of our business is LOCAL advertising. The cost to close caption these advertisements in our opinion puts an added cost on our service which will result in lost business.
3. The nature of the material itself being time sensitive to sales pricing by the client and the time it takes to close caption will result in lost business.
4. The fact of these advertisements being aired in the majority of the time after 1am and before 6am should warrant an exemption.
5. The fact these advertisements have a short shelf life and are aired on a local basis only (local TV DMA where the client is located) should also warrant an exemption.

I swear under oath and witness that the above statements are true.



Thomas Lochiatto Owner



Witness Carolyn Lochiatto

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2004
09

Department of the Treasury
Internal Revenue Service

▶ Partnerships, joint ventures, etc. must file Form 1065 or 1065-B.
▶ Attach to Form 1040 or 1041. ▶ See instructions for Schedule C (Form 1040).

Name of proprietor

THOMAS ANTHONY LOCHIATTO

Social security number (SSN)

B Enter code from instructions
▶ **541800**

A Principal business or profession, including product or service (see instructions)

ADV/MEDIA/TV HOST

C Business name. If no separate business name, leave blank.

MDR CONSULTING

D Employer ID number (EIN), if any

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you 'materially participate' in the operation of this business during 2004? If 'No,' see instructions for limit on losses. ... Yes No

H If you started or acquired this business during 2004, check here ▶

Part I Income

1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here.	<input type="checkbox"/>	1	1,337,909.
2 Returns and allowances		2	23,243.
3 Subtract line 2 from line 1.		3	1,314,666.
4 Cost of goods sold (from line 42 on page 2).		4	1,084,845.
5 Gross profit. Subtract line 4 from line 3		5	229,821.
6 Other income, including Federal and state gasoline or fuel tax credit or refund		6	
7 Gross income. Add lines 5 and 6		7	229,821.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	8,174.	19 Pension and profit-sharing plans	19	
9 Car and truck expenses (see instructions)	9	5,667.	20 Rent or lease (see instructions):		
10 Commissions and fees	10		20a Vehicles, machinery, and equipment	20a	7,020.
11 Contract labor (see instructions)	11		20b Other business property	20b	
12 Depletion	12		21 Repairs and maintenance	21	3,500.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	2,536.	22 Supplies (not included in Part III)	22	2,048.
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	73.
15 Insurance (other than health)	15	2,130.	24 Travel, meals, and entertainment:		
16 Interest:			24a Travel	24a	43,320.
16a Mortgage (paid to banks, etc.)	16a		24b Meals and entertainment		1,445.
16b Other	16b		24c Enter nondeductible amount included on line 24b (see instrs)		723.
17 Legal & professional services	17	558.	24d Subtract line 24c from line 24b	24d	722.
18 Office expense	18	12,587.	25 Utilities	25	
			26 Wages (less employment credits)	26	30,131.
			27 Other expenses (from line 48 on page 2)	27	
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns.	28			28	118,466.

29 Tentative profit (loss). Subtract line 28 from line 7.	29	111,355.
30 Expenses for business use of your home. Attach Form 8829.	30	2,762.
31 Net profit or (loss). Subtract line 30 from line 29.	31	108,593.

- If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.
- If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.
- If you checked 32b, you must attach Form 6198.

32a All investment is at risk.

32b Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 2004

Form **1040**

U.S. Individual Income Tax Return 2004

(99) IRS Use Only — Do not write or staple in this space.

Label
(See instructions.)

For the year Jan 1 - Dec 31, 2004, or other tax year beginning _____, 2004, ending _____, 20		OMB No. 1545-0074
Your first name THOMAS ANTHONY LOCHIATTO	MI Last name	Your social security number
If a joint return, spouse's first name [REDACTED] LOCHIATTO	MI Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 13410 PRESTON ROAD I395		▲ Important! ▲ You must enter your social security number(s) above.
City, town or post office. If you have a foreign address, see instructions. DALLAS, TX 75240		
Apartment no. State ZIP code		

Presidential Election Campaign
(See instructions.)

▶ **Note:** Checking 'Yes' will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ... Yes No Yes No

Filing Status

1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ▶
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here ▶	
5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)	

Exemptions

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.	Boxes checked on 6a and 6b ..	2
b <input checked="" type="checkbox"/> Spouse	No. of children on 6c who:	
c Dependents:		
(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you
[REDACTED] LOCHIATTO	[REDACTED]	Daughter
		(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
d Total number of exemptions claimed		3

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a Taxable interest. Attach Schedule B if required	8a	374.
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	115.
b Qualified divs (see instrs)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	143,411.
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13	1,498.
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount (see instrs)	15b	
16a Pensions and annuities	16a	
b Taxable amount (see instrs)	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount (see instrs)	20b	
21 Other income	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	145,398.

Adjusted Gross Income

23 Educator expenses (see instructions)	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 IRA deduction (see instructions)	25	6,500.
26 Student loan interest deduction (see instructions)	26	
27 Tuition and fees deduction (see instructions)	27	
28 Health savings account deduction. Attach Form 8889	28	
29 Moving expenses. Attach Form 3903	29	
30 One-half of self-employment tax. Attach Schedule SE	30	9,364.
31 Self-employed health insurance deduction (see instrs)	31	7,233.
32 Self-employed SEP, SIMPLE, and qualified plans	32	
33 Penalty on early withdrawal of savings	33	
34a Alimony paid b Recipient's SSN	34a	
35 Add lines 23 through 34a	35	23,097.
36 Subtract line 35 from line 22. This is your adjusted gross income	36	122,301.

Tax and Credits

Standard Deduction or - People who checked any box on line 38a or 38b or who can be claimed as a dependent, see instructions.

All others: Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

Table with 3 columns: Line number, Description, and Amount. Includes lines 37-56 covering Adjusted Gross Income, Deductions, Credits, and Total Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-62 covering Self-employment tax, Social Security/Medicare, and Total Tax.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 63-70 covering Federal income tax withheld, estimated tax payments, and Total Payments.

Refund

Direct deposit? See instructions and fill in 72b, 72c, and 72d.

Table with 3 columns: Line number, Description, and Amount. Includes lines 71-73 covering Overpaid amount, Refund amount, and Amount applied to 2005 tax.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 74-75 covering Amount owed and Estimated tax penalty.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete the following: [] No

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer's Use Only

Preparer's signature: Paulette Britton, Date: 4/09/05, Check if self-employed: [X], Firm's name: James R. Brewer, address: 9040 East Highway 51, Broken Arrow, OK 74014

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2004
07

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040.
▶ See instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

THOMAS ANTHONY AND [REDACTED] LOCHIATTO

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1	9,065.		
	2 Enter amount from Form 1040, line 37	2	122,301.		
	3 Multiply line 2 by 7.5% (.075)	3	9,173.		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4	0.
Taxes You Paid <small>(See instructions.)</small>	5 State and local (check only one box):				
	a <input type="checkbox"/> Income taxes, or	5	1,426.		
	b <input checked="" type="checkbox"/> General sales taxes (see instructions)				
	6 Real estate taxes (see instructions)	6	2,826.		
	7 Personal property taxes	7			
8 Other taxes. List type and amount ▶	8				
9 Add lines 5 through 8				9	4,252.
Interest You Paid <small>(See instructions.)</small>	10 Home mtg interest and points reported to you on Form 1098	10	7,659.		
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶				
	Note. Personal interest is not deductible.	11			
	12 Points not reported to you on Form 1098. See instrs for spcl rules	12			
13 Investment interest. Attach Form 4952 if required. (See instrs.)	13				
14 Add lines 10 through 13				14	7,659.
Gifts to Charity <small>If you made a gift and got a benefit for it, see instructions.</small>	15 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.	15	9,070.		
	16 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	16	500.		
	17 Carryover from prior year.	17			
	18 Add lines 15 through 17.				18
Casualty and Theft Losses	19 Casualty or theft loss(es). Attach Form 4684. (See instructions.)			19	0.
Job Expenses and Most Other Miscellaneous Deductions <small>(See instructions.)</small>	20 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	20			
	21 Tax preparation fees	21			
	22 Other expenses — investment, safe deposit box, etc. List type and amount ▶	22			
	23 Add lines 20 through 22	23			
	24 Enter amount from Form 1040, line 37	24			
	25 Multiply line 24 by 2% (.02)	25			
26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-				26	0.
Other Miscellaneous Deductions	27 Other — from list in the instructions. List type and amount ▶			27	0.
Total Itemized Deductions	28 Is Form 1040, line 37, over \$142,700 (over \$71,350 if MFS)?			28	21,481.
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 39.				
	<input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.				

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