

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
Notification of Suspension of Operations / Request for Silent STA		FOR COMMISSION USE ONLY FILE NO.
Read Instructions/FAQ before filling out form		

Section I - General Information

1.	Legal Name of the Applicant Hispanic Family Christian Network, Inc.			
	Mailing Address 8330 Lyndon B. Johnson Fwy., Suite B400			
	<table border="1"> <tr> <td>City Dallas</td> <td>State or Country (if foreign address) TX</td> <td>Zip Code 75243</td> </tr> </table>	City Dallas	State or Country (if foreign address) TX	Zip Code 75243
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	<table border="1"> <tr> <td>Telephone Number (include area code) 214-434-5600</td> <td>E-Mail Address (if available)</td> </tr> </table>	Telephone Number (include area code) 214-434-5600	E-Mail Address (if available)	
Telephone Number (include area code) 214-434-5600	E-Mail Address (if available)			
	<table border="1"> <tr> <td>FCC Registration No 0017045188</td> <td>Call Sign K233CU</td> <td>Facility ID Number 144158</td> </tr> </table>	FCC Registration No 0017045188	Call Sign K233CU	Facility ID Number 144158
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2.	Contact Representative (if other than licensee/permittee) DAN J. ALPERT			
	Firm or Company Name THE LAW OFFICE OF DAN J. ALPERT			
	Mailing Address 2120 N. 21ST RD.			
	<table border="1"> <tr> <td>City ARLINGTON</td> <td>State or Country (if foreign address) VA</td> <td>ZIP Code 22201 -</td> </tr> </table>	City ARLINGTON	State or Country (if foreign address) VA	ZIP Code 22201 -
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	<table border="1"> <tr> <td>Telephone Number (include area code) 7032438690</td> <td>E-Mail Address (if available) DJA@COMMLAW.TV</td> </tr> </table>	Telephone Number (include area code) 7032438690	E-Mail Address (if available) DJA@COMMLAW.TV	
Telephone Number (include area code) 7032438690	E-Mail Address (if available) DJA@COMMLAW.TV			
3.	Purpose:			
	<input type="radio"/> Notification of Suspension of Operations			
	<input type="radio"/> Notification of Suspension of Operations and Request for Silent STA			
	<input checked="" type="radio"/> Request for Silent STA			
	<input type="radio"/> Request to Extend STA			
	<input type="radio"/> Resumption of Operations			
4.	Community of License: City: State:			
5.	Reason for going silent: <input type="radio"/> Technical <input checked="" type="radio"/> Financing <input type="radio"/> Staffing <input type="radio"/> Program Source <input type="radio"/> Other			
6.	Please provide a justification for the request			
	[Exhibit 1]			
7.	Date Station has gone / will go silent: 2/10/2022 (mm/dd/yyyy)			
8.	Anti-Drug Abuse Act Certification. Applicant certifies that neither applicant nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.			
	<input checked="" type="radio"/> Yes <input type="radio"/> No			

I hereby certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations.

Typed or Printed Name of Person Signing Maria C. Guel	Typed or Printed Title of Person Signing President
Signature /s/	Date (mm/dd/yyyy) 03/08/2022

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).

Exhibits

Exhibit 1

Description: JUSTIFICATION

The station is silent due to financial reasons.

Attachment 1
