

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 Read Instructions/FAQ before filling out form		FOR COMMISSION USE ONLY FILE NO. -

Section I - General Information

1.	Legal Name of the Applicant Hispanic Family Christian Network, Inc.		
	Mailing Address 8330 Lyndon B. Johnson Fwy., Suite B400		
	City Dallas	State or Country (if foreign address) TX	Zip Code 75243
	Telephone Number (include area code) 214-434-5600		E-Mail Address (if available)
	FCC Registration No 0017045188	Call Sign K233CU	Facility ID Number 144158
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.		
	City ARLINGTON	State or Country (if foreign address) VA	ZIP Code 22201 -
	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 checked="" 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
