

(REFERENCE COPY - Not for submission) AM Restoration of License Operation Notification

File Number:0000220024Submit Date:08/29/2023Lead Call Sign:WWFEFRN:0032932766Service:Full Power AMPurpose:Restoration of License Operation NotificationStatus:ReceivedStatus Date:08/29/2023Filing Status:Active

General	Section Question					Respons	e	
Information	Attachments			Are attachments (other than associated schedules) being filed with this application?				
	Applicant Name, Type, and Contact Information							
Information	Applicant		Address		Phone	Email		Applicant Type
	HISPANOS COMN LLC	IUNICATIONS,	4880 Santa Rd Camarillo, 0 93012 United Stat	CA	+1 (805) 987- 0400	tracey.kim@sale com	emmedia.	Company
Contact Representatives	Contact Name	Address		Phon	e	Email	Conta	ct Type
(1)	Kathleen Kirby Wiley Rein LLP	2050 M Stree Washington, I United States	DC 20036	+1 (202) 719-3360 6		kkirby@wiley.law	Legal Representative	
Station Status	Spatian	0					Deens	
	Section	uestion			Response			
	Station Status Dat		ate the station Restored License Operation:			03/25/2023		

Section

General Certification Statements	The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).	
	The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1. 2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification § 1.2002(c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.	
Authorized Party to Sign	 FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503). 	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Christopher J. Henderson Executive Vice President and Secretary
		08/29/2023

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status	
<u>WWFE Statement.</u> pdf	Applicant		Resumption Exhibit	Done with Virus Scan and/or Conversion	