

(REFERENCE COPY - Not for submission) Resumption of Operations of an AM Station Application

File Number:0000204881Submit Date:12/07/2022Lead Call Sign:KZMPFacility ID:63551

FRN: 0006806780

 Service:
 Full Power AM
 Purpose:
 Resume Operations
 Status:
 Received
 Status Date:
 12/07/2022
 Filing Status:

 Inactive
 Ina

General Information	Section		Question				Response	
	Attachments	Are attachments (other than associated schedules) being filed with this application?				No		
Applicant	Applicant Name, Type, and Contact Information							
Information	Applicant		Address	Address		Email		Applicant Type
	Estrella Radio License of Dallas LLC		1845 Empire Avenue Burbank, CA 91504 United States		+1 (818) 729- 5300	bkei@Estrella com	aMedia.	LLC
Contact	Contact Name	Address		Phone		Email	Contac	сt Туре
Representatives (1)	Kathleen Kirby Wiley Rein LLP	2050 M Stree Washington, United States	DC 20036			kkirby@wiley.law	Legal Representative	
Station Status	Section	Q	uestion				Respons	e
	Station Status	Da	ate the station r	esumed fu	ull power/operat	tions:	12/06/202	22

Certification

Section	Question	Response
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.	Brian Kei <i>Manager</i> 12/07/2022

Attachments

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