

(REFERENCE COPY - Not for submission) Request for Silent Authority of an AM Station Application

File Number: BLSTA-20090904ADB		Submit Date: 09/04/2009	9 Lead Call Sign: WQMS		FRN: 0020375242	
Service: Full Power AM	Purpose: F	Request for Silent STA	Status: Granted	Status D	ate: 09/23/2009	Filing Status:
Inactive		1		1		1

General Information	Section	Question	Response
	Attachments	Are attachments (other than associated schedules) being filed with this application?	

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
ACME BROADCASTING, INC Applicant Doing Business As: ACME BROADCASTING, INC	2505 THONOTOSASSA ROAD #172 PLANT CITY, FL 33563 United States	+1 (808) 753-5111	ACMEBROADCASTING@GMAIL. COM	Company

Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
ACME BROADCASTING, INC	2505 THONOTOSASSA ROAD #172 PLANT CITY, FL 33563 United States	+1 (808) 753-5111	ACMEBROADCASTING@GMAIL. COM	Legal Representative

Station Status

Section	Question	Response
Station Status	Date the station went/will go silent:	08/18/2009
	Reason for going silent:	Technical

	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). 	

Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status
	<u>1332547_789395.txt</u>	Applicant	All Purpose	JUSTIFICATION	Done with Virus Scan and/or Conversion
	D:\data\prod\cdbs\letters\\14\A-1332547_F- 54325_L-14105-BLSTA-20090904ADB.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion