

(REFERENCE COPY - Not for submission) Request to Extend a Silent Authority of a Full Power AM Station Application

File Number: BLESTA-20200617AAA | Submit Date: 06/17/2020 | Lead Call Sign: WHSR | Facility ID: 27420

FRN: 0030233019

Service: Full Power AM Purpose: STA Extension Status: Granted Status Date: 07/17/2020 Filing Status: Inactive

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
BEASLEY MEDIA GROUP LICENSES, LLC Applicant Doing Business As: BEASLEY MEDIA GROUP LICENSES, LLC	3033 RIVIERA DRIVE SUITE 200 NAPLES, FL 34103 United States	+1 (239) 263- 5000	CAROLINE@BBGI.	ОТН

Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
SALLY A. BUCKMAN, ESQ. LERMAN SENTER PLLC	2001 L STREET NW SUITE 400 WASHINGTON, DC 20036 United States	+1 (202) 429- 8970	SBUCKMAN@LERMANSENTER. COM	Legal Representative

Extension Request

Section	Question	Response
Extension Request	Reason for going silent:	Other
	Please enter the new requested expiration date:	

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.).	

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.

CAROLINE BEASLEY

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
1818491 45300114.pdf	Applicant	All Purpose	WHSR JUSTIFICATION OF STA REQUEST	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\95\A-1818491_F- 27420_L-95461-BLESTA-20200617AAA.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion