



(REFERENCE COPY - Not for submission)

Administrative Update for a Low Power FM  
Station Application

File Number: 0000214041 | Submit Date: 04/19/2023 | Call Sign: WDV5-LP | Facility ID: 192329 | FRN: 0022962377 |

State: Florida | City: Miami

Service: FL | Purpose: Administrative Update | Status: Received | Status Date: 04/19/2023 | Filing Status: Active

General  
Information

Section	Question	Response
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Applicant  
Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
South Florida FM, Inc. Doing Business As: SOUTH FLORIDA FM INC	FRANCISCO RUIZ 1035 NW 66th street Miami , FL 33150 United States	+1 (561) 342- 1423	CISCOLPFM@gmail. com	Not-for- Profit

Contact  
Representatives  
(3)

Contact Name	Address	Phone	Email	Contact Type
<b>Milton Lopez , MR .</b> <i>Community Service Project Coordinator</i> South Florida FM, Inc.	1683 NE 169 street North Miami Beach, FL 33162 United States	+1 (561) 342-1423	miltonlpfmlopez@gmail. com	Community Service Project Coordinator/ Field representative
<b>Frank Mendoza</b> <i>Field Engineer</i> WDVS-LP FM	1035 NW 66th Street Miami, FL 33150 United States	+1 (561) 342-1423	frankiprizzo@gmail. com	Technical Representative
<b>FRANCISCO P RUIZ , MR .</b> <i>CHEIF EXECUTIVE OFFICER</i> SOUTH FLORIDA FM	FRANCISCO 8171 SW 24th PL MIRAMAR, FL 33025 United States	+1 (561) 342-1423	CISCOLPFM@GMAIL. COM	Legal Representative

## 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	<b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b> 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 certify that this application includes all required and relevant attachments.	Yes
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	<b>FRANCISCO P RUIZ , MR .</b> <i>CHEIF EXECUTIVE OFFICER</i>  04/19/2023

Attachments

File Name	Uploaded By	Attachment Type	Description
<u>SOUTH FLORIDA FM list of Officers and Directors.pdf</u>	Applicant	All Purpose	