

(REFERENCE COPY - Not for submission)
Request to Extend a Full Power FM Engineering STA Application

File Number: **BDSTA-20060629AGX** | Submit Date: **06/29/2006** | Lead Call Sign: **WBEN-FM** | Facility ID: **22308** |

FRN: **0004077426**

Service: **Full Power FM** | Purpose: **STA Extension** | Status: **Granted** | Status Date: **07/18/2006** | Filing Status: **Active**

General Information	Section	Question	Response
	Attachments	Are attachments (other than associated schedules) being filed with this application?	
	Section	Question	Response
	Fees, Waivers, and Exemptions	Is the applicant exempt from FCC application Fees?	No
		Indicate reason for fee exemption:	
		Is the applicant exempt from FCC regulatory Fees?	
		Does this filing request a waiver of the Commission's rule (s)?	
	Waivers	Total number of rule sections involved in this waiver request:	

Applicant Information	Applicant Name, Type, and Contact Information				
	Applicant	Address	Phone	Email	Applicant Type
	GREATER PHILA. RADIO , INC	35 BRAINTREE HILL OFFICE PARK STE 300			
	Applicant	BRAINTREE, MA 02184	+1 (781) 348-8600	ERUBIN@GREATER-MEDIA.COM	OTH
	Doing Business As: GREATER PHILADELPHIA RADIO, INC.	United States			

Contact Representatives (0)	Contact Name					Address	Phone	Email	Contact Type
	Section			Question				Response	
	Extension Request			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.). 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.	
		FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID	

Authorized Party to Sign

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.

Information not provided.

Attachments