

## (REFERENCE COPY - Not for submission) Request to Extend a Silent Authority of an FM Translator Station Application

 File Number:
 BLESTA-20181102ABR
 Submit Date:
 11/02/2018
 Lead Call Sign:
 W291BY
 Facility ID:
 139045

FRN: 0006595441

Service: FM TranslatorPurpose: STA ExtensionStatus: GrantedStatus Date: 12/17/2018Filing Status: Active

General Information	Section	Question			R	Response	
	Attachments		Are attachments (other than associated schedules) being filed with this application?				
Applicant	Applicant Name, Type,	and Contact Info	ormation				
Information	Applicant	Address	Phone	Email		Applicant Type	
	EMPIRE BROADCASTING CORPORATION Applicant Doing Business As: EMPIRE BROADCASTING CORPORATION	100 SARATOGA VILLAGE BLVD SUITE 21 MALTA, NY 12020 United States	+1 (518) 899- 3000	JOEREILLY	(@EMPIREBROADCA	STING. OTH	
Contact Representatives	Contact Name	Address	Ph	one	Email	Contact Type	
(1)	LAWRENCE M. MILLER GARVEY SCHUBERT BARER	1000 POTOMAC STREET SUITE 200 WASHINGTON, DC 20007 United States	253	(202) 965- 34	LMILLER@GSBLAW COM	/. Legal Representative	
Extension	Section	Question			R	esponse	

Request

Section	Question	Response
Extension Request	Reason for going silent:	Financing
	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.).	

	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	JOSPEH A. REILLY
Authorized Party to Sign	<ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</li> <li>WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001)</li> <li>AND/OR REVOCATION OF ANY STATION</li> <li>AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503).</li> </ul>	
	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.	

## Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1795512_1520348.txt</u>	Applicant	All Purpose	REASON FOR STA REQUEST	Done with Virus Scan and /or Conversion
D:\data\prod\cdbs\letters\\89\A-1795512_F- 139045_L-89253-BLESTA-20181102ABR.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and /or Conversion