

Service: FM Translator Purpose: Resume Operations Status: Granted Status Date: 04/30/2020 Filing Status: Active

General Information	Section	Question	Response				
	Attachments	Are attachments (other the filed with this application					
Applicant	Applicant Name, Type, and Contact Information						
Information	Applicant	Address	Phone	Email	Applicant Type		
	CENTRO CRISTIANO DE VIDA ETERNA Applicant Doing Business As: CENTRO CRISTIANO DE VIDA ETERNA	ANTOINE DR. HOUSTON, TX 77088	( )	APOSTOLGUEVAR# COM	A@GMAIL. OTH		
Contact Representatives	Contact Name	Address	Phone	Email	Contact Type		
Representatives (1)	<b>DAN J. ALPERT</b> THE LAW OFFICE OF DAN J. ALPERT	2120 N. 21ST RD. ARLINGTON, VA 22201 United States	+1 (703) 24 8690	43- DJA@COMI TV	MLAW. Legal Representative		
Station Status	Section	Question			Response		
	Station Status	Date the station resumed	d full power/opera	ations:	04/10/2020		

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	<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>	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	DAN J. ALPERT

Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status
	<u>1817420_1564282.txt</u>	Applicant	All Purpose	PARAMTERS	Done with Virus Scan and/or Conversion