

(REFERENCE COPY - Not for submission)

## Analog LPTV Legal STA Application

File Number:0000153183Submit Date:07/16/2021Call Sign:KBFY-LPFacility ID:16657FRN:0031517915State:ArizonaCity:FORTUNAService:LPAPurpose:Legal STAStatus:DismissedStatus Date:07/28/2021Filing Status:InActive

General	
Information	

# Fees, Waivers, and Exemptions

Question	Response
Question	Response
Is the applicant exempt from FCC application Fees?	No
Indicate reason for fee exemption:	
Does this filing request a waiver of the Commission's rule(s)?	No
Total number of rule sections involved in this waiver request:	
	Question         Is the applicant exempt from FCC application Fees?         Indicate reason for fee exemption:         Does this filing request a waiver of the Commission's rule(s)?

Application Type	Fee Code	Fee Amount
Legal STA	MGL	\$270.00
	Total	\$270.00

#### Applicant Name, Type, and Contact Information

### Applicant Information

Applicant	Address	Phone	Email	Applicant Type
<b>Jeff Chang</b> Doing Business As: JEFF CHANG	269 SOUTH BEVERLY DRIVE PMB #704 BEVERLY HILLS, CA 90212 United States	+1 (310) 403- 5039	CHANGMEDIA@AOL. COM	Individual

#### Authorization Holder Name

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives (1)	<b>Kathleen Victory</b> <i>FCC Counsel</i> Fletcher, Heald & Hildreth, PLC	1300 N 17th Street, 11th Floor SUITE 1100 Arlington, VA 22209 United States	+1 (703) 812- 0473	VICTORY@FHHLAW. COM	Legal Representative

Channel and Facility Information	Section	Question	Response
	Facility ID	16657	
	State	Arizona	
	City	FORTUNA	
	LPA Channel	41	

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	<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) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).</li> </ul>	
		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>Jeff Chang</b> <i>Owner</i> 07/16/2021

Attachments	File Name	Uploaded By	Attachment Type	Description
	KBFY Reason for Silent Request.pdf	Applicant	All Purpose	Reason for Request