	S COMMISSION Approved by OMB 20554 3060-0093 Expires 03/31/94			FCC USE ONLY					
Est. Avg. Burden Hours Per Response: 2.25 Hrs.									
APPLICATION FOR RENEWAL OF RADIO STATION LICENSE IN SPECIFIED SERVICES				SE .	File Number			Çall Sigr ドカス	) ( = , =
	arts 5, 21, 22, 23 and 25) Back Before Completing		1930-6 Service	x-R-4	1	K円之 f Station	XZE		
Name of Applicant (must be identical with that shown on current authorization)						(if applic		FCC Ide	ntifier
EASTWEST COMMUNICATIONS, INC.  2. Mailing Street Address or P.O. Box, City, State and ZIP Code of Applicant						KA2XZE			
(please note change of Company address - see Annual Rep Post Office Box 796128, Dallas, Texas 75379					ort)		fy Rulepar iling is ma 5		VRICH
4. Fee Data. Refer to 47				Filing Guide	for informat	ion. F	CC Use C	only	
(a) Fee Type Code (b) Fee Multiple EAE 1		if required (c) Fee Due for Fee Typ \$ 35.00							
5. Application is for renev	wal of license in	exact conformit	y with the			ified belo	w:		
,a) File Number	(b) Date Issued	) Date Issued (c) Call Sign			(d) Locat	ion			
1930-EX-PL-91		August 1, 1991 KA2XZE				<u>'ontine</u>	ntal Ur	nited S	tates
(e) Nature of Service		(f) Class of Station			·	(g) Expir	ation Date	1	
Experimental	XD, MO				Februa	ry 1, 1	993		
6. Note any changes such	as discontinuance	of use of a fr	equency, c	or of a type	of emission	or of a	transmitte	which h	ave been
nade since the last applica	Mon covering this	Station was the	n/a						
Items 7(a) and (b) apply to	Part 21 licensee	s only. N/	'A						
7(a) Has there been remov If "YES," when:			facilities so	o as to rend	er the station	not ope		YES	NO 🔀
(b) If this is a Multipoint affiliation with, or lea	Distribution Servicesing arrangement	ce (MDS) station with a cable tele	, is there evision cor	an ownership	o interest in,	control t	ον, [	] YES	NO
8. Applicant represents that changes in the applicant's rembodying this information, therein contained is hereby File No.	t there has been elation to the sta as identified bel reaffirmed. Note	no change in ap tion, or financial ow, is to be co	plicant's o responsib insidered a	rganization ar ility; that app as a part of	olicant's most this applicatio	recent a n, and th	pplication e truth o	fer of co or report f the state	ntrol or
	n/a								
9. Would a Commission graignificant environmental	impact?			•		•		YES	X NO
If "NO," explain brie									···-
a. Applicant waives any cla power of the United States license in accordance with b. The undersigned, individu complete and correct to the	s because of the this application. A ally and for the a	any particular fr previous use of Applicant acknow applicant, hereby	f the same vledges that certifies t	r of the ele- , whether by at all attached that the state	r license or o d exhibits are ements made	otherwise a materi in this ap	, and requial part he	uests a st reof.	ulatory ation
Date //15/93	Name of Applica  EASTWes	_		_		Title of	Applicant	(if any)	
Signature	, ,	Designate Appro	opriate Cla	ssification	& MEM, OF		AUTH, REPR	☐ ∩FFI	CIAL OF
Edwin of In	de	APPL.	PART.	APPLICA	ANT'S ASSOC.	(	OF CORP.	GOVI	. ENTITY
Willful false statements n and/or revocation of any	station license								