



August 31, 2015

Federal Communications Commission  
International Bureau Notifications  
PO Box 35875  
Pittsburg, Pennsylvania 15251-5175

RE: Request for Renewal XRCN

Dear Sir or Madam,

Enclosed please find FCC form 308, whereby Uniradio Corp ("Uniradio") respectfully request authorization to deliver programming to Foreign Broadcast station XRCN, Tijuana Mexico ("station"), pursuant section 325 (c) and section 73.3545 of the commission rules 47.C.F.R 73.3545.

Also enclosed is form 159 and proof of payment in the amount of \$105.00 paid on line to the Federal Communications Commission to cover for the filling fee.

If you need any further information please feel free to contact me at 619-497-0600 ext. 312 or [epedroza@uniradio.com](mailto:epedroza@uniradio.com).

Respectfully,

Ricardo Astiazaran  
General Manager/Chief Financial Officer

**FOR COMMISSION USE ONLY**  
File No.

**United States of America  
Federal Communications Commission  
Washington, D.C. 20554**

**APPLICATION FOR PERMIT TO DELIVER PROGRAMS TO FOREIGN BROADCAST STATIONS**  
(Carefully read instructions before filling out Form-RETURN ONLY FORM TO FCC)

1. Name of Applicant Street Address or P.O. Box City State Zip Code Telephone No.  
(include area code)  
**UNIRADIO CORP 5030 Camino de la Siesta #403 619**  
**San Diego, CA 92108 497-0600**

2. Name and address to whom communication should be sent if different from item 1.

Name Street Address or P.O. Box City State Zip Code Telephone No.  
(include area code)  
**SAME**

3. Legal identity of applicant: (only check one box)

Individual  Partnership  Corporation  Government Entity  Other

If other specify:

4. Application is for:  
 New Authorization  Extension of Existing Authority

5. If applicant is an individual, is applicant a citizen of the United States? **N/A**  YES  NO

6. If applicant is a partnership, are all partners citizens of the United States: **N/A**  YES  NO

7. If applicant is a corporation:

a. Under laws of what state was it organized: **California**

b. Is more than one-fifth of the capital stock of the corporation owned of record or may it be voted by aliens or their representatives or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?  YES  NO

c. Is any officer or director of the corporation an alien?  YES  NO

If the answer is Yes, give the following for each:

Name	Nationality	Position
<b>Gustavo Enrique Astiazaran</b>	<b>Mexican</b>	<b>President</b>

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d. Is applicant directly or indirectly controlled by any other corporation?  YES  NO

If the answer is Yes, give the following for the controlling corporation

Name	Address	State in which organized
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e. Is more than one-fourth of the capital stock of the controlling corporation either owned of record, or may it be voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?

N/A  YES  NO

f. Is any officer or more than one-fourth of the directors of the corporation an alien?

N/A  YES  NO

If the answer is Yes, give the name, nationality and position of each and give the total number of directors of the corporation.

Name	Nationality	Position	Number of Directors
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g. Is the above-described controlling corporation in turn a subsidiary? N/A  YES  NO

If the answer is Yes, attach as Exhibit No. \_\_\_\_\_ additional information answering the holding company questions in this paragraph for each company, including the organization having ultimate control.

8. a. If the applicant is an unincorporated association, give the following: N/A

Total number of members	Number of Alien Members (if any)
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b. State the following for alien officers or directors (if any): N/A

Name	Nationality	Position
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9. a. What is applicant's principal business?

**Sales Advertising Representative of Mexican licensed Spanish language radio Station**

b. Does applicant or any party to this application have any interest in, or connection with, any AM, FM, or TV broadcast station (either domestic or foreign), or any application pending before the Commission?

YES  NO

If the answer is Yes, attach Exhibit No. \_\_1\_\_ giving full particulars.

10. Is applicant a representative of an alien or of a foreign government?

YES  NO

If the answer is Yes, explain.

11. a. Has any radio station authorization previously issued to the applicant or party to this application been revoked, either by the Commission or by any court?

YES  NO

b. Has any previous application by the applicant or party to this application been denied by the Commission or by a predecessor agency?

YES  NO

If the answer to (a ) and/or (b) is Yes, explain:

12. a. Has applicant or any party to this application been found guilty of any felony by any court?

YES  NO

b. Has applicant or any party to this application been finally adjudged guilty by a federal court of the violation of the laws of the United States relating to unlawful monopoly, restraint of trade, and or unfair methods of competition?

YES  NO

If the answer to (a ) and or (b) is Yes, explain.



13. a. Address of studio or other place at which programs will originate:

**5030 Camino de la Siesta #403, San Diego CA 92108**

b. Telephone contact number:

**619-497-0600**

c. Email address: epedroza@uniradio.com

14. State ownership of originating facilities

**Uniradio, Corp**

15. a. Describe the means whereby programs will be delivered to foreign station(s), including the names of any interconnecting common carriers.

**Applicant will utilize optimal transmission media at any given time which may include the internet, microwave relay, satellite or land line (telephone)**

**Means of Transmissions include but are not limited to the following:**

- Dedicated Wireline
- Internet (IP)
- Public Switched Telephone Network (PSTN)
- Private Microwave
- Private Radio (remote pickup)
- Common Carrier Microwave
- Common Carrier Radio
- Satellite
- Or combination of methods

b. List all call signs of private transmitters in the United States

Call Sign	Company Name



16. Coordinated foreign station to which programs will be provided:

Please see exhibit 2  
(attached)

Callsign: XRCN

City: TIJUANA

State: MEXICO

AM Station

Frequency (kHz):

1,470 KHz

Daytime

Nighttime

Coordinates:

32 ° 30 ' 00 " NL

116 ° 57 ' 40 " WL

32 ° 30 ' 00 " NL

116 ° 57 ' 40 " WL

Operating power:

10,000 WATTS

5,000 WATTS

FM Station:

Frequency:

Channel:

Class:

Mode of operation: Directional/Non-directional

Maximum Effective Radiated Power (kW):

Coordinates ° ' " NL

° ' " WL

Antenna Height Above Average Terrain (HAAT):

Antenna Radiation Center Above Mean Sea Level (RCAMSL):

TV Station:

Channel:

Mode of operation: Directional/Non-directional

Maximum Effective Radiated Power (kW):

Coordinates ° ' " NL

° ' " WL

Antenna Height Above Average Terrain (HAAT):

Antenna Radiation Center Above Mean Sea Level (RCAMSL):

  
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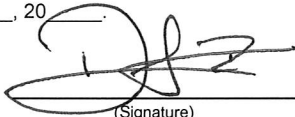
17. Attach as Exhibit No 2 a full explanation of the legal relationship between the applicant and foreign station(s) involved, including a copy of contract (if any) with foreign station(s).
18. a. Attach as Exhibit No 3 a statement as to whether program deliveries are to be intermittent or regularly scheduled, and the average number of hours, per day week and or month during which the foreign station(s) involved will broadcast such programs.  
 b. Attach as Exhibit No 4 a detailed description of the nature and character of the programming proposed and the language to be employed.
19. **Anti-Drug Abuse Act Certification.** Assignee/transferee certifies that neither assignee nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.
20. **Equal Employment Opportunity (EEO).** If the applicant proposes to employ five or more full-time employees, applicant certifies that it is filing simultaneously with this applicant a Model EEO Program Report on FCC Form 396-A.

CERTIFICATION

The APPLICANT acknowledges that all statements contained in this application and attached exhibits are material representations, and that the exhibits forming a part of this application are incorporated herein as if set out in full in the application. The undersigned certifies that the statements contained in this application are true, complete and correct to the best of his/her knowledge and belief and are made in good faith.

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Ricardo Astiazaran  
 (Name of Applicant)

By   
 (Signature)  
General Manager - CFO  
 (Title)

WILLFUL FALSE STATEMENTS MADE ON THIS FORM  
 ARE PUNISHABLE BY FINE AND IMPRISONMENT.  
 U.S. CODE, TITLE 18, SECTION 1001.

EXHIBITS furnished as required by this form:

Exhibit No.	Para. No of form	Name of officer or employee(1) by whom or(2) under whose direction exhibit was prepared (show which)	Official Title
1	9b	Ricardo Astiazaran	CFO
2	16	Ricardo Astiazaran	CFO
3	17	Ricardo Astiazaran	CFO
4	18a	Ricardo Astiazaran	CFO
5	18b	Ricardo Astiazaran	CFO

Uniradio Corp  
XRCN (renewal)  
Exhibit #1, FCC Form 308  
Question 9b

Broadcast Interests

Uniradio Corp is the Sales Representative of the foreign station in the United States of America.



Uniradio Corp  
XRCN (renewal)  
Exhibit 2, FCC form 308  
Question #17

Legal Relationship with Foreign Station

The Applicant Uniradio Corp. has a Sales Representation Agreement with the foreign station. That agreement is confidential, but the Applicant will provide a copy of that agreement under separate cover if requested and if its confidentiality can be assured.

Program Delivery

Program deliveries are to be regularly scheduled as follows:

Monday - Friday

7:00am – 9:00am Las Noticias with Martin Borchard (Spanish news program)  
1:00pm – 3:00pm Voces Hispanas (Spanish new/Talk show)  
5:00pm – 6:00pm La Arana (Immigration Talk show)  
9:00pm – 6:00am Brokered programs (Topics: Real state, Immigration, Health, Religious)

Saturday & Sunday

7:00am – 1:00pm Brokered programs (Topics: Real state, Immigration, Health, Religious)

Average hours per week: 168 hours  
Average hours per month: 672 hours

\*All times given are Pacific Time.

Uniradio Corp  
XRCN (renewal)  
Exhibit 4, Form 308  
Question 18b

Nature & Character of Programming

Description of Programming:

We wish to continue broadcast local and brokered programs with various topics such as health, immigration, finance, mortgage, sports, and entertainment, among others, which would be broadcast within the following time period: Monday thru Sunday from Twenty-four hours a day for an average of 168 hours a week.

\* All times given are Pacific time.

# Agency Tracking ID:PGC2720937 Authorization

## Number:211819

### Successful Authorization -- Date Paid: 8/28/15

### FILE COPY ONLY!!

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING  (1) LOCKBOX #979093	FEDERAL COMMUNICATIONS COMMISSION <b>REMITTANCE ADVICE</b> <b>FORM 159</b> PAGE NO 1 OF 1	APPROVED BY OMB 3060-059 SPECIAL USE FCC USE ONLY
<b>SECTION A - Payer Information</b>		
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) <b>Uniradio Corp</b>		(3) TOTAL AMOUNT PAID (dollars and cents) <b>\$105.00</b>
(4) STREET ADDRESS LINE NO. 1 <b>5030 CAMINO DE LA SIESTA</b>		
(5) STREET ADDRESS LINE NO. 2 <b>Ste 403</b>		
(6) CITY <b>SAN DIEGO</b>		(7) STATE <b>CA</b>
(8) ZIP CODE <b>92108</b>		
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>619-4970600 x312</b>		(10) COUNTRY CODE (IF NOT IN U.S.A.) <b>US</b>
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>		
(11) PAYER (FRN) <b>0023378326</b>		(12) FCC USE ONLY
<b>IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)</b>		
(13) APPLICANT NAME <b>Uniradio Corp</b>		
(14) STREET ADDRESS LINE NO. 1 <b>5030 CAMINO DE LA SIESTA #403</b>		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY <b>SAN DIEGO</b>		(17) STATE <b>CA</b>
(18) ZIP CODE <b>92108</b>		
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>619-4970600 x308</b>		(20) COUNTRY CODE (IF NOT IN U.S.A.) <b>US</b>
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>		
(21) APPLICANT (FRN) <b>0008982407</b>		(22) FCC USE ONLY
<b>COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET</b>		
(23A) FCC Call Sign/Other ID <b>XRCN</b>	(24A) Payment Type Code(PTC) <b>MBR</b>	(25A) Quantity <b>1</b>
(26A) Fee Due for (PTC) <b>\$105.00</b>	(27A) Total Fee <b>\$105.00</b>	FCC Use Only
(28A) FCC CODE 1 <b>0</b>	(29A) FCC CODE 2 <b>0</b>	

(23B) FCC Call Sign/Other ID	(24B) Payment Type Code(PTC)	(25B) Quantity
(26B) Fee Due for (PTC)	(27B) Total Fee	FCC Use Only
(28B) FCC CODE 1	(29B) FCC CODE 2	