RECOGNIZED OPERATING AGENCY FILING FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu

the staion will serve only in a emmergency situation as a back up for 96.1 fm orlando

cant			
Name:	Alpha-Broadcasting-Inc.	Phone Number:	407-758-7266
DBA Name	2:	Fax Number:	407-522-0110
Street:	3113 Winfield Street	E–Mail:	q13ny@aol.com
City:	Orlando	State:	FL
Country:	USA	Zipcode:	32810 –
Attention:	Lionel J Isme el		

2. Contact				
	Name:	jean isme	Phone Number:	7819635269
	Company:	alpha inc	Fax Number:	7819635269
	Street:	3113 winfield st	E-Mail:	17je@aol.com
	City:	orlando	State:	FL
	Country:	USA	Zipcode:	32810 –
1	Contact Title:	administrator	Relationship:	Legal Counsel
	Title.			
3. Other Co	ompany(ies) I	nvolved in Application		
orl	ando fl 3281	0		
311	13 winfiels st			
alpha lilmosine				
4. Destina	tion Country	USA	5. Place of Incorpora	tion lockhart orlado

6. Is a fee submitted with this application	n?			
If Yes, complete and attach FCC Form 1				
If No, indicate reason for fee exemption (see				
Governmental Entity Noncomm	nercial educational licensee			
Other(please explain):				
7. Attachment 1:	Attachment 2:	Attachment 3:		
8. Is the agency an Enhanced Service Provi	der?		Yes	O No
9. Is the agency a Common Carrier?			O Yes	⊚ No
10. If answered "Yes" to question 7 or 8, plo	ease check if required attachmen	its are included in the filing.	O Yes	⊚ No
11. Operator of radio frequency equipment 63.701)?	capable of causing harmful inter	ference internationally (Rule Part	Yes	O No

12. I am aware that my company is bound by all laws and obigations of the United States, including Art the Constition of the International Telecommunications Union and all binding telecommunications regular promulgated thereunder. My company will obey those abilgations in all respects.		O No
FOREIGN AFFILIATION		
13. Affiliation (a): A greater than 25 percent ownership of capital stock, or controlling interest at any lev applicant, or by any entity that directly or indirectly controls or is controlled by it, or that is under direct common control with it, in a foreign carrier or in any entity that directly or indirectly controls a foreign	t or indirect	No
14. Affiliation (b): A greater than 25 percent ownership of capital stock, or controlling interest at any lev applicant by a foreign carrier, or any entity that directly or indirectly controls or is controlled by a foreign or that is under direct or indirect common control with a foreign carrier; or by two or more foreign carrier investing in the applicant in the same manner in circumstances where the foreign carriers are parties to, beneficiaries of a contractual relation.	gn carrier, ers	No
BASIC QUALIFICATIONS		
15. By checking Yes, the undersigned certifies, that neither applicant nor any other party to the application a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti–Drug Acc 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. 1.2002(b) for the meaning of "party to the application" for these purposes.	et of 1988,	O No

16. Description. (Summarize the nature of the application and the services to be provided).

(If the complete description does not

appear in this box, please go to the end of the form to view it in its entirety.)

the station will provide service to schools as well as the all comunity for free. providing training. be able to broacast news from the latin countries.

CERTIFICATION

	18. Title of Person Signing administrator	
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT		
(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION		
(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).		

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