Approved by OMB 3060–0093

FORM 405 APPLICATION FOR RENEWAL OF RADIO LICENSE IN SPECIFIED SERVICES FOR OFFICIAL USE ONLY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Ft. Wayne, IN

1. Applicant					
Name:	Associated Press	Phone Number:	816-654-1000		
DBA Name	:	Fax Number:	816-654-1035		
Street:	215 W. Pershing Rd	E-Mail:	msapp@ap.org		
	Suite 221				
City:	Kansas City	State:	МО		
Country:	USA	Zipcode:	64108 –		
Attention:	Matthew A Sapp				

2. Contact Phone Number: Name: Jennifer Hindin 202-719-7000 Wiley, Rein & Fielding **Company:** Fax Number: 202-719-7049 Street: 1776 K Street NW E-Mail: KHarris@wrf.com DC City: Washington State: Zipcode: **Country:** USA 20006 _ Contact Attorney **Relationship:** Legal Counsel Title:

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

ſ	4. Is a fee submitted with this application?			
	If Yes, complete and attach FCC Form 159.	If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).		
	Governmental Entity O Noncommercial educational licensee			
	• Other(please explain):			

5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number	(b)Date Issued
SESREG1993122200089	2003-12-22 00:00:00.0
(c)Call Sign	(d)Location
E940144	Ft. Wayne, IN

(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Receive Only Earth Station (CGO)
(g)Expiration Date 2003-12-22 00:00:00.0	Petition to reinstate:
6. Note any changes such as discontinuance of use of a frequency, or of a application covering this station was filed:	a type of emission or of a transmitter which have been made since the last

Items 7(a) and (b) apply to Part 21 licenses only. 7(a) Has there been removal of equipment or alteration of facilities as to render the Station not operational?	O Yes ⊜ No	
If YES when:	O N/A	
(b) If this is a Multipoint Distribution Service (MDS) station, is there a ownership interest in control by, affiliation with, or leasing arrangement with a cable television company?	 Yes No N/A 	
8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer applicant's relation to the station, or financial responsibility; that applicants most recent application or report embo identified below, is to be considered as a part of this application, and the truth of the statements therein contained is here any further exceptions, not already covered in question 6 or 7. File Number Date	odying this information, as	

9. Would a Commision grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	0 0 0	Yes No N/A
If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:		
If NO, Explain briefly why not:		
benefits pursuant to section 5301 of Anti–Drug Abuse Act of 1988 21 U.S.C. 853a or in the case of a nonindividual applicant (e	•	Yes No

- O Individual
- Unincorporated Association
- O Partnership
- O Corporation
- Governmental Entity
- Other (please specify) Officer of Aplicant's Association

12. Please supply any need attachments.

1:	2:		3:
CERTIFICATION			
13. Typed Name of Person Signing Matthew Sapp14. Title of Person Signing N/A			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / ORIMPRISONMENT (U.S. Code, Title 18, Section1001), AND/OR REVOCATION OF ANY STATIONAUTHORIZATION (U.S. Code, Title 47, Section312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).			

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