

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
<b>Request to Extend STA</b>		FOR COMMISSION USE ONLY FILE NO. -
Read Instructions/FAQ before filling out form		

**Section I - General Information**

1. Legal Name of the Applicant <b>ALELUYA BROADCASTING NETWORK</b>		
Mailing Address <b>1600 PASADENA BLVD.</b>		
City <b>PASADENA</b>	State or Country (if foreign address) <b>TX</b>	Zip Code <b>77502</b>
Telephone Number (include area code) <b>713-589-1336</b>		E-Mail Address (if available) <b>rubenv75@gmail.com</b>
FCC Registration No <b>0020809026</b>	Call Sign <b>K201EU</b>	Facility ID Number <b>88918</b>
2. Contact Representative (if other than licensee/permittee) <b>DAN J. ALPERT</b>		Firm or Company Name <b>THE LAW OFFICE OF DAN J. ALPERT</b>
Mailing Address <b>2120 N. 21ST RD</b>		
City <b>ARLINGTON</b>	State or Country (if foreign address) <b>VA</b>	ZIP Code <b>22201 -</b>
Telephone Number (include area code) <b>7032438690</b>		E-Mail Address (if available) <b>DJA@COMMLAW.TV</b>
3. Purpose:		
<input type="checkbox"/> Notification of Suspension of Operations		
<input type="checkbox"/> Notification of Suspension of Operations and Request for Silent STA		
<input type="checkbox"/> Request for Silent STA		
<input checked="" type="radio"/> Request to Extend STA      Previous File Number: BLSTA - <b>20210419AAA</b>		
<input type="checkbox"/> Resumption of Operations		
4. Community of License: City: <b>KATY</b> State: <b>TX</b>		
5. Reason for going silent:		
<input checked="" type="checkbox"/> Technical      Financing <input type="checkbox"/> Staffing		
<input type="checkbox"/> Program Source <input type="checkbox"/> Other		
6. Please provide a justification for the request		[Exhibit 2]
7. Date Station has gone silent: <b>4/14/2021</b> (mm/dd/yyyy)		
8. Anti-Drug Abuse Act Certification. Applicant certifies that neither applicant 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.		<input checked="" type="radio"/> Yes <input type="radio"/> No

I hereby certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations.

Typed or Printed Name of Person Signing <b>RUBEN VILLARREAL</b>	Typed or Printed Title of Person Signing <b>CFO</b>
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Signature	Date (mm/dd/yyyy) <b>1/19/2022</b>
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WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

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## Exhibits

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### Exhibit 2

**Description:** JUSTIFICATION

REPAIRS THAT ARE CONTINUING ON THE TRANSMISSION LINE

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### Attachment 2

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