

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

Section I - General Information

1. Legal Name of the Applicant WJBW LLC		
Mailing Address 3201 W COMMERCIAL BLVD., SUITE 3201		
City FORT LAUDERDALE	State or Country (if foreign address) FL	Zip Code 33309
Telephone Number (include area code) 305-575-1000		E-Mail Address (if available) JHONSON@AZURE.EDU
FCC Registration No 0025221474	Call Sign W229DG	Facility ID Number 201437
2. Contact Representative (if other than licensee/permittee) DAN J. ALPERT		Firm or Company Name THE LAW OFFICE OF DAN J. ALPERT
Mailing Address 2120 N. 21ST RD		
City ARLINGTON	State or Country (if foreign address) VA	ZIP Code 22201 -
Telephone Number (include area code) 7032438690		E-Mail Address (if available) DJA@COMMLAW.TV
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="checkbox"/> Request to Extend STA Previous File Number: BLSTA - 20210802AAB <input type="checkbox"/> Resumption of Operations		
4. Community of License: City: FL State: WEST PALM BEACH		
5. Reason for going silent: <input checked="" type="checkbox"/> Technical <input type="checkbox"/> 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: 07/21/2021 (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 JHONSON NAPOLEON	Typed or Printed Title of Person Signing MANAGING MEMBER
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Signature	/s/	Date (mm/dd/yyyy)	03/02/2022
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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).

Exhibits

Exhibit 2

Description: JUSTIFICATION

PRIMARY STATION IS SILENT

Attachment 2
