

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
<b>Notification of Suspension of Operations / Request for Silent 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>Hispanic Family Christian Network, Inc.</b>			
	Mailing Address <b>8330 Lyndon B. Johnson Fwy., Suite B400</b>			
	<table border="1"> <tr> <td>City <b>Dallas</b></td> <td>State or Country (if foreign address) <b>TX</b></td> <td>Zip Code <b>75243</b></td> </tr> </table>	City <b>Dallas</b>	State or Country (if foreign address) <b>TX</b>	Zip Code <b>75243</b>
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	<table border="1"> <tr> <td>FCC Registration No <b>0017045188</b></td> <td>Call Sign <b>K233CU</b></td> <td>Facility ID Number <b>144158</b></td> </tr> </table>	FCC Registration No <b>0017045188</b>	Call Sign <b>K233CU</b>	Facility ID Number <b>144158</b>
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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>			
	<table border="1"> <tr> <td>City <b>ARLINGTON</b></td> <td>State or Country (if foreign address) <b>VA</b></td> <td>ZIP Code <b>22201 -</b></td> </tr> </table>	City <b>ARLINGTON</b>	State or Country (if foreign address) <b>VA</b>	ZIP Code <b>22201 -</b>
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	<table border="1"> <tr> <td>Telephone Number (include area code) <b>7032438690</b></td> <td>E-Mail Address (if available) <b>DJA@COMMLAW.TV</b></td> </tr> </table>	Telephone Number (include area code) <b>7032438690</b>	E-Mail Address (if available) <b>DJA@COMMLAW.TV</b>	
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3.	Purpose:			
	<input type="radio"/> Notification of Suspension of Operations			
	<input type="radio"/> Notification of Suspension of Operations and Request for Silent STA			
	<input checked="" type="radio"/> Request for Silent STA			
	<input type="radio"/> Request to Extend STA			
	<input type="radio"/> Resumption of Operations			
4.	Community of License: City:                      State:			
5.	Reason for going silent: <input type="radio"/> Technical <input checked="" type="radio"/> Financing <input type="radio"/> Staffing <input type="radio"/> Program Source <input type="radio"/> Other			
6.	Please provide a justification for the request			
	[Exhibit 1]			
7.	Date Station has gone / will go silent: <b>2/10/2022</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>Maria C. Guel</b>	Typed or Printed Title of Person Signing <b>President</b>
Signature <b>/s/</b>	Date (mm/dd/yyyy) <b>03/08/2022</b>

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

#### Exhibit 1

**Description:** JUSTIFICATION

The station is silent due to financial reasons.

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### Attachment 1

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