Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY	
Extension of Existing Engineering	DIA	FOR COMMISSION USE ONLY FILE NO.	
Read Instructions/FAQ before filling out	form		

Sec	ction I - General Information					
1.	regal Name of the Applicant FM Media Ventures LLC					
	Mailing Address 6161 Savoy Dr.					
	City Houston	State or Country (if foreign address)	Zip Code 77036			
	Telephone Number (include area code) 713-545-4115		E-Mail Address (if available) rehan1999@aol.com			
	FCC Registration No 0031307903	Call Sign KGOL	Facility ID Number 34473			
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 -			
			E-Mail Address (if available) DJA@COMMLAW.TV			
3.	Purpose: Engineering STA					
	Extension of Existing Engineering STA File Number: BSTA-20220124AAA					
	Legal STA					
	Extension of Existing Legal STA					
-	Service: AM					
5.	Community of License: City: Humble State:	TX				
6.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): Governmental Entity Noncommercial Educational Licensee/Permittee Other N/A (Fee Required)					
7.	processing under 47. C.F.R. Sect environmental impact and comple electromagnetic exposure limits applicant can determine compliar an Exhibit is required.	The proposed facility is excluded from environmental ion 1.1306 (i.e., The facility will not have a significant ies with the maximum permissible radiofrequency for controlled and uncontrolled environments). Unless the nce through the use of the RF worksheets in Appendix A,	Yes No See Explanation in [Exhibit 33]			
	By checking "Yes" above, the applicant also certifies that it, in coordination with other sers of the site, will reduce power or cease operation as necessary to protect persons aving access to the site, tower or antenna from radiofrequency electromagnetic exposure n excess of FCC guidelines.					

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8.	Please explain in detail the "extraordinary circumstances" which warrant temporary operations at variance from the Commission's Rules. In addition, please specify 1)the specific rules and/or policies from which the applicant seeks temporary relief; 2) how the public interest will be furthered by grant; and 3) the expected duration of the STA and the licensee's plan for restoration of licensed operation. If requesting variance with other than authorized technical facilities, please specify the exact facilities sought.	[Exhibit 34]
9.	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.	• Yes 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	Typed or Printed Title of Person Signing	
Rehan Siddiqui	Managing Member	
Signature /Rehan Siddiqui/	Date (mm/dd/yyyy) 02/03/2023	

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 34

Description: JUSTIFICATION

The current licensee previously lost the licensed transmitter site. The previous STA was granted to allow the station to resume operations. This STA requests a further extension of that STA.

Attachment 34

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Commission Registration System (CORES)

Associate Username to FRN
| Manage Existing
FRNs & FRN Financial
Register New FRN | Reset
FRN Password
| Search for FRN

FCC Registration

 $\underline{FCC} > \underline{FCC} \ Registration > \underline{Manage} \ \underline{Existing} \ \underline{FRNs} > \underline{FRN} \ \underline{Financial} > \underline{View/Pay} > \underline{Payment} \ \underline{Confirmation}$

Logged In As: dja@commlaw.tv | Logout

Online Payment Confirmation

Print

Online Payment Confirmation

 Total Amount
 \$290.00

 Payer FRN
 0003777588

 Payer Name
 dja@commlaw.tv

 Remittance ID
 3882548

 Treasury Tracking ID
 2715KHKS

Thank you for your payment!

View Form159 Go Back

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For assistance, please submit a help request at https://www.fcc.gov/wireless/available-support-services or call 877-480-3201 (Mon.-Fri. 8 a.m.-6 p.m. ET).

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