

1000 0200

AMERICAN FAMILY RADIO

P. O. Drawer 3206 • 107 Parkgate • Tupelo, Mississippi 38803
601-844-8888 • FAX 601-842-6791

January 11, 2000

RECEIVED

Ms. Magalie Roman Salas, Secretary
Federal Communication Commission
445 12th Street, SW, Suite 222
Washington, D.C. 20024

JAN 12 2000

FCC MAIL ROOM

RE: KANX, Sheridan, AR, Noncommercial Educational Station for American Family Association

Dear Ms. Salas:

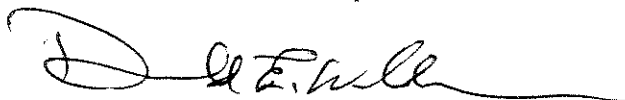
Enclosed is an application and two copies for a Major Change in a licensed facility. Our request is not for a functional change, but for an administrative change in the designated community of license, from Sheridan, AR to Little Rock, AR, to more accurately denominate the community served. AFA has determined that the identification between the station and the public it serves would be strengthened if Little Rock was designated as the city of license.

Also enclosed is an extra copy to be stamped as received and returned to AFA in the self addressed, stamped envelope.

If there are questions concerning the enclosed, please contact me.

Thank you for your cooperation in this matter.

Sincerely,



Donald E. Wildmon
President

Enclosures

FCC 340

APPLICATION FOR CONSTRUCTION PERMIT FOR NONCOMMERCIAL EDUCATIONAL BROADCAST STATION

(Carefully read instructions before filing form) Return only form to FCC

Section I - GENERAL INFORMATION

FOR COMMISSION USE ONLY

FILE NO. 20000112 ABZ

1. Name of Applicant

AMERICAN FAMILY ASSOCIATION

Street Address or P.O. Box
P. O. DRAWER 2440

City
TUPELO

State
MS

ZIP Code
38803

Telephone Number (include Area Code)
601-844-8888

Send notices and communications to the following person at the address below:

Name

SAME

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (include Area Code)

This application is for:

☐ AM

☒ FM

☐ TV

(a) Channel No. or Frequency

91.1 CHANNEL 216

(b) Principal
Community

City

State

SHERIDAN

AR

(c) Check one of the following boxes:

☐ Application for NEW station

☒ MAJOR change in licensed facilities; call sign: KANX

☐ MINOR change in licensed facilities; call sign:

☐ MAJOR modification of construction permit; call sign:

File No. of construction permit; call sign:

☐ MINOR modification of construction permit; call sign:

File No. of construction permit; call sign:

☐ AMENDMENT to pending application: Application File Number:

NOTE: It is not necessary to use this form to amend a previously filed application. Should you do so, however, please submit only Section I and those other portions of the form that contain the amended information.

3. Is this application mutually exclusive with a renewal application?

☐ Yes ☒ No

If Yes, state:

Call letters	Community of License	
	City	State

SECTION V-B - FM BROADCAST ENGINEERING DATA

FOR COMMISSION USE ONLY

File No. _____

SSB Referral Date _____

Referred By _____

Name of Applicant

AMERICAN FAMILY ASSOCIATION

Call Letters (if issued)

KANX

Is this application being filed in response to an application
filing window?☐ Yes☒ No

If Yes, specify closing date: _____

Purpose of Application: (check appropriate boxes)

☐ Construct a new (main) facility☐ Construct a new auxiliary backup facility☐ Modify existing construction permit for main facility☐ Modify existing construction permit for auxiliary backup
facility☒ Modify licensed main facility☐ Modify licensed auxiliary backup facility

If purpose is to modify, indicate below the nature of change(s) and specify the file number(s) of the authorizations affected.

☐ Antenna supporting structure height☐ Effective radiated power☐ Antenna height above average terrain☐ Frequency☐ Antenna location☐ Class☐ Main Studio location per 47 C.F.R. Section 73.1125(b)(2)☐ One-Step processing☐ Directional Antenna☒ Other (summarize briefly) MOVE CITY OF LICENSE

File Number(s) BLED-990519KA

1. Allocation:

Channel No.	Principal community to be served:		
	County	City or Town	State
216	PULASKI	LITTLE ROCK	AR

Class (check only one box below)

☐ A ☐ B1 ☐ B ☐ C3☒ C2 ☐ C1 ☐ C

2. Exact location of antenna.

(a) Specify address, city, county and state. If no address, specify distance and bearing relative to the nearest town or landmark.

(b) Geographical coordinates (to nearest second). If mounted on element of an AM array, specify coordinates of center of array. Otherwise, specify tower location. Specify South Latitude and East Longitude where applicable; otherwise, North Latitude or West Longitude will be presumed. (The Commission requires coordinates based on NAD 27.)

Latitude	°	'	"	Longitude	°	'	"
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SECTION VI - EQUAL EMPLOYMENT OPPORTUNITY PROGRAM

Does the applicant propose to employ five or more full-time employees?

☐ Yes ☒ No

If Yes, the applicant must include an EEO program called for in the separate Broadcast Equal Employment Opportunity Program Report (FCC Form 396-A). (See also 47 C.F.R. Section 73.2080.)

SECTION VII - CERTIFICATIONS

1. Has or will the applicant comply with the public notice requirements of 47 C.F.R. Section 73.3580?

☒ Yes ☐ No
☐ Not applicable
(minor change)

2. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).

☒ Yes ☐ No


The APPLICANT hereby waives any claim to the use of any particular frequency as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

The APPLICANT acknowledges that all the statements made in this application and attached Exhibits are considered material representations, and that all Exhibits are a material part hereof and incorporated herein.

The APPLICANT represents that this application is not filed for the purpose of impeding, obstructing, or delaying determination on any other application with which it may be in conflict.

In accordance with 47 C.F.R. Section 1.65, the APPLICANT has a continuing obligation to advise the Commission, through amendments, of any substantial and significant changes in information furnished.

I 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.

Name AMERICAN FAMILY ASSOCIATION	Signature 
Title PRESIDENT	Date
Typed or Printed Name of Person Signing DONALD E. WILDMON	JANUARY 10, 2000

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).

CERTIFICATION

I certify that I have prepared this Section of this application on behalf of the applicant, and that after such preparation, I have examined and found it to be accurate and true to the best of my knowledge and belief.

Name (Typed or Printed)	Relationship to Applicant (e.g., Consulting Engineer)
MARSHA B. SHRADER	TECHNICAL CONSULTANT
Signature <i>Marsha B. Shrader</i>	Address (include ZIP Code)
Date	P. O. DRAWER 2440 TUPELO, MS 38803
JANUARY 10, 2000	Telephone No. (include Area Code)
	662-844-8888