Approved by OMB 3060-0627 Expires 01/31/98

FOR FCC USE ONLY		
USE	1	

34003

## FCC 302-AM APPLICATION FOR AM BROADCAST STATION LICENSE

(Please read instructions before filling out form.

FILE NO. BML-20191112ABJ

			00,000
SECTION I - APPLICANT FE	E INFORMATION		
1. PAYOR NAME (Last, First, M	fiddle Initial)		
ANDACA	Nterprisos	inc	
MAILING ADDRESS (Line 1) (M	aximum 35 characters)		
MAILING ADDRESS (Line 2) (M	aximum 35 characters)		
CITY PIEMOS A COI	A	STATE OR COUNTRY (if fo	reign address) ZIP CODE
TELEPHONE NUMBER (include	area code)	CALL LETTERS	OTHER FCC IDENTIFIER (If applicable)
2. A. Is a fee submitted with this			Yes No
B. If No, indicate reason for fe	e exemption (see 47 C.F.R. Section	n	
Governmental Entity	Noncommercial ed	ungtional lineages	ther (Please explain):
Covernmental Entity	140 I COMMITTE CIAT EG	deational licensee []	troi (i lease explair).
C. If Yes, provide the following	information:		
Enter in Column (A) the correct	Fee Type Code for the service you	u are applying for. Fee Type Co	odes may be found in the "Mass Media Services
	sts the Fee Multiple applicable for t		
(A)	(B)	(C)	
FEE TYPE	FEE MULTIPLE	FEE DUE FOR FEI TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
a. Ve	0 0 0 1	\$ 60.00	
To be used only when you are rec	questing concurrent actions which r	result in a requirement to list mor	re than one Fee Type Code.
(A)	(B)	(C)	
	0 0 0 1	\$ 000000	FOR FCC USE ONLY
		TOTAL AMOUNT	
ADD ALL AMOUNTS SHOWN IN AND ENTER THE TOTAL HERE		REMITTED WITH TH	IS FOR FCC USE ONLY
THIS AMOUNT SHOULD EQUA REMITTANCE.	L YOUR ENCLOSED	\$00.00	
	<u> </u>	,	

1019 NOV 13 - P. 1 2: 34

**Received & Inspected** 

NOV 122019

**FCC Mailroom** 

SECTION II - APPLICANT INFORMATION
1. NAME OF APPLICANT INFORMATION  Andala Enterprises I PRODUCTION DALA ENTERPI, SOSINO
MAILING ADDRESS 641 Bayou Blvd 641 Bayou Blvd
CITY PRIN SACOSA STATE ZIR CODE 32543
2. This application is for:  Commercial  AM Directional  AM Non-Directional
Call letters  Community of License  Construction Permit File No.  Permit File No(s).  Construction Date of Last Construction Permit File No(s).
3. Is the station now operating pursuant to automatic program test authority in accordance with 47 C.F.R. Section 73.1620?  Exhibit No.  If No, explain in an Exhibit.
Ti No, explain in an Exhibit.
4. Have all the terms, conditions, and obligations set forth in the above described construction permit been fully met?  Exhibit No.
If No, state exceptions in an Exhibit.
5. Apart from the changes already reported, has any cause or circumstance arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect?  [Exhibit No.]
6. Has the permittee filed its Ownership Report (FCC Form 323) or ownership certification in accordance with 47 C.F.R. Section 73.3615(b)?  Does not apply
If No, explain in an Exhibit.
7. Has an adverse finding been made or an adverse final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?
If the answer is Yes, attach as an Exhibit a full disclosure of the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application, the call letters of the station regarding which the application or Section 1.65 information

was filed, and the date of filing; and (ii) the disposition of the previously reported matter.

8. Does the applicant, or any party to the application, have a the expanded band (1605-1705 kHz) or a permit or license expanded band that is held in combination (pursuant to the 5 with the AM facility proposed to be modified herein?	either in the existing band or	Yes No
If Yes, provide particulars as an Exhibit.		Exhibit No.
The APPLICANT hereby waives any claim to the use of any against the regulatory power of the United States because requests and authorization in accordance with this application amended).	e use of the same, whether by	license or otherwise, and
The APPLICANT acknowledges that all the statements maderial representations and that all the exhibits are a material	· ·	
CERTIFIC	CATION	
1. By checking Yes, the applicant certifies, that, in the case of she is not subject to a denial of federal benefits that include to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U. case of a non-individual applicant (e.g., corporation, partners association), no party to the application is subject to a definctudes FCC benefits pursuant to that section. For the definition purposes, see 47 C.F.R. Section 1.2002(b).	udes FCC benefits pursuant S.C. Section 862, or, in the ship or other unincorporated nial of federal benefits that finition of a "party" for these	Yes No
<ol><li>I certify that the statements in this application are true, co and are made in good faith.</li></ol>	mplete, and correct to the best of	my knowledge and belief,
Name BRANDSHX Covers	Signature	

Telephone Number

## 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

## FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of the application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on the form is not provided, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authorization.

Public reporting burden for this collection of information is estimated to average 639 hours and 53 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, can be sent to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3060-0627), Washington, D. C. 20554. Do NOT send completed forms to this address.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

Name of Applican	CENSE APPLICATION ENGII				
PURPOSE OF A	JTHORIZATION APPLIED FOR	: (check one)			
× s	Station License	Direct Me	asurement of Power		
1. Facilities author	orized in construction permit				
Call Sign	File No. of Construction Permit	Frequency	Hours of Operation		kilowatts
MUNDE	(if applicable)	(kHz)	UNILGEON, Sa	Night 7	Day /
2. Station locatio	n				
State ALABA	MA		City or Town	7	
3. Transmitter loc	cation				
State A.C.	County Comecula &		City or Town	Street address (or other identific	ation)
4. Main studio lo	cation				8
State	Coneclut		City or Town	Street address (or other identification)	ation)
5. Remote contro	of point location (specify only if au	ıthorized directio	nal antenna)		
State	County ESCAMBIA		City or Town	Street address (or other identification)	ation)
	oling system meet the requirement				Not Applicable
0.0					
modulation for nig	or antenna current (in amperes) ht system	IC	RF common point or ante modulation for day syste	m NOO /	
operating frequen	a or common point resistance (in cy Day	ohms) at	Measured antenna or co operating frequency Night	mmon point reactance (	in ohms) at
Antenna indication	ns for directional operation				
Tower	Antenna e Phase reading(		Antenna monitor samp current ratio(s)	Antenna b	ase currents
	Night	Day	Night Day	y Night	Day
Manufacturer and	type of antenna monitor:				
ivianulacturer and	type of antenna monitor:				

## SECTION III - Page 2

	Overall height in meters of radiator above base insulator, or above base, if grounded.	Overall height in above ground (vobstruction light	vithout	Overall height in meters above ground (include obstruction lighting)	If antenna is either to loaded or sectionalized describe fully in a Exhibit.
Excitation	Series	Shunt			
Geographic coordination	ates to nearest second. For direc	tional antenna giv	e coordinate	es of center of array. For si	ngle vertical radiator giv
North Latitude	0 ,	* V	/est Longitu	de <sup>0</sup>	1 11
	d above, attach as an Exhibit furt n tower and associated isolation o		mensions ir	cluding any other	Exhibit No.
Also, if necessary dimensions of groun	for a complete description, attachd system.	ch as an Exhibit	a sketch o	of the details and	Exhibit No.
10. In what respect permit?	, if any, does the apparatus const	ructed differ from	that describ	ed in the application for co	nstruction permit or in th
	or the change in antenna or comm			COMMERICIAL STATUS	8
WE ARE	FILING TO CHANGE FROM sent the applicant in the capacity	COMMERICIAL	TO NON		
WE ARE certify that I repres	sent the applicant in the capacity it is true to the best of my knowle	commericial of indicated below dge and belief.	TO NON		
WE ARE certify that I represent the companion and that	sent the applicant in the capacity it is true to the best of my knowle	commericial of indicated below dge and belief.	TO NON	nave examined the foregoir	
certify that I repre- nformation and that Name (Please Print Brygon Manager (Include ZIF	sent the applicant in the capacity it is true to the best of my knowled or Type)  Code)	commericial of indicated below dge and belief.	and that I h	nave examined the foregoir	
certify that I repre- nformation and that Name (Please Print Brygon Manager (Include ZIF	sent the applicant in the capacity it is true to the best of my knowled or Type)	indicated below dge and belief.	and that I h	nave examined the foregoir	
certify that I repre- information and that Name (Please Print	sent the applicant in the capacity it is true to the best of my knowled or Type)  Code)	indicated below dge and belief.  Sig	and that I have cheen	nave examined the foregoir	ng statement of technica
certify that I repre- information and that Name (Please Print	sent the applicant in the capacity it is true to the best of my knowle or Type)  Code)  Code)	indicated below dge and belief.  Sig	and that I had a h	nave examined the foregoing appropriate box below)	ng statement of technica
certify that I repre- information and that  Name (Please Print Bryson Address (include ZIF Bol Dovum	sent the applicant in the capacity it is true to the best of my knowled or Type)  Code)  Code)  Code)  Code  Code  Code	indicated below dge and belief.  Sig	and that I had an	nave examined the foregoing appropriate box below)  A Company of the foregoing appropriate box below)  (Include Area Code)	ng statement of technica

FCC 302-AM (Page 5) August 1995