

FCC 405Federal Communications Commission
Washington, DC 20554Approved by OMB
3060-0093
See instructions for
burden statement.**FCC USE ONLY****APPLICATION FOR RENEWAL OF RADIO STATION LICENSE
IN SPECIFIED SERVICES (47 CFR Parts 5, 21, 22, 23, 25 and 101)**

File Number 0255-EX-RR-1999	Call Sign KA2XEN
Service	Class of Station

READ INSTRUCTIONS AND NOTICE ON REVERSE BEFORE COMPLETING**1. Name of Applicant (must be identical with that shown on current authorization)**

APT Tampa/Orlando, Inc.

Mailing Street Address, P. O. Box, City, State and ZIP Code of Applicant

8410 West Bryn Mawr, Suite 1100, Chicago, IL 60631

Internet Address

kir11@aerial1.com

(Area Code) Telephone Number

(773)399-8846

Call Sign or Other FCC Identifier

KA2XEN

Identify Rulepart under which this
filing is made:

Part 5

2. FEE DATA (Refer to 47 CFR Section 1.1105 or to appropriate Fee Filing Guide for information)

(a) Fee Type Code	(b) Fee Multiple	(c) Fee Due for Fee Type Code in 2(a)	FOR FCC USE ONLY
EAE	1	45.00	

3. Application is for renewal of license in exact conformity with the existing license as specified below:

(a) File Number 5048-EX-R-97	(b) Date Issued 10/1/97	(c) Call Sign KA2XEN	(d) Location Tampa/Orlando MTA
(e) Nature of Service Experimental	(f) Class of Station XD, FX, MO	(g) Expiration Date 10/1/99	

4. Note any changes which have been made since the last application covering this station was filed (i.e. discontinuance of use of a frequency, type of emission, transmitter, etc.)

N/A

5. Items 5(a) and (b) apply to Part 21 and Part 101 licensees only.

5(a) Has there been removal of equipment or alteration of facilities so as to render the station not operational? If "YES", indicate when: ☐ YES ☐ NO

(b) If this is a Multipoint Distribution Service (MDS) station, is there an ownership interest in, control by, affiliation with, or leasing arrangement with a cable television company? ☐ YES ☐ NO

6. Applicant represents that there has been no change in applicant's organization and no transfer of control or changes in the applicant's relation to the station or financial responsibility; that the applicant's most recent application or report embodying this information, as identified below, is to be considered as a part of this application, and the truth statements therein contained is hereby reaffirmed. Note here any further exceptions not already covered in questions 4 and 5.

File Number: N/A

Date:

7. CERTIFICATION

- Neither the applicant nor any other party to the application is 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. Section 862, because of a conviction for possession or distribution of a controlled substance.
- The applicant hereby waives any claim to the use of any particular frequency or electromagnetic spectrum as against the regulatory power of the United States because of the previous use of same, whether by license or otherwise, and requests authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)
- The applicant acknowledges that all statements made in this application and attached exhibits are considered material representations, and that all the exhibits are a material part hereof and are incorporated herein as if set out in full in this application; undersigned certifies that all statements in this application are true, complete and correct to the best of his/her knowledge and belief and are made in good faith.
- Applicant certifies that construction of the station would NOT be an action which is likely to have a significant environmental effect. See the Commission's Rules, 47 CFR 1.1301-1.1319.

WILLFUL FALSE STATEMENTS MADE 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).**Name of Applicant (must correspond with item 1)**

APT Tampa/Orlando, Inc.

Title of Applicant

N/A

SIGNATURE**DATE**

9-10-99

Designate appropriate classification:☐ Individual☐ Member of
Partnership☒ Officer & Member of
Applicant's Association☐ Authorized Rep.
of Corporation☐ Official of
Government
Entity