

HARDY, CAREY & CHAUTIN, L.L.P.  
ATTORNEYS AT LAW  
110 VETERANS BOULEVARD, SUITE 300  
METAIRIE, LOUISIANA 70005  
TELEPHONE: 504 830-4646  
FACSIMILE: 504 830-4659

January 9, 2004

2624.001

**Via Hand Delivery**

Ms. Marlene Dortch, Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street, S.W.  
Washington, D.C. 20554

**Re: WBDX(FM), Trenton, Georgia  
WLP692, Trenton, Georgia  
Facility Id. 54445**

**Address Change of Licensee**

Dear Ms. Dortch:

Please find enclosed a Form 5072 changing the mailing address of Partners for Christian Media, Inc., the licensee of WBDX and WLP692. Please ensure that the appropriate databases are changed to reflect this new address.

If you have any questions about this request, please do not hesitate to contact me.

Sincerely,

*Elise M. Stubbe*

Elise M. Stubbe

EMS:dbg  
Encl.

cc: Bob Lubell (public inspection file)  
\\Server1\Data\2624.001\FCC 040108\_ems (Address change).wpd

FEDERAL COMMUNICATIONS COMMISSION

Washington, D. C. 20554

CHANGE IN OFFICIAL MAILING ADDRESS FOR BROADCAST STATION

Mail to: Federal Communications Commission  
Mass Media Bureau  
Audio/Video Services Division  
Washington, D. C. 20554

1. Licensee's Name:

Partners for Christian Media, Inc.

2. Street Address of Post Office Box:

P.O. Box 9396

3. City, State, and ZIP Code:

Chattanooga, TN 37412

4. Call Sign and Type of Service:

WBDX (FM)  
WLP692 (AS) Aural Studio Transmitter Link

47 C.F.R. Section 1.5 requires a permittee/licensee to keep the Commission informed change in mailing address in order that the station may be served documents or other official papers without delay.

Only one mailing address can be maintained for each broadcast station.

Due to lack of space the mailing address cannot contain an individual name (unless the licensee is an individual).

FCC 5072  
Feb

February 1995

ROBERT S. YOUNG, JR.  
LINDSAY YOUNG  
ROBERT S. MARQUIS  
ROBERT S. STONE  
J. CHRISTOPHER KIRK  
MARK K. WILLIAMS  
JANIE C. PORTER  
GREGORY B. ERICKSON  
R. SCOTT ELMORE  
TAMMY KAOUSIAS  
BENET S. THEISS  
ALLEN W. BLEVINS  
LORI L. JESSE

**McCAMPBELL & YOUNG**  
A PROFESSIONAL CORPORATION  
ATTORNEYS AT LAW

2021 FIRST TENNESSEE PLAZA  
POST OFFICE BOX 550  
KNOXVILLE, TENNESSEE 37901-0550

(423) 637-1440  
TELECOPIER (423) 546-9731

H. H. McCAMPBELL, JR. (1903-1974)  
R. GRAHAM BARTLETT (1920-1982)

ALSO ADMITTED IN  
VIRGINIA:  
ROBERT S. MARQUIS

November 30, 1995

Via Telecopier 615-899-1776

Mr. Doug Fisher  
WBDX-FM  
5600 Brainerd Road  
Suite G-30  
Chattanooga, Tennessee 37411

Re: WKWN/WBDX License Renewal

Dear Doug:

As discussed, attached are draft transmittal letters for your use in filing your license renewal applications and ownership reports for WKWN and WBDX. In that regard, the following points need to be remembered:

1. Be sure to sign and date the license renewal application forms, the ownership reports, and the equal employment opportunity program reports for both stations. The date for all documents should be today, November 30, 1995, not tomorrow, December 1, 1995.
2. The ownership report for WBDX should reflect that its location is Trenton, Tennessee and that its class is "FM". This appears at the bottom of page 1 of the ownership report for WBDX.
3. Be sure to include the environmental explanation quoted at page 7 of the license renewal booklet for each renewal application. Also, make sure that each copy of the application contains both the environmental explanation and all other pages of FCC Form 303-S and FCC Form 396.

Mr. Doug Fisher  
November 30, 1995  
Page 3

11. Please let me know if you have any questions. Remember that the package to the FCC must be in Pittsburgh tomorrow.
12. Be sure to send me a copy of everything you file with the FCC.

Sincerely,

MCCAMPBELL & YOUNG  
A Professional Corporation

A handwritten signature in black ink, appearing to read "Bob", written over a horizontal line.

Robert S. Stone

RSS/cs

Enclosures: Transmittal letters (2)

Mr. Doug Fisher  
November 30, 1995  
Page 2

4. The "inside envelope" for the renewal applications (both the AM and the FM application packages can be placed in the same inside envelope) should reflect Post Office Box 358195 as set forth on page 11 of the license renewal booklet. Remember also to include both filing fees in the amount of \$115 each.
5. For the ownership reports, the P. O. Box should be 358180 on the "inside envelope". Both ownership report packages can be included in the same inside envelope. Again, be sure to include both checks made payable to the FCC in the amount of \$45 each in this envelope.
6. Be sure to indicate clearly the copy you wish to be date-stamped and returned to you. Also enclose a self-addressed, postage-paid envelope for that purpose.
7. The proper address for the Federal Express airbill is:

Federal Communications Commission c/o Mellon Bank  
3 Mellon Bank Center  
525 William Penn Way  
27th Floor, Room 153-2713  
Pittsburgh, PA 15259-001

The abbreviated form I gave Linda over the phone will also do.

8. Be sure to change the AM call sign to WKWN.
9. Be sure to place a copy of both the license renewal application and the ownership report in the Public Inspection File for each station. These "Public Inspection File" copies must be maintained there until April 1, 2002, or seven years following the Commission's grant of the renewal applications.
10. Be sure to begin broadcasting the "postfiling" announcement over both stations beginning December 1, 1995. That announcement should be broadcast on the 1st and 16th of December, January, February, and March. Complete and sign a certification of broadcast for those announcements as you will do for the prefiling announcement certification.

[RA-AD OF TRENTON, INC. LETTERHEAD]

November 30, 1995

**Via Federal Express**

Federal Communications Commission  
c/o Mellon Bank  
3 Mellon Bank Center  
525 William Penn Way  
27th Floor, Room 153-2713  
Post Office Box 358180  
Pittsburgh, PA 15259-0001

ATTN: Wholesale Lockbox Shift Supervisor

Re: WBDX(FM), Trenton, Tennessee  
Annual Ownership Report

Gentlemen:

We submit herewith the annual ownership report of RA-AD of Trenton, Inc. for WBDX(FM), Trenton, Tennessee together with our check made payable to the Federal Communications Commission in the amount of \$45, representing the filing fee. Also enclosed is an additional "date-stamped" copy of the ownership report which we would appreciate your returning to the undersigned in the enclosed postage-paid, self-addressed envelope after being date-stamped by your office.

Questions concerning the enclosed should be directed to the undersigned. Thank you for your assistance.

Sincerely yours,

RA-AD OF TRENTON, INC.

Doug Fisher

**[RA-AD OF TRENTON, INC. LETTERHEAD]**

November 30, 1995

**Via Federal Express**

Federal Communications Commission  
c/o Mellon Bank  
3 Mellon Bank Center  
525 William Penn Way  
27th Floor, Room 153-2713  
Post Office Box 358195  
Pittsburgh, PA 15259-0001

ATTN: Wholesale Lockbox Shift Supervisor

Re: WDBX(FM), Trenton, Tennessee  
License Renewal Application/Equal Employment Opportunity  
Program Report

Gentlemen:

We submit herewith an original and single of copy of an application for renewal of license for WDBX(FM), Trenton, Tennessee and our broadcast equal employment opportunity program report, together with our check made payable to the Federal Communications Commission in the amount of \$115, representing the filing fee. Also enclosed is an additional "date-stamped" copy of the application and equal employment opportunity program report which we would appreciate your returning to the undersigned in the enclosed postage-paid, self-addressed envelope after being date-stamped by your office.

Our "annual" ownership report is being filed concurrently under separate cover as required by 47 C.F.R. § 73.3615.

Questions concerning the enclosed should be directed to the undersigned. Thank you for your assistance.

Sincerely yours,

RA-AD OF TRENTON, INC.

Doug Fisher

[RA-AD OF TRENTON, INC. LETTERHEAD]

November 30, 1995

**Via Federal Express**

Federal Communications Commission  
c/o Mellon Bank  
3 Mellon Bank Center  
525 William Penn Way  
27th Floor, Room 153-2713  
Post Office Box 358195  
Pittsburgh, PA 15259-0001

ATTN: Wholesale Lockbox Shift Supervisor

Re: WKWN(AM), Trenton, Tennessee  
License Renewal Application/Equal Employment Opportunity  
Program Report

Gentlemen:

We submit herewith an original and single of copy of an application for renewal of license for WKWN(AM), Trenton, Tennessee and our broadcast equal employment opportunity program report, together with our check made payable to the Federal Communications Commission in the amount of \$115, representing the filing fee. Also enclosed is an additional "date-stamped" copy of the application and equal employment opportunity program report which we would appreciate your returning to the undersigned in the enclosed postage-paid, self-addressed envelope after being date-stamped by your office.

Our "annual" ownership report is being filed concurrently under separate cover as required by 47 C.F.R. § 73.3615.

Questions concerning the enclosed should be directed to the undersigned. Thank you for your assistance.

Sincerely yours,

RA-AD OF TRENTON, INC.

Doug Fisher

[RA-AD OF TRENTON, INC. LETTERHEAD]

November 30, 1995

**Via Federal Express**

Federal Communications Commission  
c/o Mellon Bank  
3 Mellon Bank Center  
525 William Penn Way  
27th Floor, Room 153-2713  
Post Office Box 358180  
Pittsburgh, PA 15259-0001

ATTN: Wholesale Lockbox Shift Supervisor

Re: WKWN(AM), Trenton, Tennessee  
Annual Ownership Report

Gentlemen:

We submit herewit the annual ownership report of RA-AD of Trenton, Inc. for WKWN(AM), Trenton, Tennessee together with our check made payable to the Federal Communications Commission in the amount of \$45, representing the filing fee. Also enclosed is an additional "date-stamped" copy of the ownership report which we would appreciate your returning to the undersigned in the enclosed postage-paid, self-addressed envelope after being date-stamped by your office.

Questions concerning the enclosed should be directed to the undersigned. Thank you for your assistance.

Sincerely yours,

RA-AD OF TRENTON, INC.

Doug Fisher

|                           |  |
|---------------------------|--|
| FOR<br>FCC<br>USE<br>ONLY |  |
|---------------------------|--|

**FCC 323**

**OWNERSHIP REPORT**

**SECTION I - FEE INFORMATION (For Annual Ownership Report Filers Only)**

|  |  |                          |  |    |  |   |     |  |  |    |       |   |  |
|--|--|--------------------------|--|----|--|---|-----|--|--|----|-------|---|--|
| 1. LICENSEE NAME<br><b>RA-AD OF TRENTON, INC.</b>  |  |                          |  |    |  |   |     |  |  |    |       |   |  |
| MAILING ADDRESS (Line 1) (Maximum 35 characters)<br><b>5600 BRAINERD ROAD SUITE G-30</b>   |  |                          |  |    |  |   |     |  |  |    |       |   |  |
| MAILING ADDRESS (Line 2) (if required) (Maximum 35 characters)   |  |                          |  |    |  |   |     |  |  |    |       |   |  |
| CITY<br><b>CHATTANOOGA</b>   | STATE OR COUNTRY (if foreign address)<br><b>TN</b>   | ZIP CODE<br><b>37411</b> |  |    |  |   |     |  |  |    |       |   |  |
| TELEPHONE NUMBER (include area code)<br><b>(423) 899-5111</b>  | CALL LETTERS<br><b>WKWN</b>  |                          |  |    |  |   |     |  |  |    |       |   |  |
| FOR MAILING THIS REPORT, SEE GENERAL INSTRUCTION 2.  |  |                          |  |    |  |   |     |  |  |    |       |   |  |
| 2. A. Is a fee submitted with this application? .....  |  |                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |    |  |   |     |  |  |    |       |   |  |
| B. If No, explain: _____ ; and go to Section II.   |  |                          |  |    |  |   |     |  |  |    |       |   |  |
| C. If Yes, provide the following information:  |  |                          |  |    |  |   |     |  |  |    |       |   |  |
| Enter in Column (A) the correct Fee Type Code for the services covered by this report. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Enter in Column (B) the Fee Multiple, if applicable. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number listed in Column (B). |  |                          |  |    |  |   |     |  |  |    |       |   |  |
| (1)  | (A)<br>FEE TYPE CODE<br><table border="1" style="width:100%"><tr><td>M</td><td>A</td><td>R</td></tr></table> | M                        | A  | R  | (B)<br>FEE MULTIPLE<br>(if required)<br><table border="1" style="width:100%"><tr><td></td><td>N/A</td><td></td></tr></table> |   | N/A |  | (C)<br>FEE DUE FOR FEE TYPE<br>CODE IN COLUMN (A)<br><table border="1" style="width:100%"><tr><td>\$</td><td>45.00</td></tr></table> | \$ | 45.00 | FOR FCC USE ONLY<br><table border="1" style="width:100%"><tr><td></td></tr></table> |  |
| M  | A  | R                        |  |    |  |   |     |  |  |    |       |   |  |
|  | N/A  |                          |  |    |  |   |     |  |  |    |       |   |  |
| \$   | 45.00  |                          |  |    |  |   |     |  |  |    |       |   |  |
|  |  |                          |  |    |  |   |     |  |  |    |       |   |  |
| (2)  | (A)<br><table border="1" style="width:100%"><tr><td>N/A</td><td></td><td></td></tr></table>                  | N/A                      |  |    | (B)<br><table border="1" style="width:100%"><tr><td></td><td>N/A</td><td></td></tr></table>                                  |   | N/A |  | (C)<br><table border="1" style="width:100%"><tr><td>\$</td><td>N/A</td></tr></table>   | \$ | N/A   | FOR FCC USE ONLY<br><table border="1" style="width:100%"><tr><td></td></tr></table> |  |
| N/A  |  |                          |  |    |  |   |     |  |  |    |       |   |  |
|  | N/A  |                          |  |    |  |   |     |  |  |    |       |   |  |
| \$   | N/A  |                          |  |    |  |   |     |  |  |    |       |   |  |
|  |  |                          |  |    |  |   |     |  |  |    |       |   |  |
| ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (2), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE. →   |  |                          | TOTAL AMOUNT REMITTED WITH THIS APPLICATION<br><table border="1" style="width:100%"><tr><td>\$</td><td>45.00</td></tr></table> | \$ | 45.00  | FOR FCC USE ONLY<br><table border="1" style="width:100%"><tr><td></td></tr></table> |     |  |  |    |       |   |  |
| \$   | 45.00  |                          |  |    |  |   |     |  |  |    |       |   |  |
|  |  |                          |  |    |  |   |     |  |  |    |       |   |  |

**SECTION II - OWNERSHIP INFORMATION (for all filers)**

1. All of the information furnished in this Report is accurate as of NOVEMBER 30, 1995  
*(Date must comply with Section 73.3615(a), i.e., information must be current within 60 days of the filing of this report, when 1(a) below is checked.)*

This report is filed pursuant to Instruction *(check one)*

- 1(a)  Annual                      1(b)  Transfer of Control or Assignment of License                      1(c)  Other

for the following stations:

| Call Letters | Location                      | Class of service |
|--------------|-------------------------------|------------------|
| WKWN         | GA HIGHWAY 136 W, TRENTON, GA | AM               |

SECTION II - Ownership Information (continued)

|  |             |                   |
|--|-------------|-------------------|
| 2. Name of Licensee or Permittee<br>RA-AD OF TRENTON, INC. |             |                   |
| Mailing Address<br>5600 BRAINERD ROAD SUITE G-30           |             |                   |
| City<br>CHATTANOOGA  | State<br>IN | ZIP Code<br>37411 |

|   |       |          |
|---|-------|----------|
| 3. Name of entity, if other than licensee or permittee, for which report is filed (see Instruction 3):<br>N/A |       |          |
| Mailing Address   |       |          |
| City  | State | ZIP Code |

4. Respondent is:

- Sole proprietorship                       Not-for-profit corporation                       Limited partnership  
 For-profit corporation                       General partnership                       Other:

If a limited partnership, is certification statement included as in Instruction 2?  Yes  No

5. Give the name of any corporation or other entity for whom a separate Report is filed due to its interest in the subject licensee (see Instruction 3):

N/A

6. Show the attributable interests in any other broadcast station of the respondent. Also, show any interest of the respondent, whether or not attributable, which is 5% or more of the ownership of any other broadcast station or any newspaper or CATV entity in the same market or with overlapping signals in the same broadcast service, as described in Sections 73.3555 and 76.501 of the Commission's Rules.

WBDX-FM

7. List all contracts and other instruments required to be filed by Section 73.3613 of the Commission's Rules and Regulations. (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject licensee or permittee shall respond.)

| Description of contract or instrument | Name of person or organization with whom contract is made | Date of Execution | Date of Expiration |
|---------------------------------------|---|-------------------|--------------------|
| N/A - No change                       |   |                   |                    |

8. Capitalization (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject licensee or permittee shall respond.)

| Class of Stock (preferred, common or other) | Voting or Non-voting | Number of Shares |                        |          |          |
|---|----------------------|------------------|------------------------|----------|----------|
|   |                      | Authorized       | Issued and Outstanding | Treasury | Unissued |
| N/A - No change                             |                      |                  |                        |          |          |

Remarks concerning family relationships, attribution exemptions and certifications: (see Instructions 2, 5 and 6)

**SECTION II - Ownership Information (continued)**

9. List officers, directors, cognizable stockholders and partners. Use one column for each individual or entity. Attach additional pages, if necessary. See Instructions 2, 5 and 6.

*Line (Read carefully - The numbered items below refer to line numbers in the following table.)*

- |  |   |
|--|---|
| <p>1. Name and residence of officer, director, cognizable stockholder or partner (if other than individual, also show name, address and citizenship of natural person authorized to vote the stock). List officers first, then directors and, thereafter, remaining stockholders and partners.</p> <p>2. Citizenship.</p> <p>3. Office or directorship held.</p> <p>4. Number of shares or nature of partnership interest.</p> <p>5. Number of votes.</p> <p>6. Percentage of votes.</p> | <p>7. Other existing attributable interests in any other broadcast station, including nature and size of such interest.</p> <p>8. All other ownership interests of 5% or more (whether or not attributable), as well as any corporate officership or directorship, in broadcast, cable, or newspaper entities in the same market or with overlapping signals in the same broadcast service, as described in Sections 73.3555 and 76.501 of the Commission's Rules, including the nature and size of such interests and the position held.</p> |
|--|---|

| 1 | (a)   | (b)  | (c)   |
|---|---|--|---|
|   | HERBERT G. ADCOX<br>2017 CLEMATIS DRIVE<br>HIXSON, TN 37343 | DANA ROBINETTE<br>6421 SHALLOWFORD ROAD<br>CHATTANOOGA, TN 37421 | DOUGLAS H. FISHER<br>6102 CLARK ROAD<br>CHATTANOOGA, TN 37341 |
| 2 | US  | US   | US  |
| 3 | PRESIDENT /DIRECTOR/TREASURER                               | SECRETARY  | VICE PRESIDENT  |
| 4 | 12,250 SHARES   | 0  | 0   |
| 5 | 12,250 SHARES   | 0  | 0   |
| 6 | 100%  | 0  | 0   |
| 7 | WKWN 100% OWNERSHIP   | 0  | 0   |
| 8 | N/A   | N/A  | N/A   |

SECTION III - CERTIFICATION

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).

I certify that I am HERBERT G. ADCOX , PRESIDENT  
*(Official title, see Instruction 1)*

of PRESIDENT, RA-AD OF TRENTON INC.  
*(Exact legal title or name of respondent)*

that I have examined this Report, that to the best of my knowledge and belief, all statements in the Report are true, correct and complete.

*(Date of certification must be within 60 days of the date shown in Question 1, Section II and in no event prior to that date):*

|  |                           |
|--|---------------------------|
| Signature<br> | Date<br>NOVEMBER 30, 1995 |
|--|---------------------------|

Telephone number of respondent (include area code)

(423) 899-5111

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT  
AND THE PAPERWORK REDUCTION ACT OF 1980

The solicitation of personal information requested in this report is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this report to assess compliance with the Commission's multiple ownership restrictions. 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, processing may be delayed while a request is made to provide the missing information or the report may be returned without action pursuant to the Commission's rules. Your response is required to retain the requested authority.

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.

Public reporting burden for this collection of information is estimated to average 7.166 hours 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the Federal Communications Commission, Records Management Division, AMD-PIRS, Washington, DC 20554, and to the Office of Management and Budget, Office of Information and Regulatory Affairs, Paperwork Reduction Project (3060-0010), Washington, DC 20503.

I HAVE EXAMINED THE COMMISSION'S ENVIRONMENTAL REQUIREMENTS IN 47 C.F.R. SECTION 1.1307 AS OUTLINED IN APPENDIX C TO THE LICENSE RENEWAL BOOKLET. BASED ON MY COMPLETION OF THE WORKSHEETS THEREIN, I HAVE DETERMINED THAT OPERATION OF MY FACILITIES WILL NOT HAVE A SIGNIFICANT ENVIRONMENTAL IMPACT AS DEFINED BY SECTION 1.1307, WHICH INCLUDES CONSIDERATION OF THE EXPOSURE OF WORKERS OR THE GENERAL PUBLIC TO LEVELS OF RADIO FREQUENCY RADIATION EXCEEDING IDENTIFIED GUIDELINES ISSUED BY THE AMERICAN NATIONAL STANDARDS INSTITUTE.



Real People All Week...  
Real Rock All Weekend!

November 30, 1995

Via Federal Express

Federal Communications Commission  
c/o Mellon Bank  
3 Mellon Bank Center  
525 William Penn Way  
27th Floor, Room 153-2713  
Post Office Box 358180  
Pittsburgh, PA 15259-0001

ATTN: Wholesale Lockbox Shift Supervisor

Re: WKWN(AM), Trenton, Tennessee  
Annual Ownership Report

Gentlemen:

We submit herewith the annual ownership report of RA-AD of Trenton, Inc. for WKWN(AM), Trenton, Tennessee together with our check made payable to the Federal Communications Commission in the amount of \$45, representing the filing fee. Also enclosed is an additional "date-stamped" copy of the ownership report which we would appreciate your returning to the undersigned in the enclosed postage-paid, self-addressed envelope after being date-stamped by your office.

Questions concerning the enclosed should be directed to the undersigned. Thank you for your assistance.

Sincerely yours,

RA-AD OF TRENTON, INC.

A handwritten signature in black ink, appearing to read "Doug Fisher", is written over a horizontal line.

Doug Fisher

FCC 323

OWNERSHIP REPORT

SECTION I - FEE INFORMATION (For Annual Ownership Report Filers Only)

|  |                                   |   |   |                  |
|--|-----------------------------------|---|---|------------------|
| 1. LICENSEE NAME<br>RA-AD OF TRENTON, INC.   |                                   |   |   |                  |
| MAILING ADDRESS (Line 1) (Maximum 35 characters)<br>5600 BRAINERD ROAD<br>SUITE G-30   |                                   |   |   |                  |
| MAILING ADDRESS (Line 2) (if required) (Maximum 35 characters)   |                                   |   |   |                  |
| CITY<br>CHATTANOOGA  |                                   | STATE OR COUNTRY (if foreign address)<br>TN | ZIP CODE<br>37411   |                  |
| TELEPHONE NUMBER (include area code)<br>(423) 899-5111   |                                   | CALL LETTERS<br>WBDX                        |   |                  |
| FOR MAILING THIS REPORT, SEE GENERAL INSTRUCTION 2.  |                                   |   |   |                  |
| 2. A. Is a fee submitted with this application? .....  |                                   |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                  |
| B. If No, explain: <u>N/A</u> ; and go to Section II.  |                                   |   |   |                  |
| C. If Yes, provide the following information:  |                                   |   |   |                  |
| Enter in Column (A) the correct Fee Type Code for the services covered by this report. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Enter in Column (B) the Fee Multiple, if applicable. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number listed in Column (B). |                                   |   |   |                  |
| (1)  | (A)<br>FEE TYPE CODE<br>M   A   R | (B)<br>FEE MULTIPLE<br>(if required)<br>N/A | (C)<br>FEE DUE FOR FEE TYPE<br>CODE IN COLUMN (A)<br>\$ 45.00       | FOR FCC USE ONLY |
| (2)  | (A)<br>N/A                        | (B)<br>N/A                                  | (C)<br>\$ N/A   | FOR FCC USE ONLY |
| ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (2), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE. →   |                                   |   | TOTAL AMOUNT REMITTED WITH THIS APPLICATION<br>\$ 45.00             | FOR FCC USE ONLY |

SECTION II - OWNERSHIP INFORMATION (for all filers)

1. All of the information furnished in this Report is accurate as of NOVEMBER 30, 19 95  
*(Date must comply with Section 73.3615(a), i.e., information must be current within 60 days of the filing of this report, when 1(a) below is checked.)*

This report is filed pursuant to Instruction *(check one)*

- 1(a)  Annual                      1(b)  Transfer of Control or Assignment of License                      1(c)  Other

for the following stations:

| Call Letters | Location           | Class of service |
|--------------|--------------------|------------------|
| WBDX         | TRENTON, TENNESSEE | FM               |

**SECTION II - Ownership Information (continued)**

|  |       |          |
|--|-------|----------|
| 2. Name of Licensee or Permittee<br>RA-AD OF TRENTON, INC.<br>5600 BRAINERD ROAD SUITE G-30<br>CHATTANOOGA, TN 37411 |       |          |
| Mailing Address  |       |          |
| City   | State | ZIP Code |

|   |       |          |
|---|-------|----------|
| 3. Name of entity, if other than licensee or permittee, for which report is filed (see Instruction 3):<br>N/A |       |          |
| Mailing Address   |       |          |
| City  | State | ZIP Code |

4. Respondent is:

- Sole proprietorship                       Not-for-profit corporation                       Limited partnership  
 For-profit corporation                       General partnership                       Other:

If a limited partnership, is certification statement included as in Instruction 2?  Yes  No

5. Give the name of any corporation or other entity for whom a separate Report is filed due to its interest in the subject licensee (see Instruction 3):  
N/A

6. Show the attributable interests in any other broadcast station of the respondent. Also, show any interest of the respondent, whether or not attributable, which is 5% or more of the ownership of any other broadcast station or any newspaper or CATV entity in the same market or with overlapping signals in the same broadcast service, as described in Sections 73.3555 and 76.501 of the Commission's Rules.

WKWN AM , TRENTON, GA.  
RESPONDENT IS ALSO THE OWNER OF LICENSE

7. List all contracts and other instruments required to be filed by Section 73.3613 of the Commission's Rules and Regulations. (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject licensee or permittee shall respond.)

| Description of contract or instrument | Name of person or organization with whom contract is made | Date of Execution | Date of Expiration |
|---------------------------------------|---|-------------------|--------------------|
| N/A - No change                       |   |                   |                    |

8. Capitalization (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject licensee or permittee shall respond.)

| Class of Stock (preferred, common or other) | Voting or Non-voting | Number of Shares |                        |          |          |
|---|----------------------|------------------|------------------------|----------|----------|
|   |                      | Authorized       | Issued and Outstanding | Treasury | Unissued |
| N/A - No change                             |                      |                  |                        |          |          |

Remarks concerning family relationships, attribution exemptions and certifications: (see Instructions 2, 5 and 6)

**SECTION II - Ownership Information (continued)**

9. List officers, directors, cognizable stockholders and partners. Use one column for each individual or entity. Attach additional pages, if necessary. See Instructions 2, 5 and 6.

*Line (Read carefully - The numbered items below refer to line numbers in the following table.)*

- |  |   |
|--|---|
| <p>1. Name and residence of officer, director, cognizable stockholder or partner (if other than individual, also show name, address and citizenship of natural person authorized to vote the stock). List officers first, then directors and, thereafter, remaining stockholders and partners.</p> <p>2. Citizenship.</p> <p>3. Office or directorship held.</p> <p>4. Number of shares or nature of partnership interest.</p> <p>5. Number of votes.</p> <p>6. Percentage of votes.</p> | <p>7. Other existing attributable interests in any other broadcast station, including nature and size of such interest.</p> <p>8. All other ownership interests of 5% or more (whether or not attributable), as well as any corporate officership or directorship, in broadcast, cable, or newspaper entities in the same market or with overlapping signals in the same broadcast service, as described in Sections 73.3555 and 76.501 of the Commission's Rules, including the nature and size of such interests and the position held.</p> |
|--|---|

|   |  |   |  |
|---|--|---|--|
| 1 | (a)<br>HERBERT G. ADCOX<br>2017 CLEMATIS DRIVE<br>HIXSON, TN 37343 | (b)<br>DANA ROBINETTE<br>6421 SHALLOWFORD ROAD<br>CHATTANOOGA, TN 37421 | (c)<br>DOUGLAS H. FISHER<br>6201 CLARK ROAD<br>CHATTANOOGA, TN 37341 |
| 2 | US   | US  | US   |
| 3 | PRESIDENT /DIRECTOR/TREASURER                                      | SECRETARY   | VICE PRESIDENT   |
| 4 | 12,250 SHARES  | 0   | 0  |
| 5 | 12,250 SHARES  | 0   | 0  |
| 6 | 100%   | 0   | 0  |
| 7 | WBDX 100% OWNERSHIP  | 0   | 0  |
| 8 | N/A  | N/A   | N/A  |

SECTION III - CERTIFICATION

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).

I certify that I am HERBERT G. ADCOX , PRESIDENT  
*(Official title, see Instruction 1)*

of PRESIDENT, RA-AD OF TRENTON, INC.  
*(Exact legal title or name of respondent)*

that I have examined this Report, that to the best of my knowledge and belief, all statements in the Report are true, correct and complete.

*(Date of certification must be within 60 days of the date shown in Question 1, Section II and in no event prior to that date):*

|  |                           |
|--|---------------------------|
| Signature<br> | Date<br>NOVEMBER 30, 1995 |
|--|---------------------------|

Telephone number of respondent (include area code)

(423) 899-5111

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT  
AND THE PAPERWORK REDUCTION ACT OF 1980

The solicitation of personal information requested in this report is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this report to assess compliance with the Commission's multiple ownership restrictions. 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, processing may be delayed while a request is made to provide the missing information or the report may be returned without action pursuant to the Commission's rules. Your response is required to retain the requested authority.

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.

Public reporting burden for this collection of information is estimated to average 7.166 hours 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the Federal Communications Commission, Records Management Division, AMD-PIRS, Washington, DC 20554, and to the Office of Management and Budget, Office of Information and Regulatory Affairs, Paperwork Reduction Project (3060-0010), Washington, DC 20503.

I HAVE EXAMINED THE COMMISSION'S ENVIRONMENTAL REQUIREMENTS IN 47 C.F.R. SECTION 1.1307 AS OUTLINED IN APPENDIX C TO THE LICENSE RENEWAL BOOKLET. BASED ON MY COMPLETION OF THE WORKSHEETS THEREIN, I HAVE DETERMINED THAT OPERATION OF MY FACILITIES WILL NOT HAVE A SIGNIFICANT ENVIRONMENTAL IMPACT AS DEFINED BY SECTION 1.1307, WHICH INCLUDES CONSIDERATION OF THE EXPOSURE OF WORKERS OR THE GENERAL PUBLIC TO LEVELS OF RADIO FREQUENCY RADIATION EXCEEDING IDENTIFIED GUIDELINES ISSUED BY THE AMERICAN NATIONAL STANDARDS INSTITUTE.



Real People All Week...  
Real Rock All Weekend!

November 30, 1995

**Via Federal Express**

Federal Communications Commission  
c/o Mellon Bank  
3 Mellon Bank Center  
525 William Penn Way  
27th Floor, Room 153-2713  
Post Office Box 358180  
Pittsburgh, PA 15259-0001

ATTN: Wholesale Lockbox Shift Supervisor

Re: WBDX(FM), Trenton, Tennessee  
Annual Ownership Report

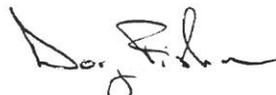
Gentlemen:

We submit herewith the annual ownership report of RA-AD of Trenton, Inc. for WBDX(FM), Trenton, Tennessee together with our check made payable to the Federal Communications Commission in the amount of \$45, representing the filing fee. Also enclosed is an additional "date-stamped" copy of the ownership report which we would appreciate your returning to the undersigned in the enclosed postage-paid, self-addressed envelope after being date-stamped by your office.

Questions concerning the enclosed should be directed to the undersigned. Thank you for your assistance.

Sincerely yours,

RA-AD OF TRENTON, INC.

  
Doug Fisher

FOR  
FCC  
USE  
ONLY

**FCC 303-S**  
**APPLICATION FOR**  
**RENEWAL OF LICENSE**  
**FOR AM, FM, TV,**  
**TRANSLATOR OR**  
**LPTV STATION**

FOR COMMISSION USE ONLY  
FILE NO.

AM, FM and TV APPLICANTS MUST COMPLETE AND SUBMIT SECTIONS I, II, III AND V ONLY.

FM TRANSLATOR, TV TRANSLATOR and LPTV APPLICANTS MUST COMPLETE AND SUBMIT SECTIONS I, II, IV AND V ONLY.

IF APPLICATION IS FOR RENEWAL OF LICENSES FOR BOTH A PRIMARY STATION and A CO-OWNED TRANSLATOR WHICH REBROADCASTS THE PRIMARY STATION'S SIGNAL, APPLICANT MUST COMPLETE AND SUBMIT SECTIONS I, II, III, IV AND V.

**SECTION I (FEE INFORMATION) - TO BE COMPLETED BY ALL APPLICANTS**

|   |   |   |                  |
|---|---|---|------------------|
| 1. PAYOR NAME (Last, First, Middle Initial)<br>RA-AD OF TRENTON, INC.   |   |   |                  |
| MAILING ADDRESS (Line 1) (Maximum 35 characters)<br>5600 BRAINERD ROAD SUITE G-30   |   |   |                  |
| MAILING ADDRESS (Line 2) (Maximum 35 characters)  |   |   |                  |
| CITY<br>CHATTANOOGA   | STATE OR COUNTRY (if foreign address)<br>TN | ZIP CODE<br>37411                                 |                  |
| TELEPHONE NUMBER (include area code)<br>(423) 899-5111  | CALL LETTERS<br>WBDX                        | OTHER FCC IDENTIFIER (IF APPLICABLE)<br>N/A       |                  |
| 2. A. Is a fee submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |   |   |                  |
| B. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1112):<br><input type="checkbox"/> Governmental Entity <input type="checkbox"/> Noncommercial educational licensee <input type="checkbox"/> Other (Please explain):  |   |   |                  |
| C. If Yes, provide the following information:   |   |   |                  |
| Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number listed in Column (B). |   |   |                  |
| (A)   | (B)   | (C)   |                  |
| FEE TYPE CODE   | FEE MULTIPLE<br>(if required)               | FEE DUE FOR FEE TYPE<br>CODE IN COLUMN (A)        | FOR FCC USE ONLY |
| M   G   R   | N/A   | \$ 115.00   |                  |
| To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.   |   |   |                  |
| (A)   | (B)   | (C)   |                  |
| FEE TYPE CODE   | FEE MULTIPLE<br>(if required)               | FEE DUE FOR FEE TYPE<br>CODE IN COLUMN (A)        | FOR FCC USE ONLY |
| N/A   | N/A   | \$ N/A  |                  |
| ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) AND (2), AND ENTER THE TOTAL HERE.<br>THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.   |   | TOTAL AMOUNT<br>REMITTED WITH THIS<br>APPLICATION | FOR FCC USE ONLY |
|   |   | \$ 115.00   |                  |

**SECTION II - TO BE COMPLETED BY ALL APPLICANTS**

|   |  |
|---|--|
| 1. NAME OF LICENSEE OF AM, FM OR TV STATION<br>RA-AD OF TRENTON, INC. | NAME OF LICENSEE OF FM OR TV TRANSLATOR OR LOW POWER TV STATION<br>N/A |
| MAILING ADDRESS<br>5600 BRAINERD ROAD SUITE G-30                      |  |
| CITY<br>CHATTANOOGA   | STATE<br>TN  |
| ZIP CODE<br>37411   |  |

2. This application is for:  Commercial  Noncommercial
- (a)  AM  FM  TV

|                      |                      |             |
|----------------------|----------------------|-------------|
| Call Letters<br>WBDX | Community of License |             |
|                      | City<br>TRENTON      | State<br>GA |

- (b)  FM Translator  TV Translator  Low Power TV

|              |                        |       |
|--------------|------------------------|-------|
| Call Letters | Area Licensed to Serve |       |
|              | City                   | State |

|              |                        |       |
|--------------|------------------------|-------|
| Call Letters | Area Licensed to Serve |       |
|              | City                   | State |

3. Attach as an Exhibit an identification of any FM booster or TV booster station for which renewal of license is also requested. N/A

|             |
|-------------|
| Exhibit No. |
|-------------|

4. Is the applicant in compliance with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments?

Yes  No

If No, attach as an Exhibit an explanation.

|             |
|-------------|
| Exhibit No. |
|-------------|

5. Since the filing of the applicant's last renewal application or any other application for the subject station(s), has an adverse finding been made or 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?

Yes  No

If the answer is Yes, attach as an Exhibit a full disclosure concerning 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.

|             |
|-------------|
| Exhibit No. |
|-------------|

6. Would a Commission grant of this application come within 47 C.F.R. Section 1.1307, such that it may have a significant environmental impact, including exposure of workers or the general public to levels of RF radiation exceeding identified health and safety guidelines issued by the American National Standards Institute?

Yes  No

NOTE: Licensees of FM translator stations transmitting with an effective radiated power (ERP) of 100 watts or less are not subject to the RF radiation requirements of 47 C.F.R. Section 1.1307(b).

If Yes, attach as an Exhibit an Environmental Assessment, as required by 47 C.F.R. Section 1.1311.

|             |
|-------------|
| Exhibit No. |
|-------------|

If No, explain briefly why not.

Explanation attached

**SECTION III: TO BE COMPLETED BY COMMERCIAL AND NONCOMMERCIAL AM, FM and TV APPLICANTS ONLY**

1. Have the following reports been filed with the Commission:

(a) The Broadcast Station Annual Employment Reports (FCC Form 395-B), as required by 47 C.F.R. Section 73.3612?

Yes  No

If No, attach as an Exhibit an explanation.

Exhibit No.

(b) The applicant's Ownership Report (FCC Form 323 or 323-E), as required by 47 C.F.R. Section 73.3615?

Yes  No

If No, give the following information:

Date last ownership report was filed: -----

Call letters of station for which it was filed: -----

2. Has the applicant placed in its public inspection file at the appropriate times the documentation required by 47 C.F.R. Section 73.3526 and 73.3527?

Yes  No

If No, attach as an Exhibit a complete statement of explanation.

Exhibit No.

3. FOR COMMERCIAL AM, FM AND TV APPLICANTS ONLY:

Is the station currently on the air?

Yes  No

If No, attach as an Exhibit a statement of explanation, including the steps the applicant intends to take to restore service to the public.

Exhibit No.

4. FOR COMMERCIAL TV APPLICANTS ONLY: N/A

(a) Attach as an Exhibit a summary of the applicant's programming response, nonbroadcast efforts and support for other stations' programming directed to the educational and informational needs of children 16 years old and under, and reflecting the most significant programming related to such needs which the licensee has aired, as described in 47 C.F.R. Section 73.3526(a)(8)(iii).

Exhibit No.

(b) For the period of time covered by this report, has the applicant complied with the limits on commercial matter as set forth in 47 C.F.R. Section 73.670? (The limits are no more than 12 minutes of commercial matter per hour on weekdays, and no more than 10.5 minutes of commercial matter per hour during children's programming on weekends. The limits also apply pro rata to children's programs which are 5 minutes or more and which are not part of a longer block of children's programming.)

Yes  No

(c) If No, submit as an Exhibit a list of each segment of programming 5 minutes or more in duration designed for children 12 years old and under and broadcast during the license period which contained commercial matter in excess of the limits. For each programming segment so listed, indicate the length of the segment, the amount of commercial matter contained therein, and an explanation of why the limits were exceeded.

Exhibit No.

**SECTION IV : TO BE COMPLETED BY FM TRANSLATOR, TV TRANSLATOR and LPTV APPLICANTS ONLY**

1. Is the applicant's station currently operating and rebroadcasting the signal of an FM, TV or LPTV station?

Yes  No

If Yes, identify the station being rebroadcast:

| Call Sign | Channel No. | City of License/Area Served |
|-----------|-------------|-----------------------------|
| N/A       | N/A         | N/A                         |

Exhibit No.

If No, attach as an Exhibit a statement of explanation, including the steps the applicant intends to take to resume operations.

2. Is the station being rebroadcast licensed to either the applicant or a commonly controlled entity?

Yes  No

If No, has the required retransmission consent been obtained?

Yes  No

If No, attach as an Exhibit an explanation.

Exhibit No.

3. Is the station being rebroadcast the same station as previously notified?

Yes  No

If No, attach as an Exhibit an explanation, including an identification of the station that was previously rebroadcast.

Exhibit No.

**4. FOR LOW POWER TV APPLICANTS ONLY:**

Have the Broadcast Station Annual Employment Reports (FCC Form 395-B) been filed with the Commission as required by 47 C.F.R. Section 73.3612?

Yes  No

If No, attach as an Exhibit an explanation.

Exhibit No.

**5. FOR FM TRANSLATOR APPLICANTS ONLY:**

(a) Is the applicant in compliance with 47 C.F.R. Section 74.1232(d) which prohibits the common ownership of a commercial primary station and an FM translator station whose coverage contour extends beyond the protected contour of the commercial primary station being rebroadcast? This restriction also applies to any person or entity having any interest in, or any connection with, the primary FM station.

Yes  No

If No, attach as an Exhibit an explanation.

Exhibit No.

(b) Is the applicant in compliance with 47 C.F.R. Section 74.1232(e) which prohibits an FM translator station whose coverage contour extends beyond the protected contour of the commercial primary station being rebroadcast from receiving any support (except for specified technical assistance), before, during or after construction, directly or indirectly, from the primary station or any person or entity having any interest in, or any connection with, the primary station?

Yes  No

If No, attach as an Exhibit an explanation.

Exhibit No.

**SECTION V: TO BE COMPLETED BY ALL APPLICANTS**

FOR AM, FM OR TV APPLICANTS ONLY: Applicant has attached Sections I, II, III, and V only.

Yes  No

FOR FM TRANSLATOR, TV TRANSLATOR OR LPTV APPLICANTS ONLY: Applicant has attached Sections I, II, IV and V only.

Yes  No

FOR CO-OWNED TRANSLATOR AND PRIMARY STATION APPLICANTS ONLY: Applicant has attached Sections I, II, III, IV and V.

Yes  No

The APPLICANT hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum 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 the exhibits are a material part hereof and are incorporated herein as set out in full in the application.

**CERTIFICATION**

1. 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. Section 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

2. 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<br>RA-AD OF TRENTON, INC. | Signature<br> |
| Title<br>VICE PRESIDENT        | Date<br>Nov 30, 1995  |

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 FOREFITHURE (U.S. CODE, TITLE 47, SECTION 503))

## BROADCAST EQUAL EMPLOYMENT OPPORTUNITY PROGRAM REPORT

(To be filed with broadcast license renewal application)

|                    |
|--------------------|
| (For FCC Use Only) |
| Code No.           |

Call Letters ..... WBDX

Name of Licensee ..... RA-AD OF TRENTON, INC.

City and State which station  
is licensed to serve ..... TRENTON, GA

**TYPE OF BROADCAST STATION (Check one)**

Commercial Broadcast Station

Noncommercial Broadcast Station

AM

TV

Educational Radio

FM

Low Power TV

Educational TV

Combined AM & FM  
in same area

International

**SEND NOTICES AND COMMUNICATIONS TO THE FOLLOWING NAMED PERSON AT THE ADDRESS INDICATED BELOW:**

|                                  |   |                          |  |
|----------------------------------|---|--------------------------|--|
| Name<br><b>DOUGLAS H. FISHER</b> | Street Address<br><b>5600 BRAINERD ROAD SUIT E G-30</b> |                          |  |
| City<br><b>CHATTANOOGA</b>       | State<br><b>TN</b>                                      | ZIP Code<br><b>37411</b> | Telephone No.<br><b>(423) 899-5111</b> |

### FILING INSTRUCTIONS

Broadcast station licensees are required to afford equal opportunity to all qualified persons and to refrain from discriminating in employment and related benefits on the basis of race, color, national origin, and sex. See Section 73.2080 of the Commission's Rules. Pursuant to these requirements, a license renewal applicant who employs five or more full-time station employees must file a report of its activities to ensure equal employment opportunity for women and minority groups (that is, Blacks not of Hispanic origin, Asians or Pacific Islanders, American Indians or Alaskan Natives, and Hispanics). If minority group representation in the available labor force is less than five percent (in the aggregate), equal employment opportunity (EEO) program information for minority group members need not be filed. However, EEO program information must be filed for women since they comprise a significant percentage of virtually all area labor forces. If an applicant employs fewer than five full-time employees, no equal employment opportunity activity information need be filed.

A copy of this report must be kept in the station's public file. These actions are required to obtain license renewal. Failure to meet these requirements may result in license renewal being delayed or denied. These requirements are contained in Section 73.2080 of the FCC Rules (47 CFR 73.2080), and are authorized by the Communications Act of 1934, as amended.

If your station employs fewer than five full-time employees, check the box at left, complete the certification below, return the form to the FCC, and place a copy in your station's public file. You do not have to complete the rest of the form.

**If your station employs five or more full-time employees, you must complete all of this form and follow all instructions.**

If minority group representation in the available labor force is less than 5 percent (in the aggregate) and you choose not to file EEO program information for minority groups, check the box at left and complete the rest of this form with only the information for your program directed towards women.

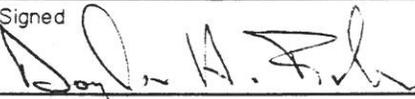
CERTIFICATION

This report must be certified, as follows:

- A. By licensee, if an individual;
- B. By a partner, if a partnership (general partner, if a limited partnership);
- C. By an officer, if a corporation or an association; or
- D. By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND 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)(11), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

|                                   |  |
|-----------------------------------|--|
| Signed                            |  |
| Title                             | VICE-PRESIDENT   |
| Date                              | NOVEMBER 30, 1995  |
| Name of Respondent                | DOUGLAS H. FISHER - RA-AD OF TRENTON, INC.   |
| Telephone No. (include area code) | (423) 899-5111   |

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 principal purpose for which the information will be used is to determine if the license renewal requested is consistent with the public interest. The staff, consisting variously of attorneys, accountants, engineers, and applications examiners, will use the information to determine whether the license renewal application should be granted, denied, dismissed or designated for hearing. If all the information requested 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. Accordingly, every effort should be made to provide all necessary information. Your response is required to obtain the requested authority.

Public reporting burden for this collection of information is estimated to average 3 hours 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Federal Communications Commission, Office of Managing Director, Washington, DC 20554, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (3060-0113), Washington, DC 20503.

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.



Real People All Week...  
Real Rock All Weekend!

November 30, 1995

Via Federal Express

Federal Communications Commission  
c/o Mellon Bank  
3 Mellon Bank Center  
525 William Penn Way  
27th Floor, Room 153-2713  
Post Office Box 358195  
Pittsburgh, PA 15259-0001

ATTN: Wholesale Lockbox Shift Supervisor

Re: WDBX(FM), Trenton, Tennessee  
License Renewal Application/Equal Employment Opportunity  
Program Report

Gentlemen:

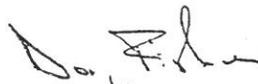
We submit herewith an original and single of copy of an application for renewal of license for WDBX(FM), Trenton, Tennessee and our broadcast equal employment opportunity program report, together with our check made payable to the Federal Communications Commission in the amount of \$115, representing the filing fee. Also enclosed is an additional "date-stamped" copy of the application and equal employment opportunity program report which we would appreciate your returning to the undersigned in the enclosed postage-paid, self-addressed envelope after being date-stamped by your office.

Our "annual" ownership report is being filed concurrently under separate cover as required by 47 C.F.R. § 73.3615.

Questions concerning the enclosed should be directed to the undersigned. Thank you for your assistance.

Sincerely yours,

RA-AD OF TRENTON, INC.

  
Doug Fisher

FOR  
FCC  
USE  
ONLY

**FCC 303-S**  
**APPLICATION FOR**  
**RENEWAL OF LICENSE**  
**FOR AM, FM, TV,**  
**TRANSLATOR OR**  
**LPTV STATION**

FOR COMMISSION USE ONLY  
FILE NO.

AM, FM and TV APPLICANTS MUST COMPLETE AND SUBMIT SECTIONS I, II, III AND V ONLY.

FM TRANSLATOR, TV TRANSLATOR and LPTV APPLICANTS MUST COMPLETE AND SUBMIT SECTIONS I, II, IV AND V ONLY.

IF APPLICATION IS FOR RENEWAL OF LICENSES FOR BOTH A PRIMARY STATION and A CO-OWNED TRANSLATOR WHICH REBROADCASTS THE PRIMARY STATION'S SIGNAL, APPLICANT MUST COMPLETE AND SUBMIT SECTIONS I, II, III, IV AND V.

**SECTION I (FEE INFORMATION) - TO BE COMPLETED BY ALL APPLICANTS**

|   |                               |   |   |
|---|-------------------------------|---|---|
| 1. PAYOR NAME (Last, First, Middle Initial)   |                               |   |   |
| RA-AD OF TRENTON, INC.  |                               |   |   |
| MAILING ADDRESS (Line 1) (Maximum 35 characters)  |                               |   |   |
| 5600 BRAINERD ROAD SUITE G-30   |                               |   |   |
| MAILING ADDRESS (Line 2) (Maximum 35 characters)  |                               |   |   |
| CITY  |                               | STATE OR COUNTRY (if foreign address)             | ZIP CODE  |
| CHATTANOOGA   |                               | TN  | 37411   |
| TELEPHONE NUMBER (include area code)  |                               | CALL LETTERS                                      | OTHER FCC IDENTIFIER (IF APPLICABLE)                                |
| (423) 899-5111  |                               | WKWN  |   |
| 2. A. Is a fee submitted with this application?   |                               |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| B. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1112):   |                               |   |   |
| <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Noncommercial educational licensee <input type="checkbox"/> Other (Please explain):   |                               |   |   |
| C. If Yes, provide the following information:   |                               |   |   |
| Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number listed in Column (B). |                               |   |   |
| (A)   | (B)                           | (C)   | FOR FCC USE ONLY  |
| FEE TYPE CODE   | FEE MULTIPLE<br>(if required) | FEE DUE FOR FEE TYPE<br>CODE IN COLUMN (A)        |   |
| M G R   | N/A                           | \$ 115.00   |   |
| To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.   |                               |   |   |
| (A)   | (B)                           | (C)   | FOR FCC USE ONLY  |
| N/A   | N/A                           | \$ N/A  |   |
| ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) AND (2), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.  |                               | TOTAL AMOUNT<br>REMITTED WITH THIS<br>APPLICATION | FOR FCC USE ONLY  |
|   |                               | \$ 115.00   |   |

**SECTION II - TO BE COMPLETED BY ALL APPLICANTS**

|   |   |                   |
|---|---|-------------------|
| 1. NAME OF LICENSEE OF AM, FM OR TV STATION<br>RA-AD OF TRENTON, INC. | NAME OF LICENSEE OF FM OR TV TRANSLATOR OR LOW POWER TV STATION |                   |
| MAILING ADDRESS<br>5600 BRAINERD ROAD SUITE G-30                      |   |                   |
| CITY<br>CHATTANOOGA   | STATE<br>TN   | ZIP CODE<br>37411 |

2. This application is for:  Commercial  Noncommercial
- (a)  AM  FM  TV

|                      |                                      |             |
|----------------------|--------------------------------------|-------------|
| Call Letters<br>WKWN | Community of License<br>City TRENTON | State<br>GA |
|----------------------|--------------------------------------|-------------|

- (b)  FM Translator  TV Translator  Low Power TV

|              |                                |       |
|--------------|--------------------------------|-------|
| Call Letters | Area Licensed to Serve<br>City | State |
|--------------|--------------------------------|-------|

|              |                                |       |
|--------------|--------------------------------|-------|
| Call Letters | Area Licensed to Serve<br>City | State |
|--------------|--------------------------------|-------|

3. Attach as an Exhibit an identification of any FM booster or TV booster station for which renewal of license is also requested. N/A

|             |
|-------------|
| Exhibit No. |
|-------------|

4. Is the applicant in compliance with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments?

Yes  No

If No, attach as an Exhibit an explanation.

|             |
|-------------|
| Exhibit No. |
|-------------|

5. Since the filing of the applicant's last renewal application or any other application for the subject station(s), has an adverse finding been made or 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?

Yes  No

If the answer is Yes, attach as an Exhibit a full disclosure concerning 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.

|             |
|-------------|
| Exhibit No. |
|-------------|

6. Would a Commission grant of this application come within 47 C.F.R. Section 1.1307, such that it may have a significant environmental impact, including exposure of workers or the general public to levels of RF radiation exceeding identified health and safety guidelines issued by the American National Standards Institute?

Yes  No

NOTE: Licensees of FM translator stations transmitting with an effective radiated power (ERP) of 100 watts or less are not subject to the RF radiation requirements of 47 C.F.R. Section 1.1307(b).

If Yes, attach as an Exhibit an Environmental Assessment, as required by 47 C.F.R. Section 1.1311.

|             |
|-------------|
| Exhibit No. |
|-------------|

If No, explain briefly why not.

Explanation attached

**SECTION III: TO BE COMPLETED BY COMMERCIAL AND NONCOMMERCIAL AM, FM and TV APPLICANTS ONLY**

**1. Have the following reports been filed with the Commission:**

(a) The Broadcast Station Annual Employment Reports (FCC Form 395-B), as required by 47 C.F.R. Section 73.3612?

Yes  No

If No, attach as an Exhibit an explanation.

Exhibit No.

(b) The applicant's Ownership Report (FCC Form 323 or 323-E), as required by 47 C.F.R. Section 73.3615?

Yes  No

If No, give the following information:

Date last ownership report was filed: -----

Call letters of station for which it was filed: -----

**2. Has the applicant placed in its public inspection file at the appropriate times the documentation required by 47 C.F.R. Section 73.3526 and 73.3527?**

Yes  No

If No, attach as an Exhibit a complete statement of explanation.

Exhibit No.

**3. FOR COMMERCIAL AM, FM AND TV APPLICANTS ONLY:**

Is the station currently on the air?

Yes  No

If No, attach as an Exhibit a statement of explanation, including the steps the applicant intends to take to restore service to the public.

Exhibit No.

**4. FOR COMMERCIAL TV APPLICANTS ONLY: N/A**

(a) Attach as an Exhibit a summary of the applicant's programming response, nonbroadcast efforts and support for other stations' programming directed to the educational and informational needs of children 16 years old and under, and reflecting the most significant programming related to such needs which the licensee has aired, as described in 47 C.F.R. Section 73.3526(a)(8)(iii).

Exhibit No.

(b) For the period of time covered by this report, has the applicant complied with the limits on commercial matter as set forth in 47 C.F.R. Section 73.670? (The limits are no more than 12 minutes of commercial matter per hour on weekdays, and no more than 10.5 minutes of commercial matter per hour during children's programming on weekends. The limits also apply pro rata to children's programs which are 5 minutes or more and which are not part of a longer block of children's programming.)

Yes  No

(c) If No, submit as an Exhibit a list of each segment of programming 5 minutes or more in duration designed for children 12 years old and under and broadcast during the license period which contained commercial matter in excess of the limits. For each programming segment so listed, indicate the length of the segment, the amount of commercial matter contained therein, and an explanation of why the limits were exceeded.

Exhibit No.

**SECTION IV : TO BE COMPLETED BY FM TRANSLATOR, TV TRANSLATOR and LPTV APPLICANTS ONLY**

1. Is the applicant's station currently operating and rebroadcasting the signal of an FM, TV or LPTV station?

Yes  No

If Yes, identify the station being rebroadcast:

| Call Sign | Channel No. | City of License/Area Served |
|-----------|-------------|-----------------------------|
| N/A       | N/A         | N/A                         |

Exhibit No.

If No, attach as an Exhibit a statement of explanation, including the steps the applicant intends to take to resume operations.

2. Is the station being rebroadcast licensed to either the applicant or a commonly controlled entity?

Yes  No

If No, has the required retransmission consent been obtained?

Yes  No

If No, attach as an Exhibit an explanation.

Exhibit No.

3. Is the station being rebroadcast the same station as previously notified?

Yes  No

If No, attach as an Exhibit an explanation, including an identification of the station that was previously rebroadcast.

Exhibit No.

**4. FOR LOW POWER TV APPLICANTS ONLY:**

Have the Broadcast Station Annual Employment Reports (FCC Form 395-B) been filed with the Commission as required by 47 C.F.R. Section 73.3612?

Yes  No

If No, attach as an Exhibit an explanation.

Exhibit No.

**5. FOR FM TRANSLATOR APPLICANTS ONLY:**

(a) Is the applicant in compliance with 47 C.F.R. Section 74.1232(d) which prohibits the common ownership of a commercial primary station and an FM translator station whose coverage contour extends beyond the protected contour of the commercial primary station being rebroadcast? This restriction also applies to any person or entity having any interest in, or any connection with, the primary FM station.

Yes  No

If No, attach as an Exhibit an explanation.

Exhibit No.

(b) Is the applicant in compliance with 47 C.F.R. Section 74.1232(e) which prohibits an FM translator station whose coverage contour extends beyond the protected contour of the commercial primary station being rebroadcast from receiving any support (except for specified technical assistance), before, during or after construction, directly or indirectly, from the primary station or any person or entity having any interest in, or any connection with, the primary station?

Yes  No

If No, attach as an Exhibit an explanation.

Exhibit No.

**SECTION V: TO BE COMPLETED BY ALL APPLICANTS**

FOR AM, FM OR TV APPLICANTS ONLY: Applicant has attached Sections I, II, III, and V only.

Yes  No

FOR FM TRANSLATOR, TV TRANSLATOR OR LPTV APPLICANTS ONLY: Applicant has attached Sections I, II, IV and V only.

Yes  No

FOR CO-OWNED TRANSLATOR AND PRIMARY STATION APPLICANTS ONLY: Applicant has attached Sections I, II, III, IV and V.

Yes  No

The APPLICANT hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum 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.)

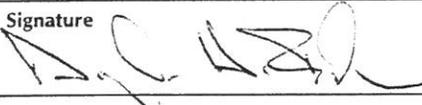
The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in the application.

**CERTIFICATION**

1. 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. Section 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

2. 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<br>RA-AD OF TRENTON, INC. | Signature<br> |
| Title<br>VICE PRESIDENT        | Date<br>Nov 20, 1995  |

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 FOREFITHURE (U.S. CODE, TITLE 47, SECTION 503))

## BROADCAST EQUAL EMPLOYMENT OPPORTUNITY PROGRAM REPORT

(To be filed with broadcast license renewal application)

(For FCC Use Only)

Call Letters ..... WKWN

Code No.

Name of Licensee ..... RA-AD OF TRENTON, INC.  
City and State which station  
is licensed to serve ..... TRENTON, GA.

**TYPE OF BROADCAST STATION (Check one)**

Commercial Broadcast Station

Noncommercial Broadcast Station

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> AM                    | <input type="checkbox"/> TV            |
| <input type="checkbox"/> FM                               | <input type="checkbox"/> Low Power TV  |
| <input type="checkbox"/> Combined AM & FM<br>in same area | <input type="checkbox"/> International |

- |  |
|--|
| <input type="checkbox"/> Educational Radio |
| <input type="checkbox"/> Educational TV    |

SEND NOTICES AND COMMUNICATIONS TO THE FOLLOWING NAMED PERSON AT THE ADDRESS INDICATED BELOW:

|                                  |  |                          |  |
|----------------------------------|--|--------------------------|--|
| Name<br><b>DOUGLAS H. FISHER</b> | Street Address<br><b>5600 BRAINERD ROAD SUITE G-30</b> |                          |  |
| City<br><b>CHATTANOOGA</b>       | State<br><b>tn</b>                                     | ZIP Code<br><b>37411</b> | Telephone No.<br><b>(423) 899-5111</b> |

### FILING INSTRUCTIONS

Broadcast station licensees are required to afford equal opportunity to all qualified persons and to refrain from discriminating in employment and related benefits on the basis of race, color, national origin, and sex. See Section 73.2080 of the Commission's Rules. Pursuant to these requirements, a license renewal applicant who employs five or more full-time station employees must file a report of its activities to ensure equal employment opportunity for women and minority groups (that is, Blacks not of Hispanic origin, Asians or Pacific Islanders, American Indians or Alaskan Natives, and Hispanics). If minority group representation in the available labor force is less than five percent (in the aggregate), equal employment opportunity (EEO) program information for minority group members need not be filed. However, EEO program information must be filed for women since they comprise a significant percentage of virtually all area labor forces. If an applicant employs fewer than five full-time employees, no equal employment opportunity activity information need be filed.

A copy of this report must be kept in the station's public file. These actions are required to obtain license renewal. Failure to meet these requirements may result in license renewal being delayed or denied. These requirements are contained in Section 73.2080 of the FCC Rules (47 CFR 73.2080), and are authorized by the Communications Act of 1934, as amended.

If your station employs fewer than five full-time employees, check the box at left, complete the certification below, return the form to the FCC, and place a copy in your station's public file. You do not have to complete the rest of the form.

If your station employs five or more full-time employees, you must complete all of this form and follow all instructions.

If minority group representation in the available labor force is less than 5 percent (in the aggregate) and you choose not to file EEO program information for minority groups, check the box at left and complete the rest of this form with only the information for your program directed towards women.

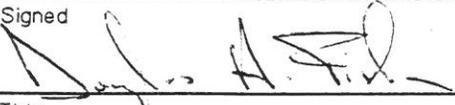
CERTIFICATION

This report must be certified, as follows:

- A. By licensee, if an individual;
- B. By a partner, if a partnership (general partner, if a limited partnership);
- C. By an officer, if a corporation or an association; or
- D. By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND 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)(11), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

|                                   |  |
|-----------------------------------|--|
| Signed                            |  |
| Title                             | VICE PRESIDENT   |
| Date                              | NOVEMBER 30, 1995  |
| Name of Respondent                | RA-AD OF TRENTON, INC.   |
| Telephone No. (include area code) | (423) 899-5111   |

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 principal purpose for which the information will be used is to determine if the license renewal requested is consistent with the public interest. The staff, consisting variously of attorneys, accountants, engineers, and applications examiners, will use the information to determine whether the license renewal application should be granted, denied, dismissed or designated for hearing. If all the information requested 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. Accordingly, every effort should be made to provide all necessary information. Your response is required to obtain the requested authority.

Public reporting burden for this collection of information is estimated to average 3 hours 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Federal Communications Commission, Office of Managing Director, Washington, DC 20554, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (3060-0113), Washington, DC 20503.

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.

**Real  
RADIO  
102.3**

Real People All Week...  
Real Rock All Weekend!

November 30, 1995

Via Federal Express

Federal Communications Commission  
c/o Mellon Bank  
3 Mellon Bank Center  
525 William Penn Way  
27th Floor, Room 153-2713  
Post Office Box 358195  
Pittsburgh, PA 15259-0001

ATTN: Wholesale Lockbox Shift Supervisor

Re: WKWN(AM), Trenton, Tennessee  
License Renewal Application/Equal Employment Opportunity  
Program Report

Gentlemen:

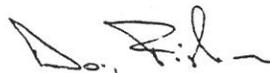
We submit herewith an original and single of copy of an application for renewal of license for WKWN(AM), Trenton, Tennessee and our broadcast equal employment opportunity program report, together with our check made payable to the Federal Communications Commission in the amount of \$115, representing the filing fee. Also enclosed is an additional "date-stamped" copy of the application and equal employment opportunity program report which we would appreciate your returning to the undersigned in the enclosed postage-paid, self-addressed envelope after being date-stamped by your office.

Our "annual" ownership report is being filed concurrently under separate cover as required by 47 C.F.R. § 73.3615.

Questions concerning the enclosed should be directed to the undersigned. Thank you for your assistance.

Sincerely yours,

RA-AD OF TRENTON, INC.

  
Doug Fisher

FEDERAL COMMUNICATIONS COMMISSION

FM BROADCAST STATION LICENSE



Authorizing Official: *Robert D. Greenberg*

Official Mailing Address:

RA-AD OF TRENTON, INC.  
5600 BRAINERD RD., G-30  
CHATTANOOGA, TN 37411

Robert D. Greenberg  
Supervisory Engineer, FM Branch  
Audio Services Division  
Mass Media Bureau

Grant Date: NOV 21 1991.

Call sign: WBDX

This license expires 3:00 am.  
local time: April 01, 1996

License File No.: BLH-891215KF

This license covers Permit No.: 870917MD  
as modified by Permit No.: 901121ID

Subject to the provisions of the Communications Act of 1934, subsequent acts and treaties, and all regulations heretofore or hereafter made by this Commission, and further subject to the conditions set forth in this license, the licensee is hereby authorized to use and operate the radio transmitting apparatus herein described.

This license is issued on the licensee's representation that the statements contained in licensee's application are true and that the undertakings therein contained so far as they are consistent herewith, will be carried out in good faith. The licensee shall, during the term of this license, render such broadcasting service as will serve the public interest, convenience, or necessity to the full extent of the privileges herein conferred.

This license shall not vest in the licensee any right to operate the station nor any right in the use of the frequency designated in the license beyond the term hereof, nor in any other manner than authorized herein. Neither the license nor the right granted hereunder shall be assigned or otherwise transferred in violation of the Communications Act of 1934. This license is subject to the right of use or control by the Government of the United States conferred by Section 606 of the Communications Act of 1934.

Name of Licensee:

RA-AD OF TRENTON, INC.

Station Location:

GA-TRENTON

FEDERAL COMMUNICATIONS COMMISSION

FM BROADCAST STATION LICENSE



Official Mailing Address:

RA-AD OF TRENTON, INC.  
5600 BRAINERD RD., G-30  
CHATTANOOGA, TN 37411

Authorizing Official:

*Robert D. Greenberg*

Robert D. Greenberg  
Supervisory Engineer, FM Branch  
Audio Services Division  
Mass Media Bureau

Grant Date: DEC 14 1992

Call sign: WBDX

This license expires 3:00 am.  
local time: April 01, 1996

License File No.: BLH-920911KE

This license covers Permit No.: 920115IE

Subject to the provisions of the Communications Act of 1934, subsequent acts and treaties, and all regulations heretofore or hereafter made by this Commission, and further subject to the conditions set forth in this license, the licensee is hereby authorized to use and operate the radio transmitting apparatus herein described.

This license is issued on the licensee's representation that the statements contained in licensee's application are true and that the undertakings therein contained so far as they are consistent herewith, will be carried out in good faith. The licensee shall, during the term of this license, render such broadcasting service as will serve the public interest, convenience, or necessity to the full extent of the privileges herein conferred.

This license shall not vest in the licensee any right to operate the station nor any right in the use of the frequency designated in the license beyond the term hereof, nor in any other manner than authorized herein. Neither the license nor the right granted hereunder shall be assigned or otherwise transferred in violation of the Communications Act of 1934. This license is subject to the right of use or control by the Government of the United States conferred by Section 606 of the Communications Act of 1934.

Name of Licensee:

RA-AD OF TRENTON, INC.

Station Location:

GA-TRENTON

Call sign: WBDX

License No.: BLH-920911KE

Frequency (MHz): 102.7

Channel: 274

Class: A

Hours of Operation: Unlimited

Main Studio Address:

GA-HIGHWAY 136 WEST, TRENTON,

Transmitter location (address or description):

HIGHPOINT MOUNTAIN, EAST OF GEORGIA HIGHWAY 157,  
DADE COUNTY, GEORGIA

Remote control point address:

TN-5600 BRAINERD ROAD, G-30, CHATTANOOGA

Transmitter: Type accepted. See Sections 73.1660, 73.1665 and 73.1670  
of the Commission's Rules.

Transmitter output power (kW): .280

Antenna type: (directional or non-directional): Non-directional

Desc: HARRIS FML-3AE, THREE SECTIONS, CIRCULARLY POLARIZED,  
SIDE-MOUNTED ON A GUYED STEEL TOWER

Antenna coordinates: North Latitude: 34 51 48.0  
West Longitude: 85 23 35.0

|   | Horizontally<br>Polarized<br>Antenna | Vertically<br>Polarized<br>Antenna |
|---|--------------------------------------|------------------------------------|
| Effective radiated power in the<br>horizontal plane (kW) . . . . . :    | 0.32                                 | 0.32                               |
| Height of radiation center above<br>ground (meters) . . . . . :         | 54.0                                 | 54.0                               |
| Height of radiation center above<br>mean sea level (meters) . . . . . : | 754.0                                | 754.0                              |

Call sign: WBDX

License No.: BLH-891215KF

Frequency (MHz): 102.7

Channel: 274

Class: A

Hours of Operation: Unlimited

Main Studio Address:

GA-HIGHWAY 136 WEST, TRENTON

Transmitter location (address or description):

4.5 MI NE OF TRENTON, GA., DADE COUNTY, OFF HIGHWAY 189 AT  
BURKHALTER GAP., LOOKOUT MOUNTAIN

Remote control point address:

TN-SUITE G-30, EASTGATE MALL, 5600 BRAINERD ROAD, CHATTANOOGA

Transmitter: Type accepted. See Sections 73.1660, 73.1665 and 73.1670  
of the Commission's Rules.

Transmitter output power (kW): 0.70

Antenna type: (directional or non-directional): Non-directional

Desc: JAMPRO JLLP-3, 3 SECTIONS CIRCULARLY POLARIZED, SIDE-  
MOUNTED ON A SELF-SUPPORTING GALVANIZED STEEL TOWER.

Antenna coordinates: North Latitude: 34 53 56.0  
West Longitude: 85 26 38.0

|   | Horizontally<br>Polarized<br>Antenna | Vertically<br>Polarized<br>Antenna |
|---|--------------------------------------|------------------------------------|
| Effective radiated power in the<br>horizontal plane (kW) . . . . . :    | 0.970                                | 0.970                              |
| Height of radiation center above<br>ground (meters) . . . . . :         | 27.0                                 | 27.0                               |
| Height of radiation center above<br>mean sea level (meters) . . . . . : | 627.0                                | 627.0                              |

Height of radiation center above  
average terrain (meters) . . . . . : 246.0 246.0

Overall height of antenna structure above ground (including obstruction  
lighting, if any) . . . . . : 30.0 meters

Obstruction marking and lighting specifications for antenna  
structure:

It is to be expressly understood that the issuance of these specifications  
is in no way to be considered as precluding additional or modified marking  
or lighting as may hereafter be required under the provisions of Section  
303(q) of the Communications Act of 1934, as amended.

None Required