

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING  
(1) LOCKBOX # **358130**

FEDERAL COMMUNICATIONS COMMISSION  
**REMITTANCE ADVICE**

APPROVED BY OMB 3060-0589

SPECIAL USE  
FCC USE ONLY

PAGE NO. \_\_\_\_\_ OF \_\_\_\_\_

**SECTION A - PAYER INFORMATION**

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)  
**Bryan Cave LLP**  
(3) TOTAL AMOUNT PAID (dollars and cents) \$ **45.00**  
(4) STREET ADDRESS LINE NO. 1  
**700 Thirteenth Street, N.W.**  
(5) STREET ADDRESS LINE NO. 2  
(6) CITY  
**Washington**  
(7) STATE  
**DC**  
(8) ZIP CODE  
**20005**  
(9) DAYTIME TELEPHONE NUMBER (Include area code)  
**(202) 508-6000**  
(10) COUNTRY CODE (if not in U.S.A.)

**IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B  
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)**

**SECTION B - APPLICANT INFORMATION**

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)  
**Dorchester Cablevision Inc.**  
(12) STREET ADDRESS LINE NO. 1  
**P.O. Box 6659**  
(13) STREET ADDRESS LINE NO. 2  
(14) CITY  
**Englewood**  
(15) STATE  
**CO**  
(16) ZIP CODE  
**80155**  
(17) DAYTIME TELEPHONE NUMBER (Include area code)  
**(303) 799-1200**  
(18) COUNTRY CODE (if not in U.S.A.)

**COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS (FORM 159-C)**

**SECTION C - PAYMENT INFORMATION**

(19A) FCC CALL SIGN/OTHER ID	(20A) PAYMENT TYPE CODE (PTC)	(21A) QUANTITY	(22A) FEE DUE FOR (PTC) IN BLOCK 20A	FCC USE ONLY
<b>WSK244</b>	<b>P A T M</b>	<b>1</b>	<b>\$ 45.00</b>	
(23A) FCC CODE 1		(24A) FCC CODE 2		
(19B) FCC CALL SIGN/OTHER ID	(20B) PAYMENT TYPE CODE (PTC)	(21B) QUANTITY	(22B) FEE DUE FOR (PTC) IN BLOCK 20B	FCC USE ONLY
(23B) FCC CODE 1		(24B) FCC CODE 2		
(19C) FCC CALL SIGN/OTHER ID	(20C) PAYMENT TYPE CODE (PTC)	(21C) QUANTITY	(22C) FEE DUE FOR (PTC) IN BLOCK 20C	FCC USE ONLY
(23C) FCC CODE 1		(24C) FCC CODE 2		
(19D) FCC CALL SIGN/OTHER ID	(20D) PAYMENT TYPE CODE (PTC)	(21D) QUANTITY	(22D) FEE DUE FOR (PTC) IN BLOCK 20D	FCC USE ONLY
(23D) FCC CODE 1		(24D) FCC CODE 2		

**SECTION D - TAXPAYER INFORMATION (REQUIRED)**

(25) PAYER TIN **0430602162** (26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME IN A-2  
APPLICANT TIN **0591948944**

**SECTION E - CERTIFICATION**

(27) CERTIFICATION STATEMENT  
I, **John R. Wilner**, Certify under penalty of perjury that the foregoing and supporting information are true and correct to the best of my knowledge, information and belief. SIGNATURE *John R. Wilner*

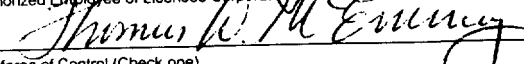
**SECTION F - CREDIT CARD PAYMENT INFORMATION**

(28) MASTERCARD/VISA ACCOUNT NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
MONTH YEAR  
DATE  
I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization(s) herein described. AUTHORIZED SIGNATURE \_\_\_\_\_

UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION

FOR FCC USE ONLY	

**PART I - APPLICATION FOR CONSENT TO TRANSFER CONTROL OF CORPORATION HOLDING STATION LICENSE**  
(This application must be filed before Transfer of Control takes place)

1. (a) Name of corporate licensee <b>Dorchester Cablevision Inc.</b>			
(b) Number and street address <b>P.O. Box 6659</b>			
(c) City <b>Englewood</b>	(d) State <b>CO</b>	(e) ZIP Code <b>80155-6659</b>	
2. Internet address:		3. Taxpayer Identification Number <b>59-1948944</b>	
4. Call sign and radio service of each station <b>WSK244 (IB)</b>			
5. (a) Fee Type Code <b>PATM</b>	(b) Fee Multiple <b>01</b>	(c) Fee Due \$ <b>45.00</b>	FOR FCC USE ONLY
6. Name(s) and Address(es) of Transferee <b>AOL Time Warner Inc.</b> <b>c/o Time Warner Cable, 290 Harbor Drive, Stamford, CT 06902</b>			
7. Subsequent to the Transfer of Control, will the licensee corporation be the same corporate entity? That is, will it retain its present name, corporate charter, State of incorporation, etc.? If "NO", give details on Page 3.			YES <b>X</b>
8. Subsequent to the Transfer of Control, will the licensee corporation be a representative of any foreign government? If "YES", give details on Page 3.			NO <b>X</b>
9. THIS SECTION TO BE ANSWERED ONLY BY LICENSEES OF PUBLIC COAST, AIRPORT CONTROL TOWER, AERONAUTICAL ENROUTE, AERONAUTICAL FIXED, OR COMMON CARRIER ALASKA PUBLIC FIXED STATIONS. SUBSEQUENT TO THE TRANSFER OF CONTROL:			
(a) Will any officer or director of such corporation be an alien? If "YES", see Instruction 6.			YES NO
(b) Will more than 1/5 of the capital stock be either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", see Instruction 6.			YES NO
(c) Will the licensee be directly or indirectly controlled by any other corporation? If "YES", answer Items (d) through (h) below.			YES NO
(d) What is the name and address of the corporation in immediate control?			YES NO
(e) Under the laws of what State or Country is the controlling corporation organized?			YES NO
(f) Is more than 1/4 of the capital stock of controlling corporation either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", give details on Page 3.			YES NO
(g) Is any officer or more than 1/4 of the directors of the controlling corporation an alien? If "YES", on Page 3 state name, nationality, and position of each, and state the total number of directors, and give a brief biographical statement for each alien.			YES NO
(h) Is the controlling corporation in turn controlled by other companies? If "YES", on Page 3, or a separate sheet of paper, provide information for each of these controlling companies covering information requested in Items (d) through (h).			YES NO
<b>CERTIFICATION</b>			
<ul style="list-style-type: none"> <li>Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise;</li> <li>Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons;</li> <li>Neither applicant nor any member thereof is a foreign government or representative thereof;</li> <li>Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith;</li> <li>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.</li> </ul>			
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).			
SIGNATURE 		DATE <b>February 9, 2000</b>	
SIGNATURE 		DATE <b>February 9, 2000</b>	
Transferee of Control (Check one)			
<input type="checkbox"/> Individual <input type="checkbox"/> Partner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (Specify): _____			

**DETAILS / ADDITIONAL INFORMATION: Transfer of control of licensee from Time Warner Inc. to AOL Time Warner Inc.**

UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION

**PART II - AUTHORIZATION TO HOLD STATION LICENSE(S) AFTER TRANSFER OF CONTROL OF CORPORATION**

1. Name and mailing address of corporate licensee

**Dorchester Cablevision Inc.  
P.O. Box 6659  
Englewood, CO 80155-6659**

2. Call sign and radio service of each station

**WSK244 (IB)**

**DO NOT WRITE IN THIS BLOCK**

**CONDITIONS OF GRANT**

The corporate licensee is hereby authorized to continue holding the radio station license(s) listed in item 2 on the basis of the representations made in the application for this authorization.

This authorization is granted for the term of the outstanding license(s) for the station(s) listed in item 2.

**DATE AUTHORIZED:**

**FEDERAL  
COMMUNICATIONS  
COMMISSION**

**THIS AUTHORIZATION TO BE FILED WITH  
CORPORATION'S RADIO STATION RECORDS**

# BRYAN CAVE LLP

700 THIRTEENTH STREET, N.W.  
WASHINGTON, D.C. 20005-3960

(202) 508-6000

FACSIMILE: (202) 508-6200

ST. LOUIS, MISSOURI  
NEW YORK, NEW YORK  
KANSAS CITY, MISSOURI  
OVERLAND PARK, KANSAS  
PHOENIX, ARIZONA  
SANTA MONICA, CALIFORNIA  
IRVINE, CALIFORNIA

RIYADH, SAUDI ARABIA  
KUWAIT CITY, KUWAIT  
ABU DHABI, UNITED ARAB EMIRATES  
DUBAI, UNITED ARAB EMIRATES  
HONG KONG  
SHANGHAI, PEOPLE'S REPUBLIC OF CHINA  
IN ASSOCIATION WITH BRYAN CAVE  
A MULTINATIONAL PARTNERSHIP  
LONDON, ENGLAND

JOHN R. WILNER  
DIRECT DIAL NUMBER  
(202) 508-6041

February 11, 2000

INTERNET ADDRESS  
JRWILNER@BRYANCAVELLP.COM

## Via Berry Best Couriers, Ltd.

Federal Communications Commission  
Wireless Bureau Applications  
P.O. Box 358130  
Pittsburgh, PA 15251-5130

Re: Transfer of Control  
Business Radio Service  
Station KRU795

Ladies & Gentlemen:

Transmitted herewith is an application on FCC Form 703 for consent to the transfer of control of CAT Partnership, licensee of the above-referenced facility, from Time Warner Inc. to AOL Time Warner Inc.

Also submitted herewith is this firm's check in the amount of \$45.00 in payment of the requisite filing fee together with the related FCC Form 159.

Should there be any questions concerning this matter, please communicate with the undersigned.

Very truly yours,



John R. Wilner

JRW/vih

Enclosure

~\*~  
jrw/115057/186773v1

**BRYAN CAVE LLP**  
700 Thirteenth Street, NW.  
Washington, D.C.  
(202) 508-6000

**FIRST UNION NATIONAL BANK** Check Number  
Washington, DC 20006  
15-80/540 **25028**

February 10, 2000

Forty Five & 0/100

	<b>Net Amount</b>
\$	\$45.00

**TO THE  
ORDER OF**

Federal Communications  
Commission



SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈0000025028⑈ ⑆054000807⑆ 20667⑈01683409⑈

READ INSTRUCTIONS CAREFULLY  
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION  
**REMITTANCE ADVICE**

APPROVED BY OMB 3060-0589

(1) LOCKBOX # **358130**

PAGE NO. \_\_\_\_\_ OF \_\_\_\_\_

SPECIAL USE

FCC USE ONLY

**SECTION A - PAYER INFORMATION**

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)

**Bryan Cave LLP**

(3) TOTAL AMOUNT PAID (dollars and cents)

\$ **45.00**

(4) STREET ADDRESS LINE NO. 1

**700 Thirteenth Street, N.W.**

(5) STREET ADDRESS LINE NO. 2

(6) CITY

**Washington**

(7) STATE

**DC**

(8) ZIP CODE

**20005**

(9) DAYTIME TELEPHONE NUMBER (include area code)

**(202) 508-6000**

(10) COUNTRY CODE (if not in U.S.A.)

**IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B  
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)**

**SECTION B - APPLICANT INFORMATION**

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

**CAT Partnership**

(12) STREET ADDRESS LINE NO. 1

**P.O. Box 6659**

(13) STREET ADDRESS LINE NO. 2

(14) CITY

**Englewood**

(15) STATE

**CO**

(16) ZIP CODE

**80155**

(17) DAYTIME TELEPHONE NUMBER (include area code)

**(303) 799-1200**

(18) COUNTRY CODE (if not in U.S.A.)

**COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS (FORM 159-C)**

**SECTION C - PAYMENT INFORMATION**

(19A) FCC CALL SIGN/OTHER ID

**KRU795**

(20A) PAYMENT TYPE CODE (PTC)

**P A T M**

(21A) QUANTITY

**1**

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

\$ **45.00**

FCC USE ONLY

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

(20B) PAYMENT TYPE CODE (PTC)

(21B) QUANTITY

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

FCC USE ONLY

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

(20C) PAYMENT TYPE CODE (PTC)

(21C) QUANTITY

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

FCC USE ONLY

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

(20D) PAYMENT TYPE CODE (PTC)

(21D) QUANTITY

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

FCC USE ONLY

(23D) FCC CODE 1

(24D) FCC CODE 2

**SECTION D - TAXPAYER INFORMATION (REQUIRED)**

(25)

PAYER TIN

**0 4 3 0 6 0 2 1 6 2**

(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME IN A-2

APPLICANT TIN

**0 1 3 3 4 1 1 1 1 4**

**SECTION E - CERTIFICATION**

(27) CERTIFICATION STATEMENT

I, \_\_\_\_\_, Certify under penalty of perjury that the foregoing and supporting information  
(PRINT NAME)  
are true and correct to the best of my knowledge, information and belief. SIGNATURE *John K. Wilson*

**SECTION F - CREDIT CARD PAYMENT INFORMATION**

(28)

MASTERCARD/VISA ACCOUNT NUMBER:

\_\_\_\_\_

EXPIRATION DATE:

\_\_\_\_

MASTERCARD

MONTH YEAR

VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD  
for the service(s)/authorization(s) herein described.


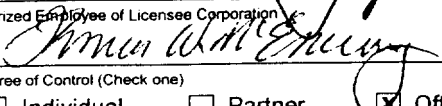
AUTHORIZED SIGNATURE

DATE

UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION

FOR FCC USE ONLY	

**PART I - APPLICATION FOR CONSENT TO TRANSFER CONTROL OF CORPORATION HOLDING STATION LICENSE**  
(This application must be filed before Transfer of Control takes place)

1. (a) Name of corporate licensee <b>CAT Partnership</b>			
(b) Number and street address <b>P.O. Box 6659</b>			
(c) City <b>Englewood</b>	(d) State <b>CO</b>	(e) ZIP Code <b>80155-6659</b>	
2. Internet address:		3. Taxpayer Identification Number <b>13-3411114</b>	
4. Call sign and radio service of each station <b>KRU795 (IB)</b>			
5. (a) Fee Type Code <b>PATM</b>	(b) Fee Multiple <b>01</b>	(c) Fee Due \$ <b>45.00</b>	FOR FCC USE ONLY
6. Name(s) and Address(es) of Transferee <b>AOL Time Warner Inc.</b> <b>c/o Time Warner Cable, 290 Harbor Drive, Stamford, CT 06902</b>			
7. Subsequent to the Transfer of Control, will the licensee corporation be the same corporate entity? That is, will it retain its present name, corporate charter, State of incorporation, etc.? If "NO", give details on Page 3.			YES NO <b>X</b>
8. Subsequent to the Transfer of Control, will the licensee corporation be a representative of any foreign government? If "YES", give details on Page 3.			<b>X</b>
<b>9. THIS SECTION TO BE ANSWERED ONLY BY LICENSEES OF PUBLIC COAST, AIRPORT CONTROL TOWER, AERONAUTICAL ENROUTE, AERONAUTICAL FIXED, OR COMMON CARRIER ALASKA PUBLIC FIXED STATIONS. SUBSEQUENT TO THE TRANSFER OF CONTROL:</b>			
(a) Will any officer or director of such corporation be an alien? If "YES", see instruction 6.			YES NO
(b) Will more than 1/5 of the capital stock be either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", see instruction 6.			
(c) Will the licensee be directly or indirectly controlled by any other corporation? If "YES", answer items (d) through (h) below.			
(d) What is the name and address of the corporation in immediate control?			
(e) Under the laws of what State or Country is the controlling corporation organized?			
(f) Is more than 1/4 of the capital stock of controlling corporation either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", give details on Page 3.			YES NO
(g) Is any officer or more than 1/4 of the directors of the controlling corporation an alien? If "YES", on Page 3 state name, nationality, and position of each, and state the total number of directors, and give a brief biographical statement for each alien.			
(h) Is the controlling corporation in turn controlled by other companies? If "YES", on Page 3, or a separate sheet of paper, provide information for each of these controlling companies covering information requested in items (d) through (h).			
<b>CERTIFICATION</b>			
<ul style="list-style-type: none"> <li>● Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise;</li> <li>● Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons;</li> <li>● Neither applicant nor any member thereof is a foreign government or representative thereof;</li> <li>● Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith;</li> <li>● 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.</li> </ul>			
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).			
SIGNATURE 		DATE <b>February 9, 2000</b>	
Authorized Employee of Licensee Corporation			
SIGNATURE 		DATE <b>February 9, 2000</b>	
Transferee of Control (Check one)			
<input type="checkbox"/> Individual <input type="checkbox"/> Partner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (Specify): _____			

**DETAILS / ADDITIONAL INFORMATION: Transfer of control of licensee from Time Warner Inc. to AOL Time Warner Inc.**

UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION

**PART II - AUTHORIZATION TO HOLD STATION LICENSE(S) AFTER TRANSFER OF CONTROL OF CORPORATION**

<p>1. Name and mailing address of corporate licensee <b>CAT Partnership P.O. Box 6659 Englewood, CO 80155-6659</b></p>	<p><b>DO NOT WRITE IN THIS BLOCK</b></p> <p><b>CONDITIONS OF GRANT</b></p> <p>The corporate licensee is hereby authorized to continue holding the radio station license(s) listed in item 2 on the basis of the representations made in the application for this authorization.</p> <p>This authorization is granted for the term of the outstanding license(s) for the station(s) listed in item 2.</p> <p>DATE AUTHORIZED:</p> <p><b>FEDERAL COMMUNICATIONS COMMISSION</b></p>
<p>2. Call sign and radio service of each station <b>KRU795(IB)</b></p>	
<p><b>THIS AUTHORIZATION TO BE FILED WITH CORPORATION'S RADIO STATION RECORDS</b></p>	



ST. LOUIS, MISSOURI  
NEW YORK, NEW YORK  
KANSAS CITY, MISSOURI  
OVERLAND PARK, KANSAS  
PHOENIX, ARIZONA  
SANTA MONICA, CALIFORNIA  
IRVINE, CALIFORNIA

## BRYAN CAVE LLP

700 THIRTEENTH STREET, N.W.  
WASHINGTON, D.C. 20005-3960  
(202) 508-6000  
FACSIMILE: (202) 508-6200

RIYADH, SAUDI ARABIA  
KUWAIT CITY, KUWAIT  
ABU DHABI, UNITED ARAB EMIRATES  
DUBAI, UNITED ARAB EMIRATES  
HONG KONG  
SHANGHAI, PEOPLE'S REPUBLIC OF CHINA  
IN ASSOCIATION WITH BRYAN CAVE,  
A MULTINATIONAL PARTNERSHIP.  
LONDON, ENGLAND

JOHN R. WILNER  
DIRECT DIAL NUMBER  
(202) 508-6041

February 11, 2000

INTERNET ADDRESS  
JRWILNER@BRYANCAVELLP.COM

### Via Berry Best Couriers, Ltd.

Federal Communications Commission  
Wireless Bureau Applications  
P.O. Box 358130  
Pittsburgh, PA 15251-5130

Re: Transfer of Control  
Business Radio Service  
Stations KYK905; WNBU218; WNGC750;  
KNCX707; WHY70; KFU431; KNEK481;  
KSX574; WNYE223; KUT265; KUM850

Ladies & Gentlemen:

Transmitted herewith is an application on FCC Form 703 for consent to the transfer of control of Texas Cable Partners, L.P., licensee of the above-referenced facilities, from Time Warner Inc. to AOL Time Warner Inc.

Also submitted herewith is this firm's check in the amount of \$495.00 in payment of the requisite filing fees together with the related FCC Form 159.

Should there be any questions concerning this matter, please communicate with the undersigned.

Very truly yours,



John R. Wilner

JRW/vih

Enclosure

jrww/115057/186797v1

**BRYAN CAVE LLP**  
700 Thirteenth Street, NW.  
Washington, D.C.  
(202) 508-6000

**FIRST UNION NATIONAL BANK** Check Number  
Washington, DC 20006  
15-80/540 **25075**

February 11, 2000

Four Hundred Ninety Five & 0/100

<b>Net Amount</b> \$ 495.00
--------------------------------

**TO THE  
ORDER OF**

Federal Communications  
Commission



SIGNATURE HAS A COLORED BACKGROUND ENVELOPE CONTAINS MICROPRINTING

⑈0000025075⑈ ⑆054000807⑆ 20667⑈01683409⑈

READ INSTRUCTIONS CAREFULLY  
BEFORE PROCEEDING

APPROVED BY OMB 3060-0589

FEDERAL COMMUNICATIONS COMMISSION  
**REMITTANCE ADVICE**

SPECIAL USE

FCC USE ONLY

(1) LOCKBOX # **358130**

PAGE NO. \_\_\_\_\_ OF \_\_\_\_\_

**SECTION A - PAYER INFORMATION**

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)

**Bryan Cave LLP**

(3) TOTAL AMOUNT PAID (dollars and cents)

\$ **495.00**

(4) STREET ADDRESS LINE NO. 1

**700 Thirteenth Street, N.W.**

(5) STREET ADDRESS LINE NO. 2

(6) CITY

**Washington**

(7) STATE

**DC**

(8) ZIP CODE

**20005**

(9) DAYTIME TELEPHONE NUMBER (include area code)

**(202) 508-6000**

(10) COUNTRY CODE (if not in U.S.A.)

**IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B.  
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)**

**SECTION B - APPLICANT INFORMATION**

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

**Texas Cable Partners, L.P.**

(12) STREET ADDRESS LINE NO. 1

**P.O. Box 6659**

(13) STREET ADDRESS LINE NO. 2

(14) CITY

**Englewood**

(15) STATE

**CO**

(16) ZIP CODE

**80155**

(17) DAYTIME TELEPHONE NUMBER (include area code)

**(303) 799-1200**

(18) COUNTRY CODE (if not in U.S.A.)

**COMPLETE SECTION C FOR EACH SERVICE IF MORE BOXES ARE NEEDED; USE CONTINUATION SHEETS (FORM 159-C)**

**SECTION C - PAYMENT INFORMATION**

(19A) FCC CALL SIGN/OTHER ID

**KYK905**

(20A) PAYMENT TYPE CODE (PTC)

**P A T M**

(21A) QUANTITY

**1**

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

\$ **45.00**

FCC USE ONLY

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

**WNBU218**

(20B) PAYMENT TYPE CODE (PTC)

**P A T M**

(21B) QUANTITY

**1**

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

\$ **45.00**

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

**WNGC750**

(20C) PAYMENT TYPE CODE (PTC)

**P A T M**

(21C) QUANTITY

**1**

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

\$ **45.00**

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

**KNCX707**

(20D) PAYMENT TYPE CODE (PTC)

**P A T M**

(21D) QUANTITY

**1**

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

\$ **45.00**

(23D) FCC CODE 1

(24D) FCC CODE 2

**SECTION D - TAX PAYER INFORMATION (REQUIRED)**

(25)

PAYER TIN

**0 4 3 0 6 0 2 1 6 2**

(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME IN A-2

APPLICANT TIN

**0 5 8 1 2 1 5 3 3 3**

**SECTION E - CERTIFICATION**

(27) CERTIFICATION STATEMENT

I, **John R. Wilner**

(PRINT NAME)

, Certify under penalty of perjury that the foregoing and supporting information are true and correct to the best of my knowledge, information and belief. SIGNATURE *John R. Wilner*

**SECTION F - CREDIT CARD PAYMENT INFORMATION**

(28)

MASTERCARD/VISA ACCOUNT NUMBER:

MASTERCARD  VISA

EXPIRATION DATE:

MONTH YEAR

I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization(s) herein described.

AUTHORIZED SIGNATURE

DATE

SEE PUBLIC BURDEN ESTIMATE ON REVERSE

FCC FORM 159 JULY 1997 (REVISED)

# REMITTANCE ADVICE (Continuation Sheet)

PAGE NO. \_\_\_\_\_ OF \_\_\_\_\_

**USE THIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT**

**SECTION BB - ADDITIONAL APPLICANT INFORMATION**

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

**Texas Cable Partners, L.P.**

(12) STREET ADDRESS LINE NO. 1

(13) STREET ADDRESS LINE NO. 2

**P.O. Box 6659**

(14) CITY

**Englewood**

(15) STATE

**CO**

(16) ZIP CODE

**80155**

(17) DAYTIME TELEPHONE NUMBER (include area code)

**(303) 799-1200**

(18) COUNTRY CODE (if not in U.S.A.)

**IF MORE BOXES ARE NEEDED, USE ADDITIONAL FCC FORM 159-C CONTINUATION SHEETS TO LIST EACH SERVICE.**

**SECTION CC - PAYMENT INFORMATION**

(19A) FCC CALL SIGN/OTHER ID

**WHY70**

(20A) PAYMENT TYPE CODE (PTC)

**P A T M**

(21A) QUANTITY

**1**

**s**

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

**45.00**

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

**KFU431**

(20B) PAYMENT TYPE CODE (PTC)

**P A T M**

(21B) QUANTITY

**1**

**s**

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

**45.00**

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

**KNEK481**

(20C) PAYMENT TYPE CODE (PTC)

**P A T M**

(21C) QUANTITY

**1**

**s**

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

**45.00**

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

**KSX574**

(20D) PAYMENT TYPE CODE (PTC)

**P A T M**

(21D) QUANTITY

**1**

**s**

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

**45.00**

(23D) FCC CODE 1

(24D) FCC CODE 2

**SECTION DD - TAXPAYER INFORMATION**

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

**APPLICANT TIN**

**0 5 8 1 2 1 5 3 3 3**

# REMITTANCE ADVICE (Continuation Sheet)

PAGE NO. \_\_\_\_\_ OF \_\_\_\_\_

**USE THIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT**

**SECTION BB - ADDITIONAL APPLICANT INFORMATION**

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

**Texas Cable Partners, L.P.**

(12) STREET ADDRESS LINE NO. 1

**P.O. Box 6659**

(13) STREET ADDRESS LINE NO. 2

(14) CITY

**Englewood**

(15) STATE

**CO**

(16) ZIP CODE

**80155**

(17) DAYTIME TELEPHONE NUMBER (include area code)

**(303) 799-1200**

(18) COUNTRY CODE (if not in U.S.A.)

**IF MORE BOXES ARE NEEDED, USE ADDITIONAL FCC 159-C CONTINUATION SHEETS TO LIST EACH SERVICE**

**SECTION CC - PAYMENT INFORMATION**

(19A) FCC CALL SIGN/OTHER ID <b>WNYE223</b>	(20A) PAYMENT TYPE CODE (PTC) <b>P A T M</b>	(21A) QUANTITY <b>1</b>	(22A) FEE DUE FOR (PTC) IN BLOCK 20A <b>45.00</b>	FCC USE ONLY
--	---	----------------------------	--	--------------

(23A) FCC CODE 1	(24A) FCC CODE 2
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(19B) FCC CALL SIGN/OTHER ID <b>KUT265</b>	(20B) PAYMENT TYPE CODE (PTC) <b>P A T M</b>	(21B) QUANTITY <b>1</b>	(22B) FEE DUE FOR (PTC) IN BLOCK 20B <b>45.00</b>	FCC USE ONLY
---	---	----------------------------	--	--------------

(23B) FCC CODE 1	(24B) FCC CODE 2
------------------	------------------

(19C) FCC CALL SIGN/OTHER ID <b>KUM850</b>	(20C) PAYMENT TYPE CODE (PTC) <b>P A T M</b>	(21C) QUANTITY <b>1</b>	(22C) FEE DUE FOR (PTC) IN BLOCK 20C <b>45.00</b>	FCC USE ONLY
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(23C) FCC CODE 1	(24C) FCC CODE 2
------------------	------------------

(19D) FCC CALL SIGN/OTHER ID	(20D) PAYMENT TYPE CODE (PTC)	(21D) QUANTITY	(22D) FEE DUE FOR (PTC) IN BLOCK 20D	FCC USE ONLY
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(23D) FCC CODE 1	(24D) FCC CODE 2
------------------	------------------

**SECTION DD - TAXPAYER INFORMATION**

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE


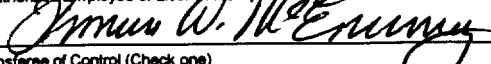
**APPLICANT TIN**

**0 5 8 1 2 1 5 3 3 3**

**UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION**

<b>FOR FCC USE ONLY</b>	

**PART I - APPLICATION FOR CONSENT TO TRANSFER CONTROL OF CORPORATION HOLDING STATION LICENSE**  
(This application must be filed before Transfer of Control takes place)

1. (a) Name of corporate licensee <b>Texas Cable Partners, L.P.</b>			
(b) Number and street address <b>P.O. Box 6659</b>			
(c) City <b>Englewood</b>	(d) State <b>CO</b>	(e) ZIP Code <b>80155-6659</b>	
2. Internet address:		3. Taxpayer Identification Number <b>58-1215333</b>	
4. Call sign and radio service of each station <b>KYK905 (IB); WNB218 (IB); WNGC750 (IB); KNCX707 (IB); WHY70 (IB); KFU431 (IB) KNEK481 (IB); KXS574 (IB); WNYE223 (IG); KUT265 (IB); KUM850 (IB)</b>			
5. (a) Fee Type Code <b>PATM</b>	(b) Fee Multiple <b>11</b>	(c) Fee Due \$ <b>\$495.00</b>	<b>FOR FCC USE ONLY</b>
6. Name(s) and Address(es) of Transferee <b>AOL Time Warner Inc.</b> <b>c/o Time Warner Cable, 290 Harbor Drive, Stamford, CT 06902</b>			
7. Subsequent to the Transfer of Control, will the licensee corporation be the same corporate entity? That is, will it retain its present name, corporate charter, State of incorporation, etc.? If "NO", give details on Page 3.			YES NO <b>X</b>
8. Subsequent to the Transfer of Control, will the licensee corporation be a representative of any foreign government? If "YES", give details on Page 3.			<b>X</b>
<b>9. THIS SECTION TO BE ANSWERED ONLY BY LICENSEES OF PUBLIC COAST, AIRPORT CONTROL TOWER, AERONAUTICAL ENROUTE, AERONAUTICAL FIXED, OR COMMON CARRIER ALASKA PUBLIC FIXED STATIONS. SUBSEQUENT TO THE TRANSFER OF CONTROL:</b>			
(a) Will any officer or director of such corporation be an alien? If "YES", see Instruction 6.			YES NO
(b) Will more than 1/5 of the capital stock be either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", see Instruction 6.			YES NO
(c) Will the licensee be directly or indirectly controlled by any other corporation? If "YES", answer Items (d) through (h) below.			YES NO
(d) What is the name and address of the corporation in immediate control?			YES NO
(e) Under the laws of what State or Country is the controlling corporation organized?			YES NO
(f) Is more than 1/4 of the capital stock of controlling corporation either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", give details on Page 3.			YES NO
(g) Is any officer or more than 1/4 of the directors of the controlling corporation an alien? If "YES", on Page 3 state name, nationality, and position of each, and state the total number of directors, and give a brief biographical statement for each alien.			YES NO
(h) Is the controlling corporation in turn controlled by other companies? If "YES", on Page 3, or a separate sheet of paper, provide information for each of these controlling companies covering information requested in Items (d) through (h).			YES NO
<b>CERTIFICATION</b>			
<ul style="list-style-type: none"> <li>● Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise;</li> <li>● Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons;</li> <li>● Neither applicant nor any member thereof is a foreign government or representative thereof;</li> <li>● Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith;</li> <li>● 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.</li> </ul>			
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).			
SIGNATURE 		DATE <b>February 9, 2000</b>	
SIGNATURE 		DATE <b>February 9, 2000</b>	
Transferee of Control (Check one)			
<input type="checkbox"/> Individual <input type="checkbox"/> Partner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (Specify): _____			

**DETAILS / ADDITIONAL INFORMATION: Transfer of control of licensee from Time Warner Inc. to AOL Time Warner Inc.**

UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION

**PART II - AUTHORIZATION TO HOLD STATION LICENSE(S) AFTER TRANSFER OF CONTROL OF CORPORATION**

1. Name and mailing address of corporate licensee

**Texas Cable Partners, L.P.  
P.O. Box 6659  
Englewood, CO 80155-6659**

2. Call sign and radio service of each station

**KYK905 (IB); WNBW218 (IB); WNGC750 (IB);  
KNCX707 (IB); WHY70 (IB); KFU431 (IB);  
KNEK481 (IB); KSX574 (IB); WNYE223 (IG);  
KUT265 (IB); KUM850 (IB)**

DO NOT WRITE IN THIS BLOCK

**CONDITIONS OF GRANT**

The corporate licensee is hereby authorized to continue holding the radio station license(s) listed in item 2 on the basis of the representations made in the application for this authorization.

This authorization is granted for the term of the outstanding license(s) for the station(s) listed in item 2.

DATE AUTHORIZED:

**FEDERAL  
COMMUNICATIONS  
COMMISSION**

**THIS AUTHORIZATION TO BE FILED WITH  
CORPORATION'S RADIO STATION RECORDS**

ST. LOUIS, MISSOURI  
NEW YORK, NEW YORK  
KANSAS CITY, MISSOURI  
OVERLAND PARK, KANSAS  
PHOENIX, ARIZONA  
SANTA MONICA, CALIFORNIA  
IRVINE, CALIFORNIA

**BRYAN CAVE LLP**  
700 THIRTEENTH STREET, N.W.  
WASHINGTON, D.C. 20005-3960  
(202) 508-6000  
FACSIMILE: (202) 508-6200

RIYADH, SAUDI ARABIA  
KUWAIT CITY, KUWAIT  
ABU DHABI, UNITED ARAB EMIRATES  
DUBAI, UNITED ARAB EMIRATES  
HONG KONG  
SHANGHAI, PEOPLE'S REPUBLIC OF CHINA  
IN ASSOCIATION WITH BRYAN CAVE.  
A MULTINATIONAL PARTNERSHIP.  
LONDON, ENGLAND

JOHN R. WILNER  
DIRECT DIAL NUMBER  
(202) 508-6041

February 11, 2000

INTERNET ADDRESS  
JRWILNER@BRYANCAVELLP.COM

**Via Berry Best Couriers, Ltd.**

Federal Communications Commission  
Wireless Bureau Applications  
P.O. Box 358130  
Pittsburgh, PA 15251-5130

Re: Transfer of Control  
Business Radio Service  
Stations KYC473; KWK997; WPIU450;  
WNFH308; WPKW523

Ladies & Gentlemen:

Transmitted herewith is an application on FCC Form 703 for consent to the transfer of control of Massachusetts Cablevision Systems, LP, licensee of the above-referenced facilities, from Time Warner Inc. to AOL Time Warner Inc.

Also submitted herewith is this firm's check in the amount of \$225.00 in payment of the requisite filing fees together with the related FCC Form 159.

Should there be any questions concerning this matter, please communicate with the undersigned.

Very truly yours,



John R. Wilner

JRW/vih

Enclosure

jrww/115057/186800v1



**BRYAN CAVE LLP**

700 Thirteenth Street, NW.  
Washington, D.C.  
(202) 508-6000

FIRST UNION NATIONAL BANK <sup>Check Number</sup>  
Washington, DC 20006  
15-80/540 **25074**

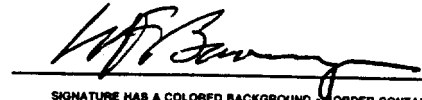
February 11, 2000

Two Hundred Twenty Five & 0/100

**Net Amount**  
\$ **\$225.00**

**TO THE  
ORDER OF**

Federal Communications  
Commission



SIGNATURE HAS A COLORED BACKGROUND - ORDER CONTAINS MICROPRINTING

⑈0000025074⑈ ⑆054000807⑆ 20667⑈01683409⑈

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION  
REMITTANCE ADVICE

APPROVED BY OMB 3060-0589

(1) LOCKBOX # **358130**

PAGE NO. \_\_\_\_\_ OF \_\_\_\_\_

SPECIAL USE

FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)

**Bryan Cave LLP**

(3) TOTAL AMOUNT PAID (dollars and cents)

**225.00**

(4) STREET ADDRESS LINE NO. 1

**700 Thirteenth Street, N.W.**

(5) STREET ADDRESS LINE NO. 2

(6) CITY

**Washington**

(7) STATE

**DC**

(8) ZIP CODE

**20005**

(9) DAYTIME TELEPHONE NUMBER (include area code)

**(202) 508-6000**

(10) COUNTRY CODE (if not in U.S.A.)

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B  
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

SECTION B - APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

**Massachusetts Cablevision Systems, LP**

(12) STREET ADDRESS LINE NO. 1

**P.O. Box 6659**

(13) STREET ADDRESS LINE NO. 2

(14) CITY

**Englewood**

(15) STATE

**CO**

(16) ZIP CODE

**80155**

(17) DAYTIME TELEPHONE NUMBER (include area code)

**(303) 799-1200**

(18) COUNTRY CODE (if not in U.S.A.)

COMPLETE SECTION C FOR EACH SERVICE IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS (FORM 159-C)

SECTION C - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID

**KYC473**

(20A) PAYMENT TYPE CODE (PTC)

**P A T M**

(21A) QUANTITY

**1**

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

**45.00**

FCC USE ONLY

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

**KWK997**

(20B) PAYMENT TYPE CODE (PTC)

**P A T M**

(21B) QUANTITY

**1**

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

**45.00**

FCC USE ONLY

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

**WPIU450**

(20C) PAYMENT TYPE CODE (PTC)

**P A T M**

(21C) QUANTITY

**1**

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

**45.00**

FCC USE ONLY

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

**WNFH308**

(20D) PAYMENT TYPE CODE (PTC)

**P A T M**

(21D) QUANTITY

**1**

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

**45.00**

FCC USE ONLY

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION D - TAXPAYER INFORMATION (REQUIRED)

(25)

PAYER TIN

**0 4 3 0 6 0 2 1 6 2**

(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME IN A-2

APPLICANT TIN

**0 1 4 1 6 6 7 1 1 6**

(27) CERTIFICATION STATEMENT

I, \_\_\_\_\_, Certify under penalty of perjury that the foregoing and supporting information are true and correct to the best of my knowledge, information and belief. SIGNATURE *Stephen R. Wilmer*

SECTION E - CERTIFICATION

SECTION F - CREDIT CARD PAYMENT INFORMATION

(28)

MASTERCARD/VISA ACCOUNT NUMBER:

MASTERCARD

16 digit account number grid

EXPIRATION DATE:

Month and year grid

VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization(s) herein described.

AUTHORIZED SIGNATURE

DATE

# REMITTANCE ADVICE (Continuation Sheet)

PAGE NO. \_\_\_\_\_ OF \_\_\_\_\_

**USE THIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT**

**SECTION BB - ADDITIONAL APPLICANT INFORMATION**

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

**Massachusetts Cablevision Systems, LP**

(12) STREET ADDRESS LINE NO. 1

**P.O. Box 6659**

(13) STREET ADDRESS LINE NO. 2

(14) CITY

**Englewood**

(15) STATE

**CO**

(16) ZIP CODE

**80155-6659**

(17) DAYTIME TELEPHONE NUMBER (Include area code)

**(303) 799-1200**

(18) COUNTRY CODE (if not in U.S.A.)

**IF MORE BOXES ARE NEEDED, USE ADDITIONAL FCC 159-C CONTINUATION SHEETS TO LIST EACH SERVICE**

**SECTION CC - PAYMENT INFORMATION**

(19A) FCC CALL SIGN/OTHER ID

**WPKW523**

(20A) PAYMENT TYPE CODE (PTC)

**P A T M**

(21A) QUANTITY

**1**

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

**\$ 45.00**

FCC USE ONLY

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

(20B) PAYMENT TYPE CODE (PTC)

(21B) QUANTITY

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

\$

FCC USE ONLY

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

(20C) PAYMENT TYPE CODE (PTC)

(21C) QUANTITY

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

\$

FCC USE ONLY

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

(20D) PAYMENT TYPE CODE (PTC)

(21D) QUANTITY

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

\$

FCC USE ONLY

(23D) FCC CODE 1

(24D) FCC CODE 2

**SECTION DD - TAXPAYER INFORMATION**

(25) COMPLETE THIS BLOCK ONLY IF SECTION BB IS APPLICABLE

**APPLICANT TIN**

**0 1 4 1 6 6 7 1 1 6**

**DETAILS / ADDITIONAL INFORMATION: Transfer of control of licensee from Time Warner Inc. to AOL Time Warner Inc.**

UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION

**PART II - AUTHORIZATION TO HOLD STATION LICENSE(S) AFTER TRANSFER OF CONTROL OF CORPORATION**

1. Name and mailing address of corporate licensee

**Massachusetts Cablevision Systems, LP  
P.O. Box 6659  
Englewood, CO 80155-6659**

2. Call sign and radio service of each station

**KYC473 (IB)  
KWK997 (IB)  
WPIU450 (IB)  
WNFH308 (IB)  
WPKW523 (IB)**

**DO NOT WRITE IN THIS AREA**

**CONDITIONS OF GRANT**

The corporate licensee is hereby authorized to continue holding the radio station license(s) listed in item 2 on the basis of the representations made in the application for this authorization.

This authorization is granted for the term of the outstanding license(s) for the station(s) listed in item 2.

DATE AUTHORIZED:



**FEDERAL  
COMMUNICATIONS  
COMMISSION**

**THIS AUTHORIZATION TO BE FILED WITH  
CORPORATION'S RADIO STATION RECORDS**

UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION

FOR FCC USE ONLY	

**PART I - APPLICATION FOR CONSENT TO TRANSFER CONTROL OF CORPORATION HOLDING STATION LICENSE**  
(This application must be filed before Transfer of Control takes place)

1. (a) Name of corporate licensee <b>Massachusetts Cablevision Systems, LP</b>					
(b) Number and street address <b>P.O. Box 6659</b>					
(c) City <b>Englewood</b>		(d) State <b>CO</b>		(e) ZIP Code <b>80155-6659</b>	
2. Internet address:			3. Taxpayer Identification Number <b>14-1667116</b>		
4. Call sign and radio service of each station <b>KYC473 (IB); KWK997 (IB); WPIU450 (IB); WNFH308 (IB); WPKW523 (IB)</b>					
5. (a) Fee Type Code <b>PATM</b>	(b) Fee Multiple <b>05</b>	(c) Fee Due \$ <b>225.00</b>	FOR FCC USE ONLY		
6. Name(s) and Address(es) of Transferee <b>AOL Time Warner Inc.</b> <b>c/o Time Warner Cable, 290 Harbor Drive, Stamford, CT 06902</b>					
7. Subsequent to the Transfer of Control, will the licensee corporation be the same corporate entity? That is, will it retain its present name, corporate charter, State of incorporation, etc.? If "NO", give details on Page 3.				YES	NO
				X	
8. Subsequent to the Transfer of Control, will the licensee corporation be a representative of any foreign government? If "YES", give details on Page 3.					X
9. THIS SECTION TO BE ANSWERED ONLY BY LICENSEES OF PUBLIC COAST, AIRPORT CONTROL TOWER, AERONAUTICAL ENROUTE, AERONAUTICAL FIXED, OR COMMON CARRIER ALASKA PUBLIC FIXED STATIONS. SUBSEQUENT TO THE TRANSFER OF CONTROL:					
(a) Will any officer or director of such corporation be an alien? If "YES", see instruction 6.				YES	NO
(b) Will more than 1/5 of the capital stock be either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", see instruction 6.					
(c) Will the licensee be directly or indirectly controlled by any other corporation? If "YES", answer items (d) through (h) below.					
(d) What is the name and address of the corporation in immediate control?					
(e) Under the laws of what State or Country is the controlling corporation organized?					
(f) Is more than 1/4 of the capital stock of controlling corporation either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", give details on Page 3.				YES	NO
(g) Is any officer or more than 1/4 of the directors of the controlling corporation an alien? If "YES", on Page 3 state name, nationality, and position of each, and state the total number of directors, and give a brief biographical statement for each alien.					
(h) Is the controlling corporation in turn controlled by other companies? If "YES", on Page 3, or a separate sheet of paper, provide information for each of these controlling companies covering information requested in items (d) through (h).					
<b>CERTIFICATION</b>					
<ul style="list-style-type: none"> <li>Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise;</li> <li>Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons;</li> <li>Neither applicant nor any member thereof is a foreign government or representative thereof;</li> <li>Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith;</li> <li>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.</li> </ul>					
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).					
SIGNATURE 		DATE <b>February 9, 2000</b>			
Authorized Employee of Licensee Corporation					
SIGNATURE 		DATE <b>February 9, 2000</b>			
Transferee of Control (Check one)					
<input type="checkbox"/> Individual					
<input type="checkbox"/> Partner					
<input checked="" type="checkbox"/> Officer					
<input type="checkbox"/> Other (Specify): _____					

ST. LOUIS, MISSOURI  
NEW YORK, NEW YORK  
KANSAS CITY, MISSOURI  
OVERLAND PARK, KANSAS  
PHOENIX, ARIZONA  
SANTA MONICA, CALIFORNIA  
IRVINE, CALIFORNIA

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KUWAIT CITY, KUWAIT  
ABU DHABI, UNITED ARAB EMIRATES  
DUBAI, UNITED ARAB EMIRATES  
HONG KONG  
SHANGHAI, PEOPLE'S REPUBLIC OF CHINA  
IN ASSOCIATION WITH BRYAN CAVE,  
A MULTINATIONAL PARTNERSHIP.  
LONDON, ENGLAND

JOHN R. WILNER  
DIRECT DIAL NUMBER  
(202) 508-6041

February 11, 2000

INTERNET ADDRESS  
JRWILNER@BRYANCAVELLP.COM

**Via Berry Best Couriers, Ltd.**

Federal Communications Commission  
Wireless Bureau Applications  
P.O. Box 358130  
Pittsburgh, PA 15251-5130

Re: Transfer of Control  
Business Radio Service  
Stations WPFZ212; KLG713;  
WNMS967, WNHR511

Ladies & Gentlemen:

Transmitted herewith is an application on FCC Form 703 for consent to the transfer of control of TWFanch-one Co., licensee of the above-referenced facilities, from Time Warner Inc. to AOL Time Warner Inc.

Also submitted herewith is this firm's check in the amount of \$180.00 in payment of the requisite filing fees together with the related FCC Form 159.

Should there be any questions concerning this matter, please communicate with the undersigned.

Very truly yours,



John R. Wilner

JRW/vih

Enclosure

jrww/115057/186795v1

**BRYAN CAVE** LLP  
700 Thirteenth Street, NW.  
Washington, D.C.  
(202) 508-6000

FIRST UNION NATIONAL BANK <sup>Check Number</sup>  
Washington, DC 20006  
15-80/540 **25054**

February 10, 2000

One Hundred Eighty & 0/100

<b>Net Amount</b> \$180.00
-------------------------------

TO THE  
ORDER OF

Federal Communications  
Commission



SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈0000025054⑈ ⑆054000807⑆ 20667⑈01683409⑈

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION  
REMITTANCE ADVICE

APPROVED BY OMB 3060-0589

(1) LOCKBOX # **358130**

PAGE NO. \_\_\_\_\_ OF \_\_\_\_\_

SPECIAL USE

FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)

**Bryan Cave LLP**

(3) TOTAL AMOUNT PAID (dollars and cents)

\$ **180.00**

(4) STREET ADDRESS LINE NO. 1

**700 Thirteenth Street, N.W.**

(5) STREET ADDRESS LINE NO. 2

(6) CITY

**Washington**

(7) STATE

**DC**

(8) ZIP CODE

**20005**

(9) DAYTIME TELEPHONE NUMBER (Include area code)

**(202) 508-6000**

(10) COUNTRY CODE (if not in U.S.A.)

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B  
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

SECTION B - APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

**TWFanch-one Co.**

(12) STREET ADDRESS LINE NO. 1

**P.O. Box 6659**

(13) STREET ADDRESS LINE NO. 2

(14) CITY

**Englewood**

(15) STATE

**CO**

(16) ZIP CODE

**80155**

(17) DAYTIME TELEPHONE NUMBER (Include area code)

**(303) 799-1200**

(18) COUNTRY CODE (if not in U.S.A.)

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS (FORM 159-C)

SECTION C - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID

**WPFZ212**

(20A) PAYMENT TYPE CODE (PTC)

**P A T M**

(21A) QUANTITY

**1**

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

\$ **45.00**

FCC USE ONLY

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

**KLG713**

(20B) PAYMENT TYPE CODE (PTC)

**P A T M**

(21B) QUANTITY

**1**

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

\$ **45.00**

FCC USE ONLY

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

**WNMS967**

(20C) PAYMENT TYPE CODE (PTC)

**P A T M**

(21C) QUANTITY

**1**

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

\$ **45.00**

FCC USE ONLY

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

**WNHR511**

(20D) PAYMENT TYPE CODE (PTC)

**P A T M**

(21D) QUANTITY

**1**

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

\$ **45.00**

FCC USE ONLY

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION D - TAXPAYER INFORMATION (REQUIRED)

(25)

PAYER TIN

**0 4 3 0 6 0 2 1 6 2**

(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME IN A-2

APPLICANT TIN

**0 8 4 1 3 3 9 5 3 3**

SECTION E - CERTIFICATION

(27) CERTIFICATION STATEMENT

I, **John R. Wilner**

(PRINT NAME)

, Certify under penalty of perjury that the foregoing and supporting information

are true and correct to the best of my knowledge, information and belief. SIGNATURE *John R. Wilner*

SECTION F - CREDIT CARD PAYMENT INFORMATION

(28)

MASTERCARD/VISA ACCOUNT NUMBER:

MASTERCARD  VISA

EXPIRATION DATE:

MONTH YEAR

VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization(s) herein described.

AUTHORIZED SIGNATURE

DATE



UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION

FOR FCC USE ONLY	

**PART I - APPLICATION FOR CONSENT TO TRANSFER CONTROL OF CORPORATION HOLDING STATION LICENSE**  
(This application must be filed before Transfer of Control takes place)

1. (a) Name of corporate licensee <b>TWFanch-one Co.</b>			
(b) Number and street address <b>P.O. Box 6659</b>			
(c) City <b>Englewood</b>		(d) State <b>CO</b>	(e) ZIP Code <b>80155-6659</b>
2. Internet address:		3. Taxpayer Identification Number <b>84-1339533</b>	
4. Call sign and radio service of each station <b>WPFZ212 (IB); KLG713 (IB); WNMS967 (IB); WNHR511 (IB)</b>			
5. (a) Fee Type Code <b>PATM</b>	(b) Fee Multiple <b>04</b>	(c) Fee Due \$ <b>180.00</b>	FOR FCC USE ONLY
6. Name(s) and Address(es) of Transferee <b>AOL Time Warner Inc.</b> <b>c/o Time Warner Cable, 290 Harbor Drive, Stamford, CT 06902</b>			
7. Subsequent to the Transfer of Control, will the licensee corporation be the same corporate entity? That is, will it retain its present name, corporate charter, State of incorporation, etc.? If "NO", give details on Page 3.			YES NO <b>X</b>
8. Subsequent to the Transfer of Control, will the licensee corporation be a representative of any foreign government? If "YES", give details on Page 3.			<b>X</b>
<b>9. THIS SECTION TO BE ANSWERED ONLY BY LICENSEES OF PUBLIC COAST, AIRPORT CONTROL TOWER, AERONAUTICAL ENROUTE, AERONAUTICAL FIXED, OR COMMON CARRIER ALASKA PUBLIC FIXED STATIONS. SUBSEQUENT TO THE TRANSFER OF CONTROL:</b>			
(a) Will any officer or director of such corporation be an alien? If "YES", see Instruction 6.			YES NO
(b) Will more than 1/5 of the capital stock be either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", see Instruction 6.			
(c) Will the licensee be directly or indirectly controlled by any other corporation? If "YES", answer Items (d) through (h) below.			
(d) What is the name and address of the corporation in immediate control?			
(e) Under the laws of what State or Country is the controlling corporation organized?			
(f) Is more than 1/4 of the capital stock of controlling corporation either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", give details on Page 3.			YES NO
(g) Is any officer or more than 1/4 of the directors of the controlling corporation an alien? If "YES", on Page 3 state name, nationality, and position of each, and state the total number of directors, and give a brief biographical statement for each alien.			
(h) Is the controlling corporation in turn controlled by other companies? If "YES", on Page 3, or a separate sheet of paper, provide information for each of these controlling companies covering information requested in Items (d) through (h).			
<b>CERTIFICATION</b>			
<ul style="list-style-type: none"> <li>Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise;</li> <li>Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons;</li> <li>Neither applicant nor any member thereof is a foreign government or representative thereof;</li> <li>Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith;</li> <li>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.</li> </ul>			
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).			
SIGNATURE 		DATE <b>February 9, 2000</b>	
Authorized Employee of Licensee Corporation			
SIGNATURE 		DATE <b>February 9, 2000</b>	
Transferee of Control (Check one)			
<input type="checkbox"/> Individual		<input type="checkbox"/> Partner	
<input checked="" type="checkbox"/> Officer		<input type="checkbox"/> Other (Specify): _____	