

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)

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

WSK244

(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 5 9 1 9 4 8 9 4 4

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:

MASTERCARD

Account number grid

Expiration date grid

MONTH YEAR

VISA

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

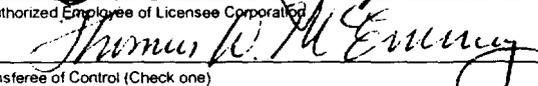
AUTHORIZED SIGNATURE

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 Dorchester Cablevision Inc.			
(b) Number and street address P.O. Box 6659			
(c) City Englewood	(d) State CO	(e) ZIP Code 80155-6659	
2. Internet address:		3. Taxpayer Identification Number 59-1948944	
4. Call sign and radio service of each station WSK244 (IB)			
5. (a) Fee Type Code PATM	(b) Fee Multiple 01	(c) Fee Due \$ 45.00	FOR FCC USE ONLY
6. Name(s) and Address(es) of Transferee AOL Time Warner Inc. c/o Time Warner Cable, 290 Harbor Drive, Stamford, CT 06902			
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).			
CERTIFICATION			
<ul style="list-style-type: none"> ● Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise; ● Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons; ● Neither applicant nor any member thereof is a foreign government or representative thereof; ● Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith; ● 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. 			
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 February 9, 2000	
Authorized Employee of Licensee Corporation			
SIGNATURE 		DATE February 9, 2000	
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**

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
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

	Net Amount
\$	\$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 W. Wimer*

SECTION F - CREDIT CARD PAYMENT INFORMATION

(28)

MASTERCARD/VISA ACCOUNT NUMBER:

EXPIRATION DATE:

MASTERCARD

____/____

VISA

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

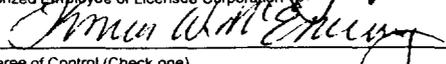
AUTHORIZED SIGNATURE

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 CAT Partnership			
(b) Number and street address P.O. Box 6659			
(c) City Englewood	(d) State CO	(e) ZIP Code 80155-6659	
2. Internet address:		3. Taxpayer Identification Number 13-3411114	
4. Call sign and radio service of each station KRU795 (IB)			
5. (a) Fee Type Code PATM	(b) Fee Multiple 01	(c) Fee Due \$ 45.00	FOR FCC USE ONLY
6. Name(s) and Address(es) of Transferee AOL Time Warner Inc. c/o Time Warner Cable, 290 Harbor Drive, Stamford, CT 06902			
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).			
CERTIFICATION			
<ul style="list-style-type: none"> ● Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise; ● Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons; ● Neither applicant nor any member thereof is a foreign government or representative thereof; ● Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith; ● 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. 			
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 February 9, 2000	
Authorized Employee of Licensee Corporation			
SIGNATURE 		DATE February 9, 2000	
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

**CAT Partnership
P.O. Box 6659
Englewood, CO 80155-6659**

2. Call sign and radio service of each station

KRU795(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 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

jrw/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**

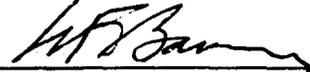
February 11, 2000

Four Hundred Ninety Five & 0/100

Net Amount \$495.00

TO THE
ORDER OF

Federal Communications
Commission



SIGNATURE HAS A COLORED BACKGROUND ORDER CONTAINS MICROPRINTING

⑈0000025075⑈ ⑆054000807⑆ 20667⑈01683409⑈

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION

APPROVED BY OMB 3060-0589

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**

(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:

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

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	(20A) PAYMENT TYPE CODE (PTC)	(21A) QUANTITY	(22A) FEE DUE FOR (PTC) IN BLOCK 20A	FCC USE ONLY
WHY70	P A T M	1	45.00	
(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
KFU431	P A T M	1	45.00	
(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
KNEK481	P A T M	1	45.00	
(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
KSX574	P A T M	1	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	(20A) PAYMENT TYPE CODE (PTC)	(21A) QUANTITY	(22A) FEE DUE FOR (PTC) IN BLOCK 20A	FCC USE ONLY
WNYE223	P A T M	1	45.00	
(23A) FCC CODE 1		(24A) FCC CODE 2		
KUT265	P A T M	1	45.00	
(23B) FCC CODE 1		(24B) FCC CODE 2		
KUM850	P A T M	1	45.00	
(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 5 8 1 2 1 5 3 3 3

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 Texas Cable Partners, L.P.		
(b) Number and street address P.O. Box 6659		
(c) City Englewood	(d) State CO	(e) ZIP Code 80155-6659
2. Internet address:		3. Taxpayer Identification Number 58-1215333
4. Call sign and radio service of each station KYK905 (IB); WNB218 (IB); WNGC750 (IB); KNCX707 (IB); WHY70 (IB); KFU431 (IB) KNEK481 (IB); KSX574 (IB); WNYE223 (IG); KUT265 (IB); KUM850 (IB)		

5. (a) Fee Type Code PATM	(b) Fee Multiple 11	(c) Fee Due \$ \$495.00	FOR FCC USE ONLY
-------------------------------------	-------------------------------	-----------------------------------	-----------------------------

6. Name(s) and Address(es) of Transferee **AOL Time Warner Inc.**
c/o Time Warner Cable, 290 Harbor Drive, Stamford, CT 06902

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.	YES	NO
		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.	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?

(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.	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

CERTIFICATION

- Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise;
- Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons;
- Neither applicant nor any member thereof is a foreign government or representative thereof;
- Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith;
- 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.

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 *David B. Meyer* DATE February 9, 2000
Authorized Employee of Licensee Corporation

SIGNATURE *James W. McEnany* DATE February 9, 2000
Transferee of Control (Check one)
 Individual Partner Officer 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); WNBU218 (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**

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
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

jrwl115057/186800v1

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

FIRST UNION NATIONAL BANK
Washington, DC 20006
15-80/540

Check Number
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
(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)
\$ **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 **0430602162**

(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME IN A-2
APPLICANT TIN **0141667116**

SECTION E - CERTIFICATION

(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 *John R. Wilbur*

SECTION F - CREDIT CARD PAYMENT INFORMATION

(28) MASTERCARD/VISA ACCOUNT NUMBER: _____ EXPIRATION DATE: _____
MONTH YEAR

MASTERCARD 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	(20A) PAYMENT TYPE CODE (PTC)	(21A) QUANTITY	(22A) FEE DUE FOR (PTC) IN BLOCK 20A	FCC USE ONLY
WPKW523	P A T M	1	\$ 45.00	
(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 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**

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 Massachusetts Cablevision Systems, LP			
(b) Number and street address P.O. Box 6659			
(c) City Englewood	(d) State CO	(e) ZIP Code 80155-6659	
2. Internet address:		3. Taxpayer Identification Number 14-1667116	
4. Call sign and radio service of each station KYC473 (IB); KWK997 (IB); WPIU450 (IB); WNFH308 (IB); WPKW523 (IB)			
5. (a) Fee Type Code PATM	(b) Fee Multiple 05	(c) Fee Due \$ 225.00	FOR FCC USE ONLY

6. Name(s) and Address(es) of Transferee **AOL Time Warner Inc.**
c/o Time Warner Cable, 290 Harbor Drive, Stamford, CT 06902

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.

YES	NO
	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).		

CERTIFICATION

- Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise;
- Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons;
- Neither applicant nor any member thereof is a foreign government or representative thereof;
- Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith;
- 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.

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 *Donald P. Mayne* DATE February 9, 2000
Authorized Employee of Licensee Corporation

SIGNATURE *Thomas W. McEnany* DATE February 9, 2000
Transferee of Control (Check one)

Individual Partner Officer Other (Specify): _____

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 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

jrwl115057/186795v1

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 **25054**

February 10, 2000

One Hundred Eighty & 0/100

Net Amount
\$ **\$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:

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.

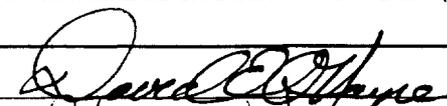
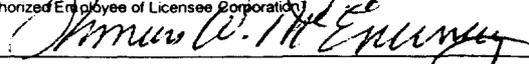
AUTHORIZED SIGNATURE

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 TWFanch-one Co.			
(b) Number and street address P.O. Box 6659			
(c) City Englewood	(d) State CO	(e) ZIP Code 80155-6659	
2. Internet address:		3. Taxpayer Identification Number 84-1339533	
4. Call sign and radio service of each station WPFZ212 (IB); KLG713 (IB); WNMS967 (IB); WNHR511 (IB)			
5. (a) Fee Type Code PATM	(b) Fee Multiple 04	(c) Fee Due \$ 180.00	FOR FCC USE ONLY
6. Name(s) and Address(es) of Transferee AOL Time Warner Inc. c/o Time Warner Cable, 290 Harbor Drive, Stamford, CT 06902			
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.			YES NO 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.			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
CERTIFICATION			
<ul style="list-style-type: none"> ● Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise; ● Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons; ● Neither applicant nor any member thereof is a foreign government or representative thereof; ● Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith; ● 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. 			
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 February 9, 2000	
Authorized Employee of Licensee Corporation			
SIGNATURE 		DATE February 9, 2000	
Transferee of Control (Check one)			
<input type="checkbox"/> Individual			
<input type="checkbox"/> Partner			
<input checked="" type="checkbox"/> Officer			
<input type="checkbox"/> Other (Specify):			