

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

September 2005

FEDERAL COMMUNICATIONS COMMISSION
Commission Registration System (CORES)
FORM 161 - CORES Update and Change Form

Approved by OMB
3060-0918

FCC USE ONLY
#

1. FCC Registration Number (FRN): _____
2. Entity Type: _____ 3. Business Entity Type (if applicable): _____
4. Business Entity Name: _____
- 4a. Salutation: _____ First Name: _____ Middle Initial: _____
Last Name: _____ Suffix: _____
5. Doing Business or Trading As: _____
6. Contact Representative Organization/Company: _____
7. Contact Representative Position/Title: _____
8. Contact Representative First Name: _____ Middle Initial: _____
Contact Representative Last Name: _____
9. Address: _____
10. Address 2: _____
11. Address 3: _____
12. Address 4: _____
13. City: _____ 14. State: _____ 15. Zip Code: _____
16. Country: _____
17. Contact Representative Phone Number: _____ 18. FAX: _____
19. Contact Representative E-Mail: _____
20. Personal Security Question (select only one):
 Mother's Maiden Name
 City of Birth
 Favorite Pet's Name
 Corporate Internal Employee ID
 Custom Personal Security Question
- 20a. Custom Personal Security Question (if applicable): _____
21. Personal Security Question Answer: _____

22. Certification Statement: I, _____, certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information, and belief.

Signature: _____ Date: _____