NRBMLC-2005 Station Election to Change License Type

Call Letters: __________ - __________  BMI Account #: __________

FCC Community of Licensee: (City) ______________________ (ST) ________

Legal Name of Licensee: __________________________________________

Group Owner (if applicable): __________________________________________

Station Frequency: ______________________  Previous Format: __________________________________________

Date of Change: __________  New Format: __________________________________________

Check (v) the appropriate box:

☐ Convert to Blanket License (currently licensed as Per Program)

☐ Convert to Per Program License (currently licensed as Blanket)

Prospective License Type Change Date*: ______________________

* Your station may change its license type on a GOING FORWARD BASIS only. Retroactive changes are NOT allowed, regardless of when your station’s format or level of music use changed. A completed version of this form must be submitted to BMI at least thirty (30) days prior to the prospective license type change date (i.e., submitting this form to BMI by 5/31 will make your station eligible to convert effective as of 7/1 at the earliest. Your station must be current in all reports and payments due BMI under your current license type in order to convert as of the prospective change date. Otherwise, your request will become effective the 1st of the month following the date your station resolves it outstanding balance and/or reports.

COMPLETE THIS SECTION ONLY IF YOU’VE INDICATED CONVERSION TO PER PROGRAM ABOVE

Please provide a contact for Per Program quarterly music reporting below. In addition, indicate the average number of hours your station is normally on air and the estimated number of hours containing feature music use during each time period listed (rounded to the nearest 0.25 hour).

Contact Name: __________________________________________

Title: __________________________________________

Phone Number: __________________________________________

Fax number: __________________________________________

Email address: __________________________________________

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Hours On Air</th>
<th>Hours With Feature Music</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekdays: 12am – 6am (max 6 hrs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weekdays: 6am – 10am (max 4 hrs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weekdays: 10am – 3pm (max 5 hrs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weekdays: 3pm – 7pm (max 4 hrs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weekdays: 7pm – 12am (max 5 hrs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturdays: All Day (max 24 hrs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sundays: All Day (max 24 hrs)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE SIGN THE COMPLETED FORM IN THE BOX AT RIGHT AND EITHER:

• FAX it to attention of BMI Media Licensing Dept. at (615) 401-5720, or

• MAIL it to the following address:
  Broadcast Music, Inc.
  Attn: Media Licensing Dept.
  10 Music Square East
  Nashville, TN 37203

(Signature of Legal Signatory or LMA Broker)

(Print Name of Legal Signatory or LMA Broker)

(Title of Legal Signatory or LMA Broker)

(Date Signed)