FORM 405 APPLICATION FOR RENEWAL OF RADIO LICENSE IN SPECIFIED SERVICES FOR OFFICIAL USE ONLY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Teleport Renewal

1. Applicant

Name: Louisiana Television Broadcasting Phone Number: 504–387–2222

Corp.

DBA Name: Fax Number: 504–336–2246

Street: 2906, 1650 Highland Road E–Mail: Richard@WBRZ.COM

City: Baton Rouge State: LA

Country: USA Zipcode: 70802 -

Attention: RICHARD F MANSHIP

2. Contact						
	Name:	Clyde Pierce	Phone Numb	ber: 225-387-2222		
	Company:	Louisiana Television Broadcasting LLC	Fax Number	: 225–336–2246		
	Street:	1650 Highland Road	E-Mail:	clyde@wbrz.com		
	City: Baton Rouge State:		State:	LA		
	Country:	USA	Zipcode:	70802 –		
	Contact Director of Operations & Relations Title: Engineering		Relationship	Engineer Engineer		
	AL INFORM	ATION this filing is made Rulepart 25				
3. Ruicpai	t under winen	tins ming is made. Rulepart 23				
If Yes,Gover		y Noncommercial education		for fee exemption (see 47 C.F.R.Section 1.1114).		
* *	tion is for rencense as speci	ewal of license in exact conformity fied below:	with the			
(a)File Number SESLIC1993033101793			` '	(b)Date Issued 1993–06–11 00:00:00.0		
(c)Call Sign E4868			` ′	(d)Location 1650 Highland Road Baton Rouge, LA.		

(e)Nature of Service Domestic – Fixed Satellite	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)					
(g)Expiration Date 2003–06–11 00:00:00.0	Petition to reinstate:					
6. Note any changes such as discontinuance of use of a frequency, or of application covering this station was filed: NA	a type of emission or of a transmitter which have been made since the last					
Items 7(a) and (b) apply to Part 21 licenses only. 7(a) Has there been removal of equipment or alteration of facilities as to render the Station not operational? Yes						
If YES when:	No No N/A					
(b) If this is a Multipoint Distribution Service (MDS) station, is there a with, or leasing arrangement with a cable television company?	ownership interest in control by, affiliation Yes No N/A					
8. Applicant represents that there has been no change in applicant's organ applicant's relation to the station, or financial responsibility; that application identified below, is to be considered as a part of this application, and the here any further exceptions, not already covered in question 6 or 7. File Number Date	ants most recent application or report embodying this information, as					

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact? If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:	¹	Yes No N/A			
If NO, Explain briefly why not: Renewal of current facility					
10. Certification: The applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of feder benefits pursuant to section 5301 of Anti–Drug Abuse Act of 1988, 21 U.S.C. 853a, or, in the case of a nonindividual applicant g., corporation, partnership or other unincorporated association), no party to the application is subject to denial of federal benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).	t (e.	Yes No			
a. Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests a station license in accordance with this application. Applicant acknowledges that all attached exhibits are a material part hereof. b. The undersigned, individually and for the applicant, hereby certifies that the statements made in this application are true, complete and correct to the best of the signer's knowledge and belief, and are made in good faith.					
11. Designate Appropriate Classification:					
 Individual Unincorporated Association Partnership Corporation Governmental Entity Other (please specify) LLC 					

12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Richard F. Manship		14. Title of Person Signing President						
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / ORIMPRISONMENT (U.S. Code, Title 18, Section1001), AND/OR REVOCATION OF ANY STATIONAUTHORIZATION (U.S. Code, Title 47, Section312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).								

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