## 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: Renewal of TVRO Earth Station Registration E6138

1. Applicant

Name: Century ML Cable Venture, **Phone Number:** 814–274–9830

Debtor-in-Possession

**DBA Name:** Fax Number: 814–260–3389

Street: 1 North Main Street E–Mail: jalyn.tezik@adelphia.com

City: Coudersport State: PA

**Country:** USA **Zipcode:** 16915 – 1141

**Attention:** Ms Jalyn D Tezik

2. Contact									
Name:	Jalyn D. Tezik	Phone Number	<b>:</b> 814–274–6426						
Company:	Adelphia Communications Corporation	Fax Number:	814–260–3389						
Street:	1 North Main Street	E–Mail:	jalyn.tezik@adelphia.com						
City:	Coudersport	State:	PA						
Country:	USA	Zipcode:	16915 –						
Contact Title:	FCC Technical Filing Analyst	Relationship:	Same						
RENEWAL INFORMATION  3. Rulepart under which this filing is made Rulepart 73									
4. Is a fee submitted with a lift Yes, complete and Governmental Entire Other(please explain)	nd attach FCC Form 159. <b>If No,</b> ity Noncommercial educat	tional licensee	fee exemption (see 47 C.F.R.Section 1.1114).						
5. Application is for renexisting license as spec		ity with the							
(a)File Number SESRWL1993071201165		I \ /	(b)Date Issued 1993–08–26 00:00:00.0						
(c)Call Sign E6138			(d)Location Levittown, Puerto Rico						

(e)Nature of Service	(f)Class of Station			
Domestic Fixed Satellite	Receive Only Earth Station (CGO)			
(g)Expiration Date	Petition to reinstate:			
2003-08-26 00:00:00.0				
6. Note any changes such as discontinuance of use of a frequency, or of application covering this station was filed:	a type of emission or of a transmitter which have bee	n made sir	nce 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?	0	Yes	
		0	No	
		⊚	N/A	
If YES when:				
(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	s		
with, or leasing arrangement with a cable television company:	O No			
	<b>⊚</b> N/s	A		
8. Applicant represents that there has been no change in applicant's orga 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	s informati	on, 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:	0	Yes No N/A
If NO, Explain briefly why not: No significant historic, aesthetic or other environmental impact.		
10. Certification: The applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal 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 (e. 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).	0	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:		
O Individual		
O Unincorporated Association		
Partnership		
Corporation		
• Governmental Entity		
Other (please specify)		

## 12. Please supply any need attachments.

1: Request	2: Grant		3:				
CERTIFICATION							
13. Typed Name of Person Signing Andy Elson		14. Title of Person Signing Vice President of Regulatory Accounting					
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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