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: E6064 Renewal

1. Applicant

Name: Comcast of Brockton, Inc. Phone Number: 215–665–1700

DBA Name: Fax Number: 215–981–7820

Street: 1500 Market Street E-Mail: ruth_billebault@cable.comcast.

35th Floor

City: Philadelphia State: PA

Country: USA Zipcode: 19102 -

Attention: Ruth Billebault

2. Contact						
Na	ame:	Ruth Billebault	Phone Number: Fax Number:		215-665-1700	
Co	ompany:	Comcast of Brockton, Inc.			215-981-7820	
St	treet:	1500 Market Street	E-Mail:		ruth_billebault@cable.comcast.	
Ci	ity:	Philadelphia	State:		PA	
Co	ountry:	USA	Zipcode:	:	19102 –	
	ontact itle:	Compliance Manager	Relations	hip:	Same	
RENEWAL	INFORM	ATION				
		this filing is made Rulepart 25	<u> </u>			
		h this application? I attach FCC Form 159. If N o	o, indicate reas	on for fee exem	ption (see 47 C.F.R.Section 1.1114).	
G Governm	nental Entit	y Noncommercial educ	ational licensee)		
Other(ple	ease explaii	n):				
5. Application existing licen		ewal of license in exact conformation exact conform	mity with the			
(a)File Number SESRWL1993070901175			(b)Date Issued 1997–07–25 00:00:00.0			
(c)Call Sign				(d)Location		

Brockton, MA

E6064

(e)Nature of Service domestic fixed	(f)Class of Station Receive Only Earth Station (CGO)					
(g)Expiration Date 2003–08–12 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:	a type of emission or of a transmitter which have been made s	ince 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?						
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 No N/A					
8. Applicant represents that there has been no change in applicant's org applicant's relation to the station, or financial responsibility; that applicate 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	cants most recent application or report embodying this informa	tion, as				

9. Would a Commision grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	000	Yes No N/A		
If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311: If NO, Explain briefly why not:				
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 pusuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).	⊗	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) 				

12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing John Donahue		14. Title of Person Signing Sr. Vice President Engineering						
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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