## 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: e930435 renewal

1. Applicant

Name: GlobeCast North America Phone Number:

305-863-1189

Incorporated

**DBA Name:** Fax Number: 305–341–4436

Street: 7291 NW 74th Street E–Mail: BSutnick@globecastna.com

City: Miami State: FL

Country: USA Zipcode: 33166 -

Attention: David Sprechman

| 2. Contact          |                                           |                                  |                                       |  |  |
|---------------------|-------------------------------------------|----------------------------------|---------------------------------------|--|--|
| Name:               | Joseph Belisle                            | Phone Number:                    | 3055301322                            |  |  |
| Compa               | Company: Leibowitz & Associates, PA Fax N |                                  | 3055309417                            |  |  |
| Street:             | 1 SE 3rd Ave                              | E-Mail:                          | jabelisle@broadlaw.com                |  |  |
|                     | Ste 1450                                  |                                  |                                       |  |  |
| City:               | Miami                                     | State:                           | FL                                    |  |  |
| Countr              | ry: USA                                   | Zipcode:                         | 33131 –                               |  |  |
| Contac              | et Mr.                                    | <b>Relationship:</b>             | Legal Counsel                         |  |  |
| Title:              |                                           |                                  |                                       |  |  |
|                     |                                           |                                  |                                       |  |  |
| RENEWAL INFO        | ORMATION                                  |                                  |                                       |  |  |
| 3. Rulepart under v | which this filing is made Rulepart 2      | 25                               |                                       |  |  |
|                     |                                           |                                  |                                       |  |  |
|                     | ed with this application?                 |                                  |                                       |  |  |
| If Yes, complete    | te and attach FCC Form 159. If N          | No, indicate reason for fee exem | aption (see 47 C.F.R.Section 1.1114). |  |  |
| Governmental        | Entity Noncommercial edu                  | icational licensee               |                                       |  |  |
| Other(please e      | xplain):                                  |                                  |                                       |  |  |
|                     |                                           |                                  |                                       |  |  |
| 5 Application is fo | or renewal of license in exact confo      | rmity with the                   |                                       |  |  |
| existing license as |                                           |                                  |                                       |  |  |
| (a)File Number      |                                           | (b)Date Issued                   | (b)Date Issued                        |  |  |
| SESMOD1994011401986 |                                           | 1994-03-25                       | 1994-03-25 00:00:00.0                 |  |  |
| (c)Call Sign        |                                           | (d)Location                      |                                       |  |  |
| E930435             |                                           | Staten Island                    | Staten Island, NY                     |  |  |

| (e)Nature of Service                                                                                                                                                                                                                                                                                                                                    | (f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)   |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--|--|--|--|
| Domestic Fixed Satellite Service                                                                                                                                                                                                                                                                                                                        |                                                                            |  |  |  |  |
| (g)Expiration Date<br>2003–10–29 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: N/A                                                                                                                                                                                                                                | 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                                                                                                                                                                                                                                                                              | o render the Station not operational? Yes                                  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                         | O No                                                                       |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                         | N/A                                                                        |  |  |  |  |
| If YES when:                                                                                                                                                                                                                                                                                                                                            |                                                                            |  |  |  |  |
| (b) If this is a Multipoint Distribution Service (MDS) station, is there a                                                                                                                                                                                                                                                                              | ownership interest in control by, affiliation Yes                          |  |  |  |  |
| with, or leasing arrangement with a cable television company?                                                                                                                                                                                                                                                                                           | O 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 applic identified below, is to be considered as a part of this application, and there any further exceptions, not already covered in question 6 or 7. File Number SES-ASG-19980825-01118Date 12/08/1998 |                                                                            |  |  |  |  |

| 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<br>0              | Yes<br>No<br>N/A |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------|
| If NO, Explain briefly why not: There is no access to areas where RF fields exceed FCC limits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                  |
| 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).  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. | <ul><li>O</li></ul> | Yes<br>No        |
| 11. Designate Appropriate Classification:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                  |
| O Individual O Unincorporated Association                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                  |
| O Partnership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                  |
| © Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                  |
| Governmental Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                  |
| Other (please specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                  |

## 12. Please supply any need attachments.

| 1:                                                                                                                                                                                                                                                                      | 2: |                                                                   | 3: |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------------|----|--|--|--|--|
| CERTIFICATION                                                                                                                                                                                                                                                           |    |                                                                   |    |  |  |  |  |
| 13. Typed Name of Person Signing David Sprechman                                                                                                                                                                                                                        |    | 14. Title of Person Signing COO, CFO and Executive Vice 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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