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: October 2003 E930480 Renewal

1. Applicant

Name: Emmis Television License

Phone Number:

818-973-2722

Corporation

DBA Name:

Fax Number:

Street: 3500 W. Olive Ave. Ste 300

Ste 300 **E–Mail:**

MRice@emmis.com

City:

Burbank

USA

State:

Zipcode:

CA

91505

4647

Attention:

Country:

Michelle Rice

2. Contac	et											
	Name:	John E. Fiorini, Esq.	Phone Nu	mber:	(202)719–7145							
	Company:	Wiley Rein & Fielding LLP	Fax Numb	er:	(202)719–7049							
	Street:	1776 K Street, NW	E–Mail:		jfiorini@wrf.com							
	City:	Washington	State:		DC							
	Country: USA Zip		Zipcode:		20006 –							
	Contact		Relationsh	nip:	Legal Counsel							
	Title:											
RENEW	RENEWAL INFORMATION											
3. Rulepa	3. Rulepart under which this filing is made Rulepart 25											
		th this application?	:	for for orrown	tion (see 47 CED Section 1 1114)							
	s, complete and ernmental Entit			on for fee exemp	tion (see 47 C.F.R.Section 1.1114).							
	r(please explai		ational needsec									
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5 Applic	ation is for ren	ewal of license in exact conform	nity with the									
	icense as speci											
(a)File Number				(b)Date Issued								
	SESLIC1993092000730			1993-11-19 00:00:00.0								
	(c)Call Sign E930480			(d)Location Albuquerque, NM								
Albuquerque, Nivi												

(e)Nature of Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)				
Domestic Fixed Satellite Service					
(g)Expiration Date 2003–11–19 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 render the Station not operational?					
	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 the here any further exceptions, not already covered in question 6 or 7. File Number SES-T/C-20010424-00805 Date 05/04/2001					

9. Would a Commission 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 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		
O Partnership		
© Corporation		
O Governmental Entity		
Other (please specify)		

12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Gary L. Kaseff		14. Title of Person Signing 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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