## 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: e6510 renewal

1. Applicant

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

**DBA Name:** Fax Number: 215–981–7820

Street: 1500 Market Street E–Mail:

35th Floor

City: Philadelphia State: PA

Country: USA Zipcode: 19102 –

**Attention:** Ruth Billebault

2. Contact						
ľ	Name:	Ruth Billebault	Phone Numb	ber: 215-665-1700		
(	Company:	Comcast of Boston, Inc.	Fax Number:	215–981–7820		
S	Street:	1500 Market Street	E–Mail:	ruth_billebault@cable.comcast.		
(	City:	Philadelphia	State:	PA		
(	Country:	USA	Zipcode:	19102 –		
	Contact	Compliance Manager	Relationship:	Same		
, ]	Γitle:					
RENEWAI	L INFORM	IATION				
3. Rulepart 1	under which	this filing is made Rulepart 2	25			
		th this application?				
			•	for fee exemption (see 47 C.F.R.Section 1.1114).		
	mental Entit		icational licensee			
Other(p	lease explai	n):				
,						
			rmity with the			
existing lice	nse as speci	fied below:				
(a)File Number			` '	(b)Date Issued		
SESRWL	SESRWL1993111500340			1993–12–03 00:00:00.0		
(c)Call Sign				(d)Location		
E6510				Boston, MA		

(e)Nature of Service	(f)Class of Station					
Domestic Fixed	Receive Only Earth Station (CGO)					
(g)Expiration Date 2003–12–02 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	de sin	ce 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?						
		•	No			
		0	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					
with, of leasing arrangement with a cable television company?	O No					
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 th here any further exceptions, not already covered in question 6 or 7. File Number Date	eants most recent application or report embodying this info	rmatio	on, 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).	<b>⊗</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:				
<ul> <li>Individual</li> <li>Unincorporated Association</li> <li>Partnership</li> <li>Corporation</li> <li>Governmental Entity</li> <li>Other (please specify)</li> </ul>				

## 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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