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: Earth Station Renewal

1. Applicant

Name: BellSouth Wireless Cable, Inc. **Phone Number:** (404) 541–6522

DBA Name: Fax Number: (404) 541–6540

Street: 754 Peachtree Street E–Mail: bob.saunders@bellsouth.com

Room 14A61

City: Atlanta State: GA

Country: USA Zipcode: 30308 -

Attention: Robert A. Saunders

2. Contact					
Name:	Stephen E. Coran	Phone Number:	(202) 463–4310		
Company:	Rini Coran, PC	Fax Number:	(202) 296–2014		
Street:	1501 M Street, NW	E-Mail:	scoran@rinicoran.com		
	Fifth Floor				
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20005 –		
Contact Title:	Attorney	Relationship:	Legal Counsel		
ENIEWAL INICODA	I ATIONI				
ENEWAL INFORM					
Rulepart under which	this filing is made Rulepar	t 25			
Is a fee submitted wit					
_			nption (see 47 C.F.R.Section 1.1114).		
Governmental Entit	•	ducational licensee			
Other(please explai	n):				
. Application is for ren		formity with the			
xisting license as speci	fied below:				
)File Number		` '	(b)Date Issued		
SESREG1994031601686		1994-07-15	1994-07-15 00:00:00.0		
c)Call Sign		(d)Location	1`'		
E940253		Doolittle/Lo	Doolittle/Lotticks Corner, New Albany IN		

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Receive Only Earth Station (CGO)			
(g)Expiration Date 2004–03–16 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 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 No			
If YES when:	N/A			
(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 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 SEE ATTACHMENT Date 03/28/2003	ants most recent application or report embodying this information, as	he		

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: If NO, Explain briefly why not: Receive—Only Earth Station	○ ○ ●	Yes No N/A	
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.		Yes No	
11. Designate Appropriate Classification:			
 Individual Unincorporated Association Partnership Corporation Governmental Entity Other (please specify) 			

12. Please supply any need attachments.

1: Exhibit	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Donald R. Granger		14. Title of Person Signing 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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