FORM 312–R 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: Application for Renewal of KA407

1. Applicant

Name: Americasky Corporation Phone Number: 305–717–0200

DBA Name: Fax Number: 305–994–7295

Street: 4045 NW 97 Avenue E–Mail: avargas@americatel.net

City: Miami State: FL

Country: USA Zipcode: 33178 -

Attention: Alejandro Vargas

2. Contact					
Name:	James Schulz	Phone Number:	202-414-9234		
Company	REED SMITH, LLP	Fax Number:	202-414-9299		
Street:	1301 K Street, NW	E-Mail:	jschulz@reedsmith.com		
	Suite 1100 – East Tower				
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20005 –		
Contact	Esq.	Relationship:	Legal Counsel		
RENEWAL INFOR	MATION				
. Rulepart under whi	ich this filing is made Rulepar	t 25			
. Is a fee submitted v	with this application?				
If Yes, complete a	and attach FCC Form 159. If	No, indicate reason for fee exer	mption (see 47 C.F.R.Section 1.1114).		
Governmental Er	Noncommercial e	ducational licensee			
Other(please exp	lain):				
* *		formity with the			
xisting license as spe	ecified below:				
)File Number			(b)Date Issued		
SESMOD1995080	400604	1995–10–2	1995–10–27 00:00:00.0		
c)Call Sign		(d)Location			
KA407		4045 N.W.	4045 N.W. 97th Avenue, Miami, Dade, FL		

(e)Nature of Service International Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)			
(g)Expiration Date 2004–02–08 00:00:00.0	Petition to reinstate: Pet to Reinstate			
6. Note any changes such as discontinuance of use of a frequency, or of application covering this station was filed: None	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			
If YES when:	No No 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 the here any further exceptions, not already covered in question 6 or 7. File Number SES-T/C-20030609-00822 Date 06/25/2003				

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: Pet for STA	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Alejandro Vargas		14. Title of Person Signing Director and Secretary, AmericaSky Corporation						
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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