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 Renewals E6282

1. Applicant

Name: Ascent Media Systems and

Phone Number:

321-952-4205

Technology Services, LLC

Fax Number:

321-952-4235

Street: 2330 Commerce Park Drive, NE

E-Mail:

goehler@ascentmedia.com

Suite 1

USA

City: Palm Bay

State: **Zipcode:**

FL

32905

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7721

Attention:

Country:

DBA Name:

Ms Virginia A Oehler

2. Contact												
	Name: Virginia A. Oehler F		Phone Nu	mber:	321-952-4205							
Company:		Ascent Media Systems and Technology Services, LLC		oer:	321–952–4235							
	Street:	2330 Commerce Park Drive, NE	E-Mail:		goehler@ascentmedia.com							
		Suite 1										
	City:	Palm Bay	State:		FL							
	Country:	USA	Zipcode:		32905 – 7721							
	Contact		Relationship:									
	Title:											
	RENEWAL INFORMATION											
3. Rulepart	t under which	this filing is made Rulepart 25										
		h this application?	1		4 GPR G 4 4440							
-		·		on for fee exempti	on (see 47 C.F.R.Section 1.1114).							
T	nmental Entity	•	onal licensee									
Other(please explain	1):										
^ ^	tion is for rene cense as specif	ewal of license in exact conformit fied below:	y with the									
(a)File Number				(b)Date Issued								
SESMOD1995081600538				1995-11-09 00:00:00.0								
	(c)Call Sign			(d)Location								
E6282			Rockford, Winnebago, IL									

(e)Nature of Service	(f)Class of Station				
Domestic Fixed Satellite	Fixed Satellite Transmit/Receive Earth Station (CGX)				
(g)Expiration Date 2004–03–30 00:00:00.0	Petition to reinstate:				
6. Note any changes such as discontinuance of use of a frequency, or of a 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	render the Station not operational?				
	No N/A				
If YES when:					
(b) If this is a Multipoint Distribution Service (MDS) station, is there a c 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 orga applicant's relation to the station, or financial responsibility; that applicate 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-MOD-19950816-00538Date 11/09/1995	ants most recent application or report embodying this information, as				

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 pusuant 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 Governmental Entity Other (please specify) limited liability company 				

12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing William B. Doyle		14. Title of Person Signing Vice President & General Manager						
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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