## 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 E6358

1. Applicant

Name: Ascent Media Systems and Phone Number: 321–952–4205

Technology Services, LLC

**DBA Name:** Fax Number: 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

**Attention:** Ms Virginia A Oehler

| 2. Contact                                      |   |               |   |  |  |
|---|---|---------------|---|--|--|
| Name:   | Virginia A. Oehler                                  | Phone Numb    | er: 321–952–4205                                |  |  |
| Company   | : Ascent Media Systems and Technology Services, LLC | Fax Number:   | 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<br>Title:                               |   | Relationship: |   |  |  |
|   |   |               |   |  |  |
| RENEWAL INFOR                                   | MATION  |               |   |  |  |
| 3. Rulepart under which                         | ch this filing is made Rulepart 25                  |               |   |  |  |
|   |   |               |   |  |  |
| 4. Is a fee submitted w                         | **  | <b>.</b>      |   |  |  |
| _   | ·   |               | or fee exemption (see 47 C.F.R.Section 1.1114). |  |  |
| Governmental En                                 | <b>-</b>  | onal licensee |   |  |  |
| Other(please expl                               | aın):   |               |   |  |  |
|   |   |               |   |  |  |
| 5. Application is for reexisting license as spe |   | ty with the   |   |  |  |
| (a)File Number<br>SESMOD2001091701766           |   | 1 ' '         | (b)Date Issued<br>2001–11–20 00:00:00.0         |  |  |
| (c)Call Sign                                    |   | (d)           | (d)Location                                     |  |  |
| E6358   | Mobile, AL  |               |   |  |  |

| (e)Nature of Service Domestic Fixed Satellite  | (f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX) |  |  |  |
|--|--|--|--|--|
| (g)Expiration Date<br>2004–03–30 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: None.   | a type of emission or of a transmitter which have been made since the la |  |  |  |
| 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?   |  |  |  |  |
| 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 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-MOD-20010917-01766Date 11/20/2001 |  |  |  |  |

| 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<br>No<br>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<br>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   |     |                  |  |  |  |
| <ul> <li>Corporation</li> <li>Governmental Entity</li> <li>Other (please specify) limited liability company</li> </ul>  |     |                  |  |  |  |

## 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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