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:

Renewal of Fixed Satellite Service License E5530

1. Applicant

KGO Television, Inc.

Phone Number:

212-456-7777

DBA Name:

Fax Number:

212-456-6202

Street:

City:

Name:

77 West 66th Street, 16th Floor

E-Mail:

State:

NY

6298

Country:

USA

New York

Zipcode:

10023

Attention:

John W Zucker Esq

2. Conta	ct					
	Name:	John W. Zucker, Esq.	Phone Nur	nber:	212 456–7777	
	Company:	ABC, Inc.	Fax Number:		212 456–6202	
	Street:	77 West 66th Street, Floor 16	E–Mail:			
	City:	New York	State:		NY	
	Country: USA Zipco		Zipcode:		10023 – 6298	
	Contact Title:	Legal Counsel	Relationsh	ip:	Legal Counsel	
RENEV	VAL INFORM	IATION				
		this filing is made Rulepart 25				
3. Rulep	art dilder willen	Tuns ming is made Raicpart 25				
4 Is a fe	e submitted wit	th this application?				
			indicate reaso	n for fee exemp	otion (see 47 C.F.R.Section 1.1114).	
	ernmental Entit		tional licensee	_		
	er(please explai	•				
5. Applie	cation is for ren	ewal of license in exact conform	nity with the			
^ ^	license as speci		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(a)File Number			- ((b)Date Issued		
SESRWL1994072700868				1995-02-10 00:00:00.0		
(c)Call Sign			((d)Location		
E5530				El Cerrito, California		

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)				
(g)Expiration Date 2004–09–13 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: No Changes	a type of emission or of a transmitter which have been made since the las				
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:	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 SES-T/C-20031118-01650 Date 11/13/2003	11 1 0				

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	0	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: Renewal of existing license, no physical change				
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 pursuant 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				
O Governmental Entity				
Other (please specify)				

12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing David. S. Converse		14. Title of Person Signing Vice 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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