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: Earth Station Renewals E6917

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						
Na	ame:	Virginia A. Oehler	Phone Nu	ımber:	321-952-4205	
Company:		Ascent Media Systems and Technology Services, LLC		ber:	321–952–4235	
St	reet:	2330 Commerce Park Drive, NE	E-Mail:		goehler@ascentmedia.com	
		Suite 1				
Ci	ty:	Palm Bay	State:		FL	
Co	ountry:	USA	Zipcode:		32905 – 7721	
Contact Relationship: Title:						
RENEWAL	INFORMA	ATION				
3. Rulepart ur	nder which	this filing is made Rulepart 25				
		this application?				
"		•		-	n (see 47 C.F.R.Section 1.1114).	
	ental Entity	~	onal licensee	,		
Other(ple	ase explain):				
5. Application existing licens		wal of license in exact conformit ed below:	y with the			
(a)File Number SESMOD2001091701786				(b)Date Issued 2001–11–14 00:00:00.0		
(c)Call Sign E6917			(d)Location Las Vegas, NV			

(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)				
(g)Expiration Date 2004–08–03 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 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:					
(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–20010917–01786Date 11/14/2001					

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 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 Robert M. Lawson		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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