## 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: Renew Bowling Green, FL TVRO E950119

1. Applicant

Name: Bright House Networks, LLC **Phone Number:** 727–329–2976

**DBA Name:** Fax Number: 727–329–2909

Street: 2600 McCormick Dr. E–Mail: chris.feathers@mybrighthouse.

com

Suite 255

City: Clearwater State: FL

Country: USA Zipcode: 33759 -

**Attention:** Mr Chris Feathers

2. Contact								
Name:	Chris Feathers	Phone Number:	727–329–2976					
Company	: Bright House Networks, LLC	Fax Number:	727–329–2909					
Street:	700 Carillon Parkway	E-Mail:	chris.feathers@mybrighthouse.c					
	Suite 1							
City:	St. Petersburg	State:	FL					
Country:	USA	Zipcode:	33716 –					
Contact Title:	Operations Manager	Relationship:	Engineer					
RENEWAL INFOR	MATION							
3. Rulepart under whi	ch this filing is made Rulepart 25							
4. Is a fee submitted v	* *	indicata rassan far fa	e exemption (see 47 C.F.R.Section 1.1114).					
			e exemption (see 47 C.F.R.Section 1.1114).					
	• •	nonai neciisce						
Other(please explain): Fee mailed separately								
5. Application is for renewal of license in exact conformity with the existing license as specified below:								
(a)File Number SESREG1994122000044		\ /	(b)Date Issued 1994–12–20 00:00:00.0					
(c)Call Sign E950119			(d)Location Bowling Green, FL					

(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Receive Only Earth Station (CGO)			
(g)Expiration Date 2004–12–20 00:00:00.0	Petition to reinstate:			
6. Note any changes such as discontinuance of use of a frequency, or o application covering this station was filed:  N/A	f a type of emission or of a transmitter which have be	en made sir	nce 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 randar the Station not operational?		Vac	
(a) Has there been removal of equipment of alteration of facilities as	to render the Station not operationar:	0 0 ●	Yes No N/A	
If YES when:				
(b) If this is a Multipoint Distribution Service (MDS) station, is there with, or leasing arrangement with a cable television company?	es Io I/A			
8. Applicant represents that there has been no change in applicant's or applicant's relation to the station, or financial responsibility; that applied identified below, is to be considered as a part of this application, and there any further exceptions, not already covered in question 6 or 7. File Number N/A  Date	icants most recent application or report embodying th	is informati	ion, 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 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 Steve Miron		14. Title of Person Signing 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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