334-206-1400

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:

License Renewal for E950024 for WDAM-Tv, Laurel, MS

1. Applicant

Name: Federal Broadcasting Company Phone Number:

DBA Name: Fax Number: 334–206–1554

Street: 201 Monroe Street, RSA Tower, E–Mail: rbryan@raycommedia.com

20th Floor

City: Montgomery State: AL

Country: USA Zipcode: 36104 -

Attention: Ms Rebecca S Bryan Esq.

2. Contact	t										
	Name:	William H. Fitz	Phone Nu	mber:	202-662-5120						
	Company:	Covington & Burling	Fax Numb	oer:	202-778-5120						
	Street:	1201 Pennsylvania Avenue, N.W.	E-Mail:		wfitz@cov.com						
	City:	Washington	State:		DC						
	Country:	USA	Zipcode:		20004 –						
	Contact Title:	Legal Counsel	Relationsl	hip:	Legal Counsel						
RENEWA	RENEWAL INFORMATION										
3. Rulepar	3. Rulepart under which this filing is made Rulepart 25										
		h this application?	. di 4	fo fo o4:	n (see A7 C ED Seetien 1 1114)						
- ~	If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114). Governmental Entity Noncommercial educational licensee										
~	(please explain		onai neensee								
Ouner	(preuse empium	,.									
5 Applica	ation is for ren	ewal of license in exact conformity	v with the								
5. Application is for renewal of license in exact conformity with the existing license as specified below:											
` '	a)File Number			(b)Date Issued							
	SESLIC1994102000421			1994–12–23 00:00:00.0							
	(c)Call Sign E950024			(d)Location Hattiesburg, MS							
	7			Tracticsourg, Mis							

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Fixed Satellite Small Transmit/Receive Earth Station (CGS)				
(g)Expiration Date 2004–12–23 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:	a type of emission or of a transmitter which have been made since	ce 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?					
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 orgapplicant's relation to the station, or financial responsibility; that application 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 SES-T/C-19960718-00824Date 09/13/1996	cants most recent application or report embodying this informatio	on, as			

9. Would a Commision 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).	⊗	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:				
 Individual Unincorporated Association Partnership Corporation Governmental Entity Other (please specify) 				

12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Rebecca S. Bryan		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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