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: TVRO Renewal Murray, NY

1. Applicant						
Name:	TIME WARNER ENTERTAINMENT COMPANY LP	Phone Number:	703–345–3549			
DBA Name	:	Fax Number:	703–345–3503			
Street:	13241 Woodland Park Road	E–Mail:	don.sambol@twcable.com			
City:	Herndon	State:	VA			
Country:	USA	Zipcode:	20171 –			
Attention:	Don Sambol					

act			
Name:	don sambol	Phone Number:	7033453549
Company:	time warner cable	Fax Number:	7033453503
Street:	13241 woodland park road	E-Mail:	don.sambol@twcable.com
City:	herndon	State:	VA
Country:	USA	Zipcode:	20171 – 3000
Contact Title:	fcc complilance engineer	Relationship:	Engineer

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4. Is a fee submitted with this application?			
• 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			
• Other(please explain):			

5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number	(b)Date Issued
SESREG1994113000197	1995–04–14 00:00:00.0
(c)Call Sign	(d)Location
E950084	Murray, NY

(e)Nature of Service domestic fixed satellite	(f)Class of Station Receive Only Earth Station (CGO)		
(g)Expiration Date 2004–11–30 00:00:00.0	Petition to reinstate:		
6. Note any changes such as discontinuance of use of a frequency, or of a type of emission or of a transmitter which have been made since the las application covering this station was filed: na			

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?	 Yes No N/A
If YES when:	
(b) If this is a Multipoint Distribution Service (MDS) station, is there a ownership interest in control by, affiliation with, or leasing arrangement with a cable television company?	 Yes No N/A
8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer applicant's relation to the station, or financial responsibility; that applicants most recent application or report embo identified below, is to be considered as a part of this application, and the truth of the statements therein contained is here any further exceptions, not already covered in question 6 or 7. File Number NA Date	dying this information, 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 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:		

- Individual
- Unincorporated Association
- Partnership
- O Corporation
- Governmental Entity
- O Other (please specify)

12. Please supply any need attachments.

1:	2:		3:
CERTIFICATION			
13. Typed Name of Person Signing Jeffrey M king14. Title of Person Signing executive 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).			ATIONAUTHORIZATION

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