FORM 312–R APPLICATION FOR RENEWAL OF RADIO LICENSE IN SPECIFIED SERVICES FOR OFFICIAL USE ONLY

$APPLICANT\ INFORMATION \textbf{Enter a description of this application to identify it on the main menu:} \\ RENEWAL-E940477$

1. Applicant

Name:

D'Lomar Productions **Phone Number:** 731–668–8232

DBA Name: Fax Number: 731–664–6314

Street: 7 Greenbriar Cove E–Mail: prolinksat@bellsouth.net

City: Jackson State: TN

Country: USA Zipcode: 38305 -

Attention: Douglas L. Viar

2. Contact	<u>+</u>					
2. Contact	l					
	Name:	David A. O'Connor	Phone Num	ber:	202-828-1889	
	Company:	Holland & Knight LLP	Fax Number	:	202-955-5564	
	Street:	2099 Pennsylvania Avenue, N.W.	E-Mail:		david.oconnor@hklaw.com	
		Suite 100				
	City:	Washington	State:		DC	
	Country:	USA	Zipcode:		20006 – 6801	
	Contact	Attorney	Relationship) :	Legal Counsel	
	Title:					
DEMENT	AL INICODA	(ATION)				
	AL INFORM					
3. Rulepai	rt under which	this filing is made Rulepart 25				
		h this application?	11. 4	e e	(AT CERC (* 1111)	
-				for fee exemption	(see 47 C.F.R.Section 1.1114).	
700	rnmental Entit	*	onal licensee			
Other	(please explai	n):				
• •		ewal of license in exact conformit	y with the			
existing li	cense as speci	fied below:				
(a)File Number			(b	(b)Date Issued		
SESLIC1994081500804 1995–02):00.0	
(c)Call Sign				(d)Location		
E940477				VARIOUS		

(e)Nature of Service DOMESTIC FIXED	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)					
(g)Expiration Date 2005–02–03 00:00:00.0	Petition to reinstate:	tion to reinstate:				
6. Note any changes such as discontinuance of use of a frequency, or of a application covering this station was filed: NONE	a type of emission or of a transmitter which have been made	since 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?	YesNoN/A				
If YES when:						
(b) If this is a Multipoint Distribution Service (MDS) station, is there a c 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 orga applicant's relation to the station, or financial responsibility; that application 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 SESLIC1994081500804 Date 02/03/1995	ants most recent application or report embodying this inform	nation, as				

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact? If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311: If NO, Explain briefly why not: Renewal of this Earth station is categorically excluded from environmental processing pursuant to Section 1.1306 of the Commission's rules.	000	Yes No N/A
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). 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.	⊚ ○	Yes No

11. Designate Appropriate Classification:

0	ndividual Individual								
0	Unincorporated Association								
0	Partnership								
•	Corporation								
0	Governmental Entity								
0	Other (please specify)								
12. Please supply any need attachments.									
1:		2:		3:					
CERTIFICATION									
13. Typed Name of Person Signing Douglas L. Viar			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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