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: Renewal Application for E950068.

1. Applicant

Name: Entravision Holdings, LLC **Phone Number:** 310–447–3870

DBA Name: Fax Number: 310–447–3899

Street: 2425 Olympic Blvd. E–Mail:

Suite 6000 West

City: Santa Monica State: CA

Country: USA Zipcode: 90404 -

Attention: Walter F. Ulloa

2. Contac	et					
	Name:	Barry A. Friedman	Phone Nun	ıber:	202-331-8800	
	Company:	Thompson Hine LLP	Fax Numbe	er:	202-331-8339	
	Street:	1920 N Street, NW	E-Mail:		barry.friedman@thompsonhine.co	
		Suite 800				
	City:	Washington State:			DC	
	Country:	Country: USA Zipcod			20036 –	
Contact Title:		Esq. Relation		p:	Legal Counsel	
	THE.					
RENEW	AL INFORM	ATION				
3. Rulepa	art under which	this filing is made Rulepart	25			
		h this application?				
			•	n for fee exempti	on (see 47 C.F.R.Section 1.1114).	
•	ernmental Entit	•	ducational licensee			
O Othe:	r(please explai	n):				
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* *	ation is for ren icense as speci		formity with the			
(a)File Number			((b)Date Issued		
SESMOD2003111801665				1995-02-03 00:00:00.0		
(c)Call Sign E950068				(d)Location		
E9300	uo			2905 S. King Rd., Santa Clara, CA		

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)				
(g)Expiration Date 2005–02–03 00:00:00.0	Petition to reinstate:				
6. Note any changes such as discontinuance of use of a frequency, or of a application covering this station was filed: NONE	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? Yes No N/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 applicate 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-20031118-01665Date 01/06/2004	ants most recent application or report embodying 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?	0	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).		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) Limited Liability Company					

12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Walter F. Ulloa		14. Title of Person Signing Chairman and Chief Executive Officer					
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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