# 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 E950308

1. Applicant							
	Name:	Kelly Broadcasting Systems, Inc	Phone Number:	973-736-0800			
	<b>DBA Name:</b>		Fax Number:	973–736–5185			
	Street:	414 Eagle Rock Avenue	E-Mail:	MKelly@kbs-tv.com			
		Suite 200					
	City:	W. Orange	State:	NJ			
	<b>Country:</b>	USA	Zipcode:	07052 –			
	Attention:	Michael Kelly					

#### 2. Contact Name: Pantelis Michalopoulos **Phone Number:** 202-429-6494 Steptoe & Johnson LLP Fax Number: **Company:** 202-429-3902 Street: 1330 Connecticut Ave., NW E-Mail: pmichalo@steptoe.com City: Washington DC State: **Country:** USA Zipcode: 1795 20036 \_ Attention: **Relationship:** Legal Counsel

### **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
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
SESLIC1995050301067	1995–09–08 00:00:00.0
(c)Call Sign	(d)Location
E950308	San Antonio, TX
(e)Nature of Service	(f)Class of Station
Domestic Fixed Satellite Service	Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2005–09–08 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	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?	0	Yes No			
If YES when:	•	N/A			
(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?	<ul><li>Yes</li><li>No</li><li>N/A</li></ul>				
8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer of control or changes in the applicant's relation to the station, or financial responsibility; that applicants most recent application or report embodying this information, as identified below, is to be considered as a part of this application, and the truth of the statements therein contained is hereby reaffirmed. Note here any further exceptions, not already covered in question 6 or 7. File Number SES–T/C–20011205–02312Date 04/23/2002					

<ul> <li>9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?</li> <li>If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:</li> <li>If NO, Explain briefly why not: The earth station is located in a secured facility to protect the public from radiation exposure. Further, the transmitter will be turned off when it is necessary for maintenance personnel to occupy high exposure areas of the antenna.</li> </ul>	0	Yes No N/A
<ul> <li>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).</li> <li>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.</li> <li>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.</li> </ul>	@ 0	Yes No

11. Designate Appropriate Classification:

O Individual					
O Unincorporated Association	Unincorporated Association				
• Partnership	Partnership				
Corporation	Corporation				
• Governmental Entity	Governmental Entity				
Other (please specify)					
12. Please supply any need attachments.					
1:	2:		3:		
CERTIFICATION					
13. Typed Name of Person Signing David K. Moskowitz		14. Title of Person Signing Executive Vice President and General Counsel			
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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