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 of E960143

1. Applicant

Name: SportsChannel Chicago Associates Phone Number: 516–803–4812

DBA Name: 516–803–4755

Street: 200 Jericho Quadrangle E-Mail: khgoorin@rainbow-media.com

City: Jericho State: NY

Country: USA Zipcode: 11753 -

Attention: Mr Kenneth Goorin

2. Contact					
Name:	Christopher R. Bjornson	Phone Number:	202-434-7477		
Company:	Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.	Fax Number:	202-434-7400		
Street:	701 Pennsylvania Avenue, N.W.	E-Mail:	crbjornson@mintz.com		
	Suite 900				
City:	Washington DC	State:	DC		
Country:	USA	Zipcode:	20004 –		
Attention:	Christopher R. Bjornson	Relationship:	Legal Counsel		
4. Is a fee submitted wi If Yes, complete an Governmental Enti Other(please explain	d attach FCC Form 159. If No, in ty Noncommercial education		exemption (see 47 C.F.R.Section 1.1114).		
5. Application is for reresting license as spec		y with the			
(a)File Number SESLIC1996020601	831	` ′	(b)Date Issued 1996-05-03 00:00:00.0		
c)Call Sign E960143			(d)Location Various		

(e)Nature of Service Domestic FIxed Earth Station	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)				
(g)Expiration Date 2006–04–12 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: n/a	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?					
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 org applicant'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-20050309-00299 Date 03/23/2005					

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	○ ◎	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).	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:					
O Individual O Unincorporated Association					
Partnership					
O Corporation O Governmental Entity					
Other (please specify)					

12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Kenneth Goorin		14. Title of Person Signing VP Associate 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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