## 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: E960495 renewal Sept 2006

1. Applicant

Name: GlobeCast North America

**Phone Number:** 

305-863-1183

Incorporated

**DBA Name:** 

Fax Number:

305-341-4436

**Street:** 

7291 NW 74th Street

E-Mail:

Andy.Ostrow@globecastna.com

City:

Miami

State:

FL

**Country: Attention:** 

USA

Andrew Ostrow

Zipcode:

33166

2. Contact

Name: Joseph Belisle Phone Number: 3055301322

Company: Leibowitz & Associates PA Fax Number: 3055309417

Street: 1 SE 3rd Ave. E–Mail: jabelisle@broadlaw.com

Ste. 1450

City: Miami State: FL

Country: USA Zipcode: 33131 -

Attention: Joseph Belisle Relationship: Legal Counsel

# RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4. Is a fee submitted with this application?

■ 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
SESLIC1996080800658	1996–10–25 00:00:00.0
(c)Call Sign	(d)Location
E960496	7291 NW 74th Street, Medley, FL 33166
(e)Nature of Service Domestic/International Fixed Satellite	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2006–10–25 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:  None	a type of emission or of a transmitter which have	e been made sin	nce 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  O	Yes No N/A		
8. Applicant represents that there has been no change in applicant's organ 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 SES-ASG-19980428-00506 Date 06/24/1998	ants most recent application or report embodying	g this informati	on, 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: There is no access to areas where RF levels exceed levesl permitted for human exposure.		
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:		
<ul> <li>Individual</li> <li>Unincorporated Association</li> <li>Partnership</li> <li>Corporation</li> <li>Governmental Entity</li> <li>Other (please specify)</li> </ul>		

## 12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Andrew Ostrow		14. Title of Person Signing Secretary and General Counsel					
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