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 E970355

1. Applicant

Name:

International Sound Corporation **Phone Number:** 410–484–2244

DBA Name: Fax Number: 410–484–2499

Street: 7130 Milford Industrial Road E–Mail: dsnyder@isctv.com

City: Pikesville State: MD

Country: USA Zipcode: 21208 -

Attention: Mr David Snyder

2. Contac	2 Contact					
2. Contac	·					
	Name:	David Snyder	Phone Number:	410-484-2244		
	Company:	International Sound Corporation	Fax Number:	410–484–2499		
	Street:	7130 Milford Industrial Road	E-Mail:	dsnyder@isctv.com		
	City:	Pikesville	State:	MD		
	Country:	USA	Zipcode:	21208 –		
	Attention:		Relationship:	Same		

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4.	Is a fee submitted with this application		_
0	If Yes, complete and attach FCC For	159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).	
o	Governmental Entity None	ommercial educational licensee	
0	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
SESLIC1997061200770	1997–08–08 00:00:00.0
(c)Call Sign	(d)Location
E970355	Various
(e)Nature of Service FSS	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2007–08–08 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 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?	Yes No N/A		
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 orga applicant's relation to the station, or financial responsibility; that applic 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-LIC-19970612-00770Date 08/08/2007	ants most recent application or report embodying this information	ion, 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:	o ⊛ o	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).		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) International Sound Corporation 		

12. Please supply any need attachments.

1:	2:		3:	
CERTIFICATION				
13. Typed Name of Person Signing David Snyder		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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