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 – E970317 – Reinstatement

1. Applicant

Tampa Bay Television Inc

Phone Number:

813-354-2828

DBA Name:

Fax Number:

813-873-2828

Street:

Name:

4045 North Himes Ave

E-Mail:

mdoback@scripps.com

City:

Tampa

State:

FL

Country:

USA

Zipcode:

33607

Attention:

Mr Michael Doback

2. Contac	et			
	Name:	Kenneth C. Howard Jr.	Phone Number:	202-861-1580
	Company:	Baker & Hostetler LLP	Fax Number:	202-8611783
	Street:	1050 Connecticut Avenue, NW	E-Mail:	khoward@bakerlaw.com
		Suite 1100		
	City:	Washington	State:	DC
	Country:	USA	Zipcode:	20036 – 5304
	Attention:		Relationship:	Legal Counsel

RENEWAL INFORMATION

. Rulepart under which this filing is made	Rulepart 25		
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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).		
0	Governmental Entity Noncommerci	al 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
SESLIC1997051300633	1997–07–18 00:00:00.0
(c)Call Sign	(d)Location
E970317	Tampa, FL
(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2007–07–18 00:00:00.0	Petition to reinstate: Justification			
6. Note any changes such as discontinuance of use of a frequency, or of application covering this station was filed:	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	O N			
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 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 Date	ants most recent application or report embodying this information,	as		

9. Would a Commision grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	000	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 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) 		

12. Please supply any need attachments.

1:	2:		3:	
CERTIFICATION				
13. Typed Name of Person Signing Michael Doback		4. Title of Person Signing Vice President/Engineering		
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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