## 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: Port O'Connor, TX TVRO Renewal E870892

1. Applicant

Name: Time Warner Entertainment – P

**Phone Number:** 703–345–3549

Advance/Newhouse Partnership

**DBA Name:** Fax Number: 703–345–3503

Street: 13241 Woodland Park Road E–Mail: Don.Sambol@TWCable.Com

City: Herndon State: VA

**Country:** USA **Zipcode:** 20171 – 3000

**Attention:** Don Sambol

2. Contact					
Name:	Time Warner Entertainment – Advance/Newhouse Partnership	Phone Number:	703–345–3549		
Company:		Fax Number:	703–345–3503		
Street:	13241 Woodland Park Road	E–Mail:	Don.Sambol@TWCable.Com		
City:	Herndon	State:	VA		
Country:	USA	Zipcode:	20171 – 3000		
Attention:	Don Sambol	Relationship:	Engineer		
<ul><li>3. Rulepart under which</li><li>4. Is a fee submitted with</li></ul>	th this application?				
			e exemption (see 47 C.F.R.Section 1.1114).		
Governmental Enti	•	onal licensee			
Other(please expla	in): 				
5. Application is for rerexisting license as spec		ty with the			
(a)File Number SESRWL199709030	01239	` '	(b)Date Issued 1997–09–12 00:00:00.0		
(c)Call Sign E870892			(d)Location Port O'Connor, TX		

(e)Nature of Service	(f)Class of Station				
Domestic Fixed Satellite	Receive Only Earth Station (CGO)				
(g)Expiration Date	Petition to reinstate:				
2007-09-25 00:00:00.0					
6. Note any changes such as discontinuance of use of a frequency, or of a application covering this station was filed:	a type of emission or of a transmitter which have been made si	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			
	C	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				
with, or leasing arrangement with a cable television company:	O 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 Date	ants most recent application or report embodying this informat	tion, as			

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	<b>○</b> <b>◎</b>	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 Raj Kumar		14. Title of Person Signing Assistant Secretary					
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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