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 -- E873608

1. Applicant

NBC Telemundo License Co.

Phone Number:

202-637-4535

DBA Name:

Fax Number:

202-637-4530

Street:

Name:

1299 Pennsylvania Avenue, NW

E-Mail:

bill.lebeau@nbcuni.com

City:

Washington

State:

DC

Country:

USA

Zipcode:

20004

Attention:

F William LeBeau

2. Contact			

Name: NBC Telemundo License Co. Phone Number: 202–637–4535

Company: Fax Number: 202–637–4530

Street: 1299 Pennsylvania Avenue, NW E-Mail: bill.lebeau@nbcuni.com

City: Washington State: DC

Country: USA Zipcode: 20004 -

Attention: F William LeBeau **Relationship:**

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

1	Ic a	faa	cuhmittad	with	thic	application?
4.	is a	ree	submitted	with	unis	addition?

- If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
- 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		
SESRWL1997090201231	1997–09–12 00:00:00.0		
(c)Call Sign	(d)Location		
E873608	Continental US		
(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)		

(g)Expiration Date 2007–09–18 00:00:00.0	Petition to reinstate:	
6. Note any changes such as discontinuance of use of a frequency, or of a application covering this station was filed:	type of emission or of a transmitter which have been made since the l	ast
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 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-20031113-01756Date 12/17/2003	ants most recent application or report embodying this information, as	e

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	CERTIFICATION				
13. Typed Name of Person Signing F. William LeBeau 14. Title of Person Signing Assistant Secretary			ing		
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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