## 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: Application for Renewal Authority

1. Applicant

Name: HESS COMMUNICATIONS Phone Number: 202–434–4282

CORP

**DBA Name:** Fax Number: 202–434–4646

Street: SUITE 500 WEST E-Mail: buckley@khlaw.com

1001 G STREET NW

City: Washington State: DC

Country: USA Zipcode: 20001 -

**Attention:** Elizabeth A Buckley

| 2. Comaci | 2. | Contact |
|-----------|----|---------|
|-----------|----|---------|

Name: Douglas Jarrett Phone Number: 202–434–4180

Company: Keller and Heckman LLP Fax Number: 202–434–4646

Street: 1001 G Street, NW E-Mail: jarrett@khlaw.com

Suite 500 W

City: Washington State: DC

Country: USA Zipcode: 20001 -

Attention: Douglas Jarrett Relationship: Legal Counsel

# RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

| 4. Is a fee submitted with this app. | lication? |
|--------------------------------------|-----------|
|--------------------------------------|-----------|

- O 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   |
| SESRWL1997112101657  | 1997–12–05 00:00:00.0  |
| (c)Call Sign   | (d)Location  |
| E873639  | Fredericksted, St. Croix, VI   |
| (e)Nature of Service Domestic Fixed Satellite  | (f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX) |

| (g)Expiration Date<br>2007–12–11 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:  Not Applicable   | 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 No   |
|  | N/A  |
| If YES when:   |  |
| (b) If this is a Multipoint Distribution Service (MDS) station, is there a cwith, or leasing arrangement with a cable television company?  | ownership interest in control by, affiliation Yes                        |
|  | o No<br>o N/A  |
|  | <b>3</b>   |
| 8. Applicant represents that there has been no change in applicant's orga applicant's relation to the station, or financial responsibility; that applicate 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-RWL-19971121-01657Date 12/05/1997 | 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<br>No<br>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).  | <b>⊗</b> | Yes<br>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<br>Nicholas P. Brountas  |    | 14. Title of Person Signing In House Counsel |    |  |  |
| 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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