## 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 K24 Ku Band E880596

1. Applicant

Name: Production & Satellite Services,

**Phone Number:** 

702-798-0101

Inc.

**DBA Name:** 

Fax Number:

702-895-7484

**Street:** 

4415 Wagon Trail Ave

E-Mail:

rnewell@pssiglobal.com

City:

Las Vegas

State:

NV

**Country:** 

USA

Zipcode:

89118

**Attention:** 

Mr Ronald M Newell

2. Contact										
Name:	Production & Satellite Services, Inc.	Phone Number	702–798–0101 x1824							
Company	y <b>:</b>	Fax Number:	702-895-7484							
Street:	4415 Wagon Trail Ave	E–Mail:	rnewell@pssiglobal.com							
City:	Las Vegas	State:	NV							
Country:	USA	Zipcode:	89118 –							
Attention	Ronald M Newell	Relationship:	Same							
RENEWAL INFOR	RMATION									
3. Rulepart under wh	ich this filing is made Rulepart 25									
4. Is a fee submitted	* *	ndiasta ressan fa	r for evenution (see 47 C FD Section 1 1114)							
<ul> <li>If Yes, complete and attach FCC Form 159.</li> <li>If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li> <li>Governmental Entity</li> <li>Noncommercial educational licensee</li> </ul>										
<b>T</b> 01 / 1	• •	onar neensee								
Other(please explain):										
E A 11 .1 . 6	1 (1)									
5. Application is for renewal of license in exact conformity with the existing license as specified below:										
(a)File Number SESLIC1998091101250			(b)Date Issued 1998–12–07 00:00:00.0							
			(d)Location							
(c)Call Sign E880596		` ′	Various							
		1								

(e)Nature of Service Comestic Fixed Satellite	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)				
(g)Expiration Date 2008–12–07 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:	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 render the Station not operational?					
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 orgapplicant'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					

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).	<b>⊗</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:					
<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 Robert C Lamb		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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