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: KA274 Renewal

1. Applicant

Name: GlobeCast America Incorporated **Phone Number:** 954–514–5205

DBA Name: Fax Number: 954–514–5222

Street: 13801 NW 14th Street E–Mail: Andy.Ostrow@globecast.com

City: Sunrise State: FL

Country: USA Zipcode: 33323 -

Attention: Mr Andrew A Ostrow

2. Comaci	2.	Contact
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Name: Joseph Belisle Phone Number: 3055301322

Company: Leibowitz & Associates Fax Number: 3055309417

Street: 4400 Biscayne Blvd E–Mail: jabelisle@broadlaw.com

Ste 880

City: Miami State: FL

Country: USA Zipcode: 33137 -

Attention: Relationship: Legal Counsel

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4. Is a fee submitted with this app.	lication?
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- 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
SESRWL1999022500279	1999–04–21 00:00:00.0
(c)Call Sign	(d)Location
KA274	Slymar, Los Angles, CA
(e)Nature of Service International Fixed Sattelite	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2009–03–01 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: None noted	type of emission or of a transmitter which have been made since the la
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 orga 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-19980825-0118 Date 12/16/1998	ants most recent application or report embodying this information, as

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact? If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311: If NO, Explain briefly why not: Access is restricted to areas where RF fields exceed permissible level for human exposure.	○ ○ ○	Yes No N/A
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). 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.	⊗ ○	Yes No
11. Designate Appropriate Classification:		
o Individual		
O Unincorporated Association		
O Partnership		
© Corporation		
Governmental Entity		
Other (please specify)		

12. Please supply any need attachments.

1:	2:		3:		
CERTIFICATION					
13. Typed Name of Person Signing Andrew A. Ostrow		14. Title of Person Signing Vice 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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