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: Renew Eufaula, AL TVRO License

1. Applicant						
Name:	Bright House Networks, LLC	Phone Number:	727–329–2976			
DBA Name:	:	Fax Number:	727–329–2909			
Street:	700 Carillon Parkway	E-Mail:	chris.feathers@mybrighthouse. com			
	Suite 1					
City:	St. Petersburg	State:	FL			
Country:	USA	Zipcode:	33716 –			
Attention:	Mr Chris Feathers					

2. Contact					
Name:	Chris Feathers	Phone Number:	727–329–2976		
Company:	Bright House Networks	Fax Number:	727–329–2909		
Street:	700 Carillon Parkway	E-Mail:	chris.feathers@mybrighthouse.		
	Suite 1				
City:	St. Petersburg	State:	FL		
Country:	USA	Zipcode:	33716 –		
Attention:	Chris Feathers	Relationship:	Engineer		
4. Is a fee submitted wit If Yes, complete and Governmental Entit Other(please explain	d attach FCC Form 159. If N y Noncommercial edu	acational licensee	nption (see 47 C.F.R.Section 1.1114).		
5. Application is for ren existing license as speci		rmity with the			
(a)File Number SESRWL1999111602	2071	1 3 7	(b)Date Issued 1979–12–10 00:00:00.0		
(c)Call Sign WX52		(d)Location Eufaula, AL			

(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Receive Only Earth Station (CGO)			
(g)Expiration Date 2009–12–10 00:00:00.0	Petition to reinstate:			
6. Note any changes such as discontinuance of use of a frequency, or o application covering this station was filed: N/A	f a type of emission or of a transmitter which have been made	e 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 randar the Station not energtional?	- V.		
(a) Has there been removal of equipment of alteration of facilities as	to render the Station not operationar?	YesNoN/A		
If YES when:				
(b) If this is a Multipoint Distribution Service (MDS) station, is there with, or leasing arrangement with a cable television company?	a ownership interest in control by, affiliation Yes No N/A			
8. Applicant represents that there has been no change in applicant's or applicant's relation to the station, or financial responsibility; that applied identified below, is to be considered as a part of this application, and there any further exceptions, not already covered in question 6 or 7. File Number N/A Date	cants most recent application or report embodying this inform	mation, as		

9. Would a Commission 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 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		
O Partnership		
© Corporation		
O Governmental Entity		
Other (please specify)		

12. Please supply any need attachments.

1:	2:		3:	
CERTIFICATION				
13. Typed Name of Person Signing Chris Feathers		14. Title of Person Signing Director of Technical Operations		
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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