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: WD58 Renewal Application

1. Applicant						
Name:	The Christian Broadcasting Network, Inc.	Phone Number:	757–226–5764			
DBA Na	me:	Fax Number:	757–226–5770			
Street:	977 Centerville Turnpike	E-Mail:	Randy.Morell@legal.cbn.org			
City:	Virginia Beach	State:	VA			
Country	: USA	Zipcode:	23463 –			
Attentio	n: Randy J. Morell, Esq					

lame:	Marshall Nute	Phone Number:	757-226-3004
ompany:	The Christian Broadcasting Network, Inc.	Fax Number:	757–226–3013
treet:	977 Centerville Turnpike	E-Mail:	marshall.nute@cbn.org
	CSB 203		
City:	Virginia Beach	State:	VA
ountry:	USA	Zipcode:	23463 –
Attention:	Marshall Nute	Relationship:	Same

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4	4. Is a fee submitted with this application?				
•	If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).				
4	o Governmental Entity o 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
SESMOD2004022400266	2004–04–15 00:00:00.0
(c)Call Sign	(d)Location
WD58	Virginia Beach, VA

(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)
(g)Expiration Date 2010-03-24 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: N/A	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:	N/A	
(b) If this is a Multipoint Distribution Service (MDS) station, is there a ownership interest in control by, affiliation with, or leasing arrangement with a cable television company?	n Ves No N/A	
8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer applicant's relation to the station, or financial responsibility; that applicants most recent application or report emb identified below, is to be considered as a part of this application, and the truth of the statements therein contained here any further exceptions, not already covered in question 6 or 7. File Number SES–T/C–19970228–00316Date 06/13/1997	oodying 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?	0 0	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: See Attachment B		
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).	@ 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:		

- Individual
- Unincorporated Association
- Partnership
- Corporation
- Governmental Entity
- O Other (please specify)

12. Please supply any need attachments.

1: Att. A–Ownership	2: Att. B-Environment	al	3:	
CERTIFICATION				
13. Typed Name of Person Signing Michael D. Little14. Title of Person Signing President and Chief Operating Officer				
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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