### 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 E900263

1. Applicant								
I	Name:	SPACENET SERVICES LICENSE SUB, INC.	Phone Number:	703-848-1000				
] ]	DBA Name:		Fax Number:	703-848-1184				
5	Street:	1750 OLD MEADOW ROAD	E-Mail:	lesley.cooper@spacenet.com				
	City:	MCLEAN	State:	VA				
	Country:	USA	Zipcode:	22102 –				
	Attention:	Lesley Cooper						

Name:	Lesley Cooper	Phone Number:	703-848-1188
Company:	Spacenet Services License Sub, Inc.	Fax Number:	703-848-1184
Street:	1750 Old Meadow Road	E–Mail:	lesley.cooper@spacenet.com
City:	McLean	State:	VA
Country:	USA	Zipcode:	22102 –
Attention:	Lesley Cooper	<b>Relationship:</b>	Legal Counsel

## 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).					
	Governmental Entity	• Noncommercia	al 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
SESMOD2008092901258	2008-11-18 00:00:00.0
(c)Call Sign	(d)Location
E900263	CONUS,AK,HI,PR,VI

(e)Nature of Service Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)				
(g)Expiration Date 2010–07–13 00:00:00.0	Petition to reinstate:				
6. Note any changes such as discontinuance of use of a frequency, or of a type of emission or of a transmitter which have been made since the last application covering this station was filed: none					

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?			000	Yes No N/A
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?	ŏ	Yes 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 embodidentified below, is to be considered as a part of this application, and the truth of the statements therein contained is here any further exceptions, not already covered in question 6 or 7. File Number SES–MOD–20080929–01258Date 11/18/2008	dying	this info	rmatio	on, as

<ul><li>9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environment impact?</li><li>If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:</li></ul>	•	0 0 0	Yes No N/A
If NO, Explain briefly why not: The renewal of the VSAT antennas which are the subject of this application does not fall we the scope of actions that may have a significant environmental effect for which EAs must be prepared, as described in 47 Cl 1.1307.			
10. Certification: The applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of fed benefits pursuant to section 5301 of Anti–Drug Abuse Act of 1988, 21 U.S.C. 853a, or, in the case of a nonindividual applic g., corporation, partnership or other unincorporated association), no party to the application is subject to denial of federal be 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 regular 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.	cant (e. enefits atory	-	Yes No

11. Designate Appropriate Classification:

O Individual						
• Unincorporated Association	Unincorporated Association					
• Partnership	Partnership					
Corporation	Corporation					
• Governmental Entity						
Other (please specify)						
12. Please supply any need attachments.						
1:	2:		3:			
CERTIFICATION						
13. Typed Name of Person Signing Lesley Cooper		14. Title of Person Signing Senior 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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