FORM 312–R APPLICATION FOR RENEWAL OF RADIO LICENSE IN SPECIFIED SERVICES FOR OFFICIAL USE ONLY

$APPLICANT\ INFORMATION \textbf{Enter a description of this application to identify it on the main menu:}$

License Renewal

1. Applicant

Comcast of Greater

Phone Number:

215-286-1700

Florida/Georgia, Inc.

Fax Number:

215-286-1022

Street:

DBA Name:

Name:

One Comcast Center

E-Mail:

Sheila_Smith@cable.comcast.com

1701 John F. Kennedy Boulevard

City:

Country:

Philadelphia

USA

State:

Zipcode:

PA

19103

- 2838

Attention:

Ms Sheila Smith

2. Contact					
Name:	Sheila Smith	Phone Nun	mber: 215–286–7454		
Company	Comcast Cable Communications, Inc.	Fax Numb	Der: 215–286–1022		
Street:	One Comcast Center	E–Mail:	sheila_smith@cable.comcast.com		
City:	Philadelphia	State:	PA		
Country:	USA	Zipcode:	19103 –		
Attention:	Sheila Smith	Relationsh	hip: Same		
RENEWAL INFOR	MATION				
3. Rulepart under which	ch this filing is made Rulepart 73				
4. Is a fee submitted w If Yes, complete a Governmental Entropy Other(please explain	nd attach FCC Form 159. If No, in tity Noncommercial education		on for fee exemption (see 47 C.F.R.Section 1.1114).		
5. Application is for reexisting license as spe	•	y with the			
(a)File Number SESRWL2000071001154			(b)Date Issued 2000–07–19 00:00:00.0		
(c)Call Sign E2117			(d)Location Jacksonville, FL		

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Receive Only Earth Station (CGO)				
(g)Expiration Date 2010–07–07 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:					
(b) If this is a Multipoint Distribution Service (MDS) station, is there a c 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 applicate 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 SESRWL2000071001154 Date 07/01/2010	ants most recent application or report embodying this information, as				

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).	⊗	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 Other (please specify) 					

12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Sheila Smith		14. Title of Person Signing Compliance Manager						
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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