## 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: E900627 Renewal Application – August 2010

1. Applicat	nt			
	Name:	Televicentro of Puerto Rico, LLC	Phone Number:	787–792–4444
	<b>DBA Name:</b>		Fax Number:	
	Street:	PO Box 362050	E-Mail:	
	City:	San Juan	State:	PR
	<b>Country:</b>	USA	Zipcode:	00936 – 2050
	Attention:	Jose E. Ramos		

Name:	John W. Bagwell	Phone Number:	202-416-6767
Company:	Lerman Senter PLLC	Fax Number:	
Street:	2000 K Street, NW	E-Mail:	jbagwell@lermansenter.com
	Suite 600		
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 –
Attention:	John W. Bagwell	<b>Relationship:</b>	Legal Counsel

# **RENEWAL INFORMATION**

3. Rulepart under which this filing is made Rulepart 25

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
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
SESRWL2000091901768	2000–10–06 00:00:00.0
(c)Call Sign	(d)Location
E900627	Cerr La Santa, Patillas, PR
(e)Nature of Service	(f)Class of Station
Domestic Fixed Satellite	Receive Only Earth Station (CGO)

(g)Expiration Date 2010–10–19 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: No changes.					

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:					
(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?	<ul><li>Yes</li><li>No</li><li>N/A</li></ul>				
8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer of control or changes in the applicant's relation to the station, or financial responsibility; that applicants most recent application or report embodying this information, as identified below, is to be considered as a part of this application, and the truth of the statements therein contained is hereby reaffirmed. Note here any further exceptions, not already covered in question 6 or 7. File Number SES-T/C-20031110-01598Date 11/21/2003					

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: License renewal only; no technical modification requested.		
<ul> <li>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).</li> <li>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</li> </ul>	@ 0	Yes No
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
- Unincorporated Association
- O Partnership
- Corporation
- Governmental Entity
- Other (please specify) Limited Liability Company

#### 12. Please supply any need attachments.

1: 2:			3:
CERTIFICATION			
13. Typed Name of Person Signing Jose E. Ramos14. Title of Person Signing Vice President of Sole Member			
WILLFUL FALSE STATEMENTS M (U.S. Code, Title 18, Secti (U.S. Code, Title 47, Sect	on1001), AND/OR REV	OCATION OF ANY STA	ATIONAUTHORIZATION

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