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

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

License Renewal

1. Applicant

The Comcast Network, LLC

Phone Number:

215-286-7454

DBA Name:

Fax Number:

215-286-1022

Street:

Name:

One Comcast Center

E-Mail:

sheila_smith@cable.comcast.com

City:

Philadelphia

State:

PA

Country:

USA

Zipcode:

19103

Attention:

Ms Sheila Smith

2. Contact						
Name:	Sheila Smith	Phone Number: Fax Number: E-Mail:		215–286–7454		
Company:	Comcast Cable Communications, Inc.			215–286–1022 sheila_smith@cable.comcast.com		
Street:	One Comcast Center					
City:	Philadelphia	State:		PA		
Country:	USA	Zipcode:		19103 –		
Attention:	Sheila Smith	Relationship:		Same		
RENEWAL INFORM	MATION					
3. Rulepart under which	ch this filing is made Rulepart 73					
4. Is a fee submitted w		ndicata reasc	on for foe exempti	on (see 47 C.F.R.Section 1.1114).		
			-	on (see 47 C.F.R.Section 1.1114).		
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Other(please expla						
5. Application is for re existing license as spec	· · · · · · · · · · · · · · · · · · ·	y with the				
(a)File Number SESLIC2000080301300		(b)Date Issued 2000–09–20 00:00:00.0				
(c)Call Sign E000423			(d)Location Various			

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)				
(g)Expiration Date 2010–09–20 00:00:00.0	Petition to reinstate:				
6. Note any changes such as discontinuance of use of a frequency, or of application covering this station was filed: N/A	a type of emission or of a transmitter which have	e been made sin	nce 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	0 ⊗ 0	Yes No N/A			
If YES when:					
(b) If this is a Multipoint Distribution Service (MDS) station, is there a with, or leasing arrangement with a cable television company?	ownership interest in control by, affiliation	No			
8. Applicant represents that there has been no change in applicant's org applicant's relation to the station, or financial responsibility; that applic 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 SESLIC2000080301300 Date 08/20/2010	cants most recent application or report embodying	g this informati	on, 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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