## 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:

Renew Satellite Earth Station E910250 for WLTX Columbia, SC

1. Applicant

Name: Pacific and Southern Company,

**Phone Number:** 

703-854-6899

Inc.

**DBA Name:** 

Fax Number:

703-854-2031

**Street:** 

c/o Gannett Co., Inc.

E-Mail:

lcarducc@gannett.com

7950 Jones Branch Dr.

City:

McLean

State:

VA

**Country:** 

USA

Zipcode:

22107

**Attention:** 

Linda Carducci

Contact					
Name:	Pacific and Southern Company, Inc.	Phone Number:	703-854-6899		
Company:		Fax Number:	703-854-2031		
Street:	c/o Gannett Co., Inc.	E-Mail:	lcarducc@gannett.com		
	7950 Jones Branch Dr.				
City:	City: McLean State		VA		
Country:	USA	Zipcode:	22107 –		
Attention:	Linda Carducci	Relationship:	Legal Counsel		
. Is a fee submitted wi	* *	indicate reason for fee exem	nption (see 47 C.F.R.Section 1.1114).		
Governmental Enti	Noncommercial education	ional licensee			
Other(please expla	in):				
. Application is for reaxisting license as spec		ty with the			
n)File Number SESMOD2002013100113		(b)Date Issued 2002–04–03	(b)Date Issued 2002–04–03 00:00:00.0		
c)Call Sign		(d)Location			
E910250		Columbia SC	Columbia SC		

(e)Nature of Service Satellite Earth Station	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)			
(g)Expiration Date 2011–04–05 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: No changes	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 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 application 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 SESMOD2002013100113 Date 04/05/2011	ants most recent application or report embodying 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?  If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:  If NO, Explain briefly why not: No environmental impact	000	Yes No N/A	
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).  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.	0	Yes No	
11. Designate Appropriate Classification:			
<ul> <li>Individual</li> <li>Unincorporated Association</li> <li>Partnership</li> <li>Corporation</li> <li>Governmental Entity</li> <li>Other (please specify)</li> </ul>			

## 12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Todd A. Mayman		14. Title of Person Signing Secretary					
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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