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:

CNN America, Inc. — Renewal of Transmit SES E010079

1. Applicant

Name: CNN America, Inc. Phone Number:

404-827-1767

DBA Name:

Fax Number:

Street: One CNN Center

E-Mail:

junan.gibson@turner.com

City:

Atlanta

State:

Zipcode:

GA

30303

Country:

USA

USA

Attention: Junan Gibson

2. Contact					
Name:	Russell H. Fox	Phone Number:	202-434-7483		
Company:	Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.	Fax Number:	202–434–7400		
Street:	Suite 900	E–Mail:	rfox@mintz.com		
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20004 –		
Attention:	Russell Fox	Relationship:	Legal Counsel		
4. Is a fee submitted wi If Yes, complete an Governmental Enti Other(please explain	d attach FCC Form 159. If Note ty Noncommercial educ		emption (see 47 C.F.R.Section 1.1114).		
	,				
5. Application is for rer existing license as spec		mity with the			
(a)File Number SESLIC2001032000	Tile Number ESLIC2001032000540		(b)Date Issued 2001–05–31 00:00:00.0		
(c)Call Sign E010079		(d)Location 5 Penn Pla	(d)Location 5 Penn Plaza, New York, NY 10001		

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)				
(g)Expiration Date 2011–05–31 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:	a type of emission or of a transmitter which have been made since	e 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 orgapplicant's relation to the station, or financial responsibility; that application dentified 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 SES-ASG-20090911-01152 Date 11/23/2009	cants most recent application or report embodying this information	n, as			

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: Continuation of existing operations.					
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 pursuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).	0	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:					
O Individual					
O Unincorporated Association					
O Partnership					
© Corporation					
O Governmental Entity					
Other (please specify)					

12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing James Robertson		14. Title of Person Signing VP, IT Infrastructure & Broadcast Transmisssions					
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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