## 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: Renewal of E910311

1. Applicant

Name: Satcom Systems, Incorporated **Phone Number:** 818–775–9740

**DBA Name:** Fax Number: 818–885–1882

Street: 9400 Lurline Avenue, Unit B **E–Mail:** william.coulter@bakermckenzie.

com

City: Chatsworth State: CA

**Country:** USA **Zipcode:** 91311 – 6022

**Attention:** Mr Tom D Soumas Jr

2. Contact					
Name:	William K. Coulter	Phone Number:	202-835-6136		
Company:	Baker & McKenzie LLP	Fax Number:	202-416-7138		
Street:	815 Connecticut Avenue, N.W.	E–Mail:	william.coulter@bakermckenzie. com		
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20006 –		
Attention:	William K. Coulter	Relationship:	Legal Counsel		
<ul> <li>4. Is a fee submitted wi</li> <li>If Yes, complete an</li> <li>Governmental Enti</li> <li>Other(please expla</li> </ul>	th this application? d attach FCC Form 159. If No, ity  Noncommercial educat		exemption (see 47 C.F.R.Section 1.1114).		
5. Application is for rerexisting license as spec		ity with the			
(a)File Number SESRWL200104170	00765	1	(b)Date Issued 2001–04–26 00:00:00.0		
(c)Call Sign E910311		` '	(d)Location Douglas, GA		

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)			
(g)Expiration Date 2011–05–24 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 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 SESRWL2001041700765 Date 04/26/2001	cants most recent application or report embodying this information	n, 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).	<b>⊗</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:				
<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 Tom D. Soumas, Jr.		14. Title of Person Signing President & CEO					
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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