## 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: E861068 License Renewal

1. Applicant

Name: Commonwealth Public

Phone Number:

804-320-1301

DBA Name:

Fax Number:

**Street:** 

23 Sesame Street

**Broadcasting Corporation** 

E-Mail:

City:

Richmond

State:

VA

Country:
Attention:

USA

Zipcode:

23235

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2. Contact						
Name:	Todd M. Stansbury	Phone Number:	202-719-4948			
Company:	Wiley Rein LLP	Fax Number:	202-719-7049			
Street:	1776 K Street, N.W.	E–Mail:	tstansbu@wileyrein.com			
City:	Washington	State:	DC			
Country:	USA	Zipcode:	20006 –			
Attention:		Relationship:	Legal Counsel			
RENEWAL INFORM	IATION					
3. Rulepart under which	n this filing is made Rulepart	: 25				
4. Is a fee submitted wi						
If Yes, complete an	d attach FCC Form 159. If	No, indicate reason for fee ex	xemption (see 47 C.F.R.Section 1.1114).			
Governmental Enti	ty Noncommercial ed	lucational licensee				
Other(please explain	in):					
5. Application is for renewal of license in exact conformity with the						
existing license as specified below:		<b>,</b>				
(a)File Number		(b)Date Iss	(b)Date Issued			
SESLIC2001062001130		2001–09	2001-09-13 00:00:00.0			
(c)Call Sign	c)Call Sign		(d)Location			
E861068		Richmon	Richmond, VA			
(e)Nature of Service		1 ` '	(f)Class of Station			
Domestic Fixed		Fixed Sa	Fixed Satellite Transmit/Receive Earth Station (CGX)			

(g)Expiration Date 2011–09–13 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:	type of emission or of a transmitter which have been made since the la				
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 applic 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 SES-T/C-20071012-01415 Date 11/20/2007	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?	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 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 Mark Spiller		14. Title of Person Signing Vice President for Engineering						
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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