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:

TBS Inc. — Renewal of T/R SES E920013

1. Applicant

Name: TURNER BROADCASTING

Phone Number:

404-827-1767

SYSTEM INC

DBA Name:

Fax Number:

404-827-4233

Street:

ONE CNN CENTER

E-Mail:

junan.gibson@turner.com

105366

City: ATLANTA

State:

GA

Country:

USA

Zipcode:

30348

5366

Attention:

Junan Gibson

. 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:	701 Pennsylvania Avenue, N.W.	E-Mail:	rfox@mintz.com	
	Suite 900			
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20004 –	
Attention:	Russell Fox	Relationship:	Legal Counsel	
Is a fee submitted with If Yes, complete and Governmental Entity Other(please explain	d attach FCC Form 159. If No, it		xemption (see 47 C.F.R.Section 1.1114).	
. Application is for ren xisting license as speci		ty with the		
File Number SESRWL2001101501893		\ '	(b)Date Issued 2001–10–18 00:00:00.0	
c)Call Sign E920013			(d)Location 1050 Techwood Dr. Atlanta, Fulton, GA	

(e)Nature of Service	(f)Class of Station				
Domestic Fixed Satellite Service	Fixed Satellite Transmit/Receive Earth Station (CGX)				
(g)Expiration Date 2011–12–06 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: None	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?					
	O 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 Yes				
with, of leasing arrangement with a cable television company:	O 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 applicate 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 SES-RWL-20011015-01893Date 10/12/2001					

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: Continuance 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					
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 and Broadcast Transmissions						
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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