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: Elizabeth City, NC TVRO Renewal WH21

1. Applicant

Name: Time Warner NY Cable LLC **Phone Number:** 703–345–3549

DBA Name: Fax Number:

Street: 13820 Sunrise Valley Drive E–Mail: Don.Sambol@TWCable.Com

City: Herndon State: VA

Country: USA **Zipcode:** 20171 – 3000

Attention: Don Sambol

2. Contact					
Name:	Time Warner NY Cable LLC	Phone Num	ber: 7	703–345–3549	
Company:		Fax Number	: :		
Street:	13820 Sunrise Valley Drive	E–Mail:	Ι	Don.Sambol@TWCable.Com	
City:	Herndon	State:	\	VA.	
Country:	USA	Zipcode:	2	20171 – 3000	
Attention:	Don Sambol	Relationship): E	Engineer	
RENEWAL INFORM	MATION				
3. Rulepart under which	h this filing is made Rulepart 25				
4. Is a fee submitted wi	**	indicata rassan	for foe evenntian (see	47 C.F.R.Section 1.1114).	
Governmental Enti			for rec exemption (see -	77 C.F.K.Section 1.1114).	
Other(please expla	• •	donar neensee			
O other(preuse enpire					
5. Application is for renewal of license in exact conformity with the existing license as specified below:		nity with the			
(a)File Number		(b	(b)Date Issued		
SESRWL200109210	SESRWL2001092101780		2001–12–04 00:00:00.0		
(c)Call Sign		(d	(d)Location		
WH21			Elizabeth City, NC		
(e) Nature of Service		(f	(f)Class of Station Receive Only Forth Station (CGO)		
Domestic Fixed Satellite			Receive Only Earth Station (CGO)		

(g)Expiration Date 2011–12–04 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 the	ne 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 applicate 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 Date	ants most recent application or report embodying this information, a	ıs			

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 Don Sambol		14. Title of Person Signing FCC Compliance Engineer					
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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