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 E010265

1. Applicant

Name: KTRK Television, Inc. Phone Number: 212–456–7777

DBA Name: Fax Number: 212–456–6202

Street: 77 West 66th Street, 16th Floor E-Mail: David.N.Artim@abc.com

City: New York State: NY

Country: USA **Zipcode:** 10023 - 6298

Attention: John W Zucker Esq

2. Contact					
Name:	KTRK Television, Inc.	Phone Number:	212–456–7777		
Company:		Fax Number:	212-456-6202		
Street:	77 W 66th Street, 16th Floor	E–Mail:	David.N.Artim@abc.com		
City:	New York	State:	NY		
Country:	USA	Zipcode:	_		
Attention:	John W. Zucker, Esq.	Relationship:	Legal Counsel		
4 Is a fee submitted w	ith this application?				
4. Is a fee submitted with a liftyes, complete ar		. indicate reason for fee exer	mption (see 47 C.F.R.Section 1.1114).		
Governmental Ent					
Other(please expla					
5. Application is for re- existing license as spec		nity with the			
(a)File Number SESLIC2001100901	File Number SESLIC2001100901886		(b)Date Issued 2001–11–30 00:00:00.0		
(c)Call Sign E010265		(d)Location Various			

(f)Class of Station

Fixed Satellite Transmit/Receive Earth Station (CGX)

(e)Nature of Service

Domestic Fixed

(g)Expiration Date 2011–11–30 00:00:00.0	Petition to reinstate:					
6. Note any changes such as discontinuance of use of a frequency, or of a application covering this station was filed: None	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?						
	● No					
	O N/A					
If YES when:						
(b) If this is a Multipoint Distribution Service (MDS) station, is there a c with, or leasing arrangement with a cable television company?	● No					
	O 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 application 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-20031118-01648 Date 03/15/2005	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: Renewal Only – no change – existing facility – no construction required					
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 David S. Converse		14. Title of Person Signing Vice President & Director of 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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