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:

Rochester, NY DSNG mobile uplink renewal E020046

1. Applicant

Name: Time Warner Entertainment –

Phone Number:

703-345-3549

DBA Name:

Fax Number:

Street:

13820 Sunrise Valley Drive

Advance/Newhouse Partnership

E-Mail:

Zipcode:

Don.Sambol@TWCable.Com

City:

Herndon

USA

State:

VA

20171

3000

Attention:

Country:

Don Sambol

2. Contact							
Name:	Time Warner Entertainment – Advance/Newhouse Partnership	Phone Number:	703–345–3549				
Company	•	Fax Number:					
Street:	13820 Sunrise Valley Drive	E–Mail:	Don.Sambol@TWCable.Com				
City:	Herndon	State:	VA				
Country:	USA	Zipcode:	20171 – 3000				
Attention	:	Relationship:	Engineer				
RENEWAL INFORMATION							
3. Rulepart under whi	ch this filing is made Rulepart 25						
4. Is a fee submitted v							
If Yes, complete a	and attach FCC Form 159. If No, i	indicate reason for fee exem	ption (see 47 C.F.R.Section 1.1114).				
Governmental En	tity Noncommercial education	ional licensee					
Other(please expl	lain):						
5. Application is for renewal of license in exact conformity with the existing license as specified below:							
(a)File Number		(b)Date Issued					
SESLIC2002021900274		2002-04-17	2002-04-17 00:00:00.0				
c)Call Sign		(d)Location					
E020046	20046 Rochester, NY						

(e)Nature of Service	(f)Class of Station			
Domestic fixed satellite	Mobile Satellite Earth Stations (CGB)			
(g)Expiration Date	Petition to reinstate:			
2012-04-15 00:00:00.0				
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	n made sir	nce 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?				
		0	No	
		◉	N/A	
If YES when:				
(b) If this is a Multipoint Distribution Service (MDS) station, is there a with a place in a great part with a g	ownership interest in control by, affiliation Yes	i		
with, or leasing arrangement with a cable television company?				
	N/A	4		
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 Date	ants most recent application or report embodying this	informati	on, as	

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	O () ()	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).		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:				
 Individual Unincorporated Association Partnership Corporation 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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