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: FCC LICENSE RENEWAL

1. Applicant

Name: INTERFACE

Phone Number:

7184638700

COMMUNICATIONS CORP.

Fax Number:

718-886-3783

Street:

DBA Name:

146-25 35TH AVENUE

E-Mail:

dlagos@interfacetv.com

City:

FLUSHING

State:

NY

Country:

USA

Zipcode:

11354

Attention:

MR KIRIAKOS LAGOS

2. Contact					
Name:	Dimitrios Lagos	Phone Number:	7185413413		
Company:	Operation Manager	Fax Number:			
Street:	146–25 35th Ave	E–Mail:	dlagos@interfacetv.com		
City:	Flushing	State:	NY		
Country:	USA	Zipcode:	11354 –		
Attention:	: Relationship:				
Governmental Enti	th this application? d attach FCC Form 159. If ty Noncommercial e	f No, indicate reason for fee	e exemption (see 47 C.F.R.Section 1.1114).		
Other(please explain	.n <i>)</i> :				
5. Application is for rer existing license as spec		formity with the			
(a)File Number SESLIC2002071201)File Number SESLIC2002071201138		(b)Date Issued 2002–09–13 00:00:00.0		
(c)Call Sign E020190			(d)Location FLUSHING, NY		

(f)Class of Station Mobile Satellite Earth Stations (CGB)

(e)Nature of Service
DOMESTIC FIXED SATELLITE SVC

(g)Expiration Date 2017–09–13 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:	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?					
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?	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 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 SESLIC2002071201138 Date 08/14/2017	nization and that there has been no transfer of control or changes in the ents most recent application or report embodying this information, as				

9. Would a Commision 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 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 KIRIAKOS LAGOS		14. Title of Person Signing PRESIDENT					
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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