## 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:

WK25 – DeFuniak Springs FL Renewal App

1. Applicant

Name: Bright House Networks, LLC

**Phone Number:** 303–323–1423

**DBA Name:** 

Fax Number:

**Street:** 12405 Powerscourt Drive

E-Mail:

CharterFCC@charter.com

City:

St. Louis

State:

MO

**Country:** 

USA

Zipcode:

63131

**Attention:** 

Alexis Anderten

2. Contact					
Name:	Bright House Networks, LLC	Phone Num	<b>nber:</b> 303–323–1423		
Company:		Fax Numbe	er:		
Street:	12405 Powerscourt Drive	E–Mail:	charterfcc@charter.com		
City:	St. Louis	State:	МО		
Country:	USA	Zipcode:	63131 –		
Attention:	Alexis Anderten	Relationshi	ip: Same		
RENEWAL INFORM	MATION				
3. Rulepart under which	h this filing is made Rulepart 25				
4. Is a fee submitted wi	* *				
If Yes, complete an	id attach FCC Form 159. If No,	indicate reason	n for fee exemption (see 47 C.F.R.Section 1.1114).		
Governmental Enti	ty Noncommercial educat	tional licensee			
Other(please expla	in):				
5. Application is for rea	newal of license in exact conform	ity with the			
existing license as spec					
(a)File Number	a)File Number		(b)Date Issued		
SESRWL200304180	41800498		2003-04-18 00:00:00.0		
(c)Call Sign	)Call Sign		(d)Location		
WK25			DeFuniak Springs, FL		
(e)Nature of Service		(1	(f)Class of Station		
Domestic Fixed Satellite Service			Receive Only Earth Station (CGO)		

(g)Expiration Date 2018–04–29 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?					
If YES when:					
(b) If this is a Multipoint Distribution Service (MDS) station, is there a owith, 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 Date	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 with Request to Correct Coordinates						
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						
O Corporation						
O Governmental Entity						
Other (please specify) Limited Liability Company						

## 12. Please supply any need attachments.

1: RQ for Corrections	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Stephen Flessner		14. Title of Person Signing Manager, FCC Relations						
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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