## 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: EARTH STATION RENEWAL E030068 (CBS News)

1. Applicant

Name: **CBS** Communications Services **Phone Number:** 

Fax Number:

202-457-4074

Inc. **DBA Name:** 

202-457-4615

**Street:** 1725 DeSales Street NW E-Mail: dryson@cbs.com

Suite 501

USA

City: Washington State: Zipcode: DC

20036

4426

**Attention:** 

**Country:** 

Mr Daniel G Ryson

2. Contact								
Name:	CBS Communications Services Inc.	Phone Nu	mber:	202-457-4074				
Company: Fax Nun		Fax Numb	er:	202-457-4615				
Street:	1725 DeSales Street NW	E-Mail:		dryson@cbs.com				
	Suite 501							
City:	Washington	State:		DC				
Country:	USA	Zipcode:		20036 – 4426				
Attention:		Relationsh	ււթ։	Engineer				
RENEWAL INFORM	MATION							
3. Rulepart under which	h this filing is made Rulepart 25							
4. Is a fee submitted wi		. 1.	0 0	. / 45 CED C / 1111				
T			on for fee exemp	tion (see 47 C.F.R.Section 1.1114).				
Governmental Enti	•	ional licensee						
Other(please explain	in):							
5. Application is for renewal of license in exact conformity with the existing license as specified below:								
(a)File Number			(b)Date Issued					
SESLIC2003032700387			2003-06-11 00:00:00.0					
(c)Call Sign			(d)Location					
E030068			Various					

(e)Nature of Service Domestic Fixed Satelite	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)			
(g)Expiration Date 2018–06–11 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: None	a type of emission or of a transmitter which have been made since the	e 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 org applicant's relation to the station, or financial responsibility; that applic 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 SESLIC2003032700387 Date 06/11/2003	ants most recent application or report embodying this information, as	S		

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: No changes since license was issued.				
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).	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 Andrew Siegel		14. Title of Person Signing Assistant Secretary					
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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