## 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:

E030084 – Renewal and Request for Reinstatement

1. Applicant

WXTV License Partnership, G.P.

**Phone Number:** 

310-348-3600

**DBA Name:** 

Name:

Fax Number:

Street: 59

5999 Center Drive **E–N** 

E-Mail:

cwood@univision.net

City:

Los Angeles

State:

CA

**Country:** 

USA

Zipcode:

90045

**Attention:** 

Christopher G Wood

12	2. Contact		
1			

Name:Ann West BobeckPhone Number:2026625719Company:Covington & Burling LLPFax Number:2027785719

Street: One CityCenter E–Mail: abobeck@cov.com

850 Tenth Street, NW

City: Washington State: DC

Country: USA Zipcode: 20001 -

Attention: Ann West Bobeck Relationship: Legal Counsel

# RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

1	Ic o foo	gubmittad	with this	annliantion?
4.	is a ree	subminea	with this	application?

- If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
- Governmental Entity Noncommercial educational licensee
- Other(please explain):

5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number	(b)Date Issued
SESLIC2003041600492	2003–05–29 00:00:00.0
(c)Call Sign	(d)Location
E030084	Teaneck, NJ
(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2018–05–29 00:00:00.0	Petition to reinstate: Attachment 1
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?  Yes  No  N/A
If YES when:	
(b) If this is a Multipoint Distribution Service (MDS) station, is there a county with, or leasing arrangement with a cable television company?	whership 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 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-20110607-00662 Date 08/12/2011	nization and that there has been no transfer of control or changes in the nts 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?  If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:  If NO, Explain briefly why not:	<b>○ ◎ ○</b>	Yes No N/A
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:		
<ul> <li>Individual</li> <li>Unincorporated Association</li> <li>Partnership</li> <li>Corporation</li> <li>Governmental Entity</li> <li>Other (please specify)</li> </ul>		

## 12. Please supply any need attachments.

1:	2:		3:	
CERTIFICATION				
13. Typed Name of Person Signing Christopher G. Wood		14. Title of Person Signing SVP ASSOC GEN COUN GOV AND REG AFF		
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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