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: WFTV, LLC

1. Applicant

Name: WFTV, LLC Phone Number: 407–841–9000

DBA Name: Fax Number:

Street: 490 E. South Street E–Mail: Jeff.Juniet@wftv.com

City: Orlando State: FL

Country: USA Zipcode: 32801 -

Attention: Director of Engineering

2. Contact					
Name:	Name: Christina Burrow		202–776–2687		
Company:	Cooley LLP	Fax Number:			
Street:	1299 Pennsylvania Avenue, NW Suite 700	E–Mail:	cburrow@cooley.com		
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20004 –		
Attention:	Christina Burrow	Relationship:	Legal Counsel		
RENEWAL INFORMATION 3. Rulepart under which					
4. Is a fee submitted w If Yes, complete a Governmental Ent Other(please explain	nd attach FCC Form 159. If No, it ity Noncommercial education		nption (see 47 C.F.R.Section 1.1114).		
5. Application is for re existing license as spec		ry with the			
(a)File Number		(b)Date Issued	(b)Date Issued		

5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number	(b)Date Issued
SESLIC2004060900814	2004–08–02 00:00:00.0
(c)Call Sign	(d)Location
E040266	Orlando, FL
(e)Nature of Service Fixed	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2019–08–02 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: N/A	type of emission or of a transmitter which have been made since	ce 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 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 organ 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-ASG-20161129-00915 Date 12/13/2016	ants most recent application or report embodying this informatio	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? If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311: If NO, Explain briefly why not: Renewal of license	0 0	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:				
O Individual				
O Unincorporated Association				
O Partnership				
Corporation				
Governmental Entity				
Other (please specify) Limited Liability Company				

12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Paul Curran		14. Title of Person Signing Market Vice 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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