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: Form 312–R Renewal for E050030

1. Applicant

Name: Graham Media Group, San Antonio, Inc.

Phone Number:

210-351-1251

DBA Name:

Fax Number:

Street: 1408 NORTH ST. MARY'S

E-Mail:

fdaniels@ksat.com

STREET

City: SAN ANTONIO

State:

TX

Country: USA

Zipcode:

78215

Attention:

Frank Daniels

2. Contact			

Name: Jennifer Johnson, Esq. Phone Number: 202–662–5552

Company: Covington & Burling LLP Fax Number: 202–778–5552

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

850 Tenth Street, N.W.

City: Washington State: DC

Country: USA Zipcode: 20001 -

Attention: Relationship: Legal Counsel

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

1	Ic o	foo	cubmitted	with	thic	application?
4.	is a	ree	submitted	with	unis	application?

- If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
- 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
SESREG2005020300144	2005–03–11 00:00:00.0
(c)Call Sign	(d)Location
E050030	San Antonio, TX
(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Receive Only Earth Station (CGO)

(g)Expiration Date 2020-02-03 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? Yes No N/A
If YES when:	
(b) If this is a Multipoint Distribution Service (MDS) station, is there a o 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-20070709-00911 Date 07/11/2007	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 Only; No Physical Changes Being Proposed		
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		
© Corporation		
Governmental Entity		
Other (please specify)		

12. Please supply any need attachments.

1:	2:		3:	
CERTIFICATION				
13. Typed Name of Person Signing Frank Daniels		14. Title of Person Signing Director of Technology		
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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