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: Renewal of Call Sign E850127

1. Applicant

Name: ITC Global Phone Number: 281–501–4733

DBA Name: Fax Number:

Street: 3430 S. Sam Houston Pkwy. E. **E–Mail:** Ellenann.sands@itcglobal.com

Suite 500

City: Houston State: TX

Country: USA Zipcode: 77047 -

Attention: EllenAnn Sands

2. Contac	t			
	Name:	Carlos M. Nalda	Phone Number:	571-332-5626
	Company:	LMI Advisors	Fax Number:	
	Street:	2550 M Street, NW	E-Mail:	cnalda@lmiadvisors.com
		Suite 300		

City: Washington **State:** DC

Zipcode: **Country:** USA 20036

Attention: Relationship:

RENEWAL INFORMATION

Rulepart 25 3. Rulepart under which this filing is made

4.	Is a fee submitted with this	application?		
6	If Yes, complete and attack	h FCC Form 159.	If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).	
C	Governmental Entity	Noncommerci	al educational licensee	
c	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
SESMFS2009061200727	2009–07–28 00:00:00.0
(c)Call Sign	(d)Location
E850127	Houston, TX
(e)Nature of Service Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2021–09–19 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: Remove the decommissioned SATMEX-5 satellite as a point of commun	•				
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-AMD-20210203-00215Date 02/03/2021	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?	○ ◎ ○	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 of earth station license at existing teleport facility		
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		
Unincorporated Association		
O Partnership O 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 EllenAnn Sands		14. Title of Person Signing Vice President, Senior Counsel		
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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