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: E940275 CBS News Renewal

1. Applicant

Name: CBS Broadcasting Inc. Phone Number: 202–457–4505

DBA Name: Fax Number: 202–457–4615

Street: 1725 DeSales St. NW E–Mail: dryson@cbs.com

Suite 501

City: Washington State: DC

Country: USA Zipcode: 20036 -

Attention: Mr Daniel G Ryson

2. Contact				
Name:	CBS Broadcasting Inc.	Phone Number:	202-457-4505	
Company:		Fax Number:	202-457-4615	
Street:	1725 DeSales St. NW	E-Mail:	dryson@cbs.com	
	Suite 501			
City:	Washington	State:	DC	

20036

Attention: Relationship:

RENEWAL INFORMATION

Country:

USA

3. Rulepart under which this filing is made Rulepart 23

Zipcode:

4.	Is a fee submitted with this application		_
0	If Yes, complete and attach FCC For	159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).	
o	Governmental Entity None	ommercial educational licensee	
0	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
SESMOD2010080601016	2010–09–21 00:00:00.0
(c)Call Sign	(d)Location
E940275	Silver Spring, MD
(e)Nature of Service Domestic Fixed Satelite	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2019–07–15 00:00:00.0	Petition to reinstate:			
6. Note any changes such as discontinuance of use of a frequency, or of a type of emission or of a transmitter which have been made since the la application covering this station was filed: None				
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 c 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 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 SESMOD2010080601016 Date 09/21/2010	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: No changes since original license 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).	⊚ ○	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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