## 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: KB32 RENEWAL REQUEST ATT

1. Applicant

**Name:** AT&T Corp. **Phone Number:** 202–457–2030

**DBA Name:** Fax Number: 214–486–8185

Street: 1120 20th Street, NW E-Mail: ola.oyefusi@att.com

Suite 1000

City: Washington State: DC

Country: USA Zipcode: 20036 -

**Attention:** Mr Ola Oyefusi

Name: CECIL J. MATHEW Phone Number:  Company: AT&T Fax Number:  Street: 208 S AKARD STREET E-Mail:  ROOM 2100  City: DALLAS State:  Country: USA Zipcode:  Attention: Relationship:  RENEWAL INFORMATION  8. Rulepart under which this filing is made Rulepart 25  4. Is a fee submitted with this application?  If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption of Governmental Entity Noncommercial educational licensee  Other(please explain):	AT&T Fax Number:  208 S AKARD STREET E-Mail: FCCMW@ATT.COM  ROOM 2100  DALLAS State: TX  TY: USA Zipcode: 75202 -  ion: Relationship:  ORMATION  which this filing is made Rulepart 25  ed with this application?  the and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).  Entity Noncommercial educational licensee	. Contact			
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(F).					

5. Application is for renewal of license in exact conformity with the existing license as specified below:		
(a)File Number	(b)Date Issued	
SESMOD2018101703682	2020–08–04 00:00:00.0	
(c)Call Sign	(d)Location	
KB32	1700 SOUTH BARDMAN AVE MALIBU, LA CA	
(e)Nature of Service DOMESTIC & INTERNATIONAL	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)	

(g)Expiration Date 2021-04-04 00:00:00.0	Petition to reinstate:		
6. Note any changes such as discontinuance of use of a frequency, or of application covering this station was filed: UPDATED SYSTEM PARAMETERS & CL	a type of emission or of a transmitter which have been made since the las		
Items 7(a) and (b) apply to Part 21 licenses only.	and and a Station and an autional 2		
7(a) Has there been removal of equipment or alteration of facilities as to	o 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 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 org applicant's relation to the station, or financial responsibility; that applic 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 Date			

9. Would a Commision 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:		
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).	<b>⊗</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:		
<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: KB32 REQUEST RENEWAL 2: RF HAZARD STUD		DY KB32	3:				
CERTIFICATION							
13. Typed Name of Person Signing MIKE HARGROVE		14. Title of Person Signing VP–ACE					
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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