## 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 E860103 WABC and Network C-Band Receive Only

1. Applicant

Name: American Broadcasting

**Phone Number:** 

212-456-6686

Companies, Inc.

Fax Number:

686-456-6202

Street:

**DBA Name:** 

77 West 66th Street, 16th Floor

E-Mail:

Grace.Kavadoy@disney.com

City:

New York

State:

NY

**Country:** 

USA

Zipcode:

10023

6298

**Attention:** 

Grace Kavadoy

2. Contact					
Name:	American Broadcasting Companies, Inc.	Phone Number:	212-456-6686		
Company	:	Fax Number:	686-456-6202		
Street:	77 West 66th Street, 16th Floor	E–Mail:	Grace.Kavadoy@disney.com		
City:	New York	State:	NY		
<b>Country:</b>	USA	Zipcode:	10023 – 6298		
Attention	: John W. Zucker, Esq.	Relationship:	Legal Counsel		
4. Is a fee submitted v	and attach FCC Form 159. If No, intity  Noncommercial education		nption (see 47 C.F.R.Section 1.1114).		
	·· ,				
5. Application is for rexisting license as spe		ty with the			
(a)File Number SESMOD2018101	704171	` /	(b)Date Issued 2020–09–17 00:00:00.0		
(c)Call Sign E860103		(d)Location 30 West 67t	(d)Location 30 West 67th Street, NY, NY		

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Receive Only Earth Station (CGO)				
(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:  None	a type of emission or of a transmitter which have been made since th	ie 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					
If YES when:	No No N/A	<b>A</b>			
(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 th here any further exceptions, not already covered in question 6 or 7. File Number SES-T/C-20181211-03433 Date 03/20/2019	eants most recent application or report embodying this information, as	.S			

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:			
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			
O Governmental Entity			
Other (please specify)			

## 12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing John W. Zucker, Esq.		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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