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 License E960197

1. Applicant

Name: Hispanic Information and

Phone Number:

646-731-3630

Telecommunications Network, Inc.

DBA Name: Fax Number:

212-966-5725

Street: 63 Flushing Avenue

E-Mail:

Jguerra@HITN.org

Unit 281

City: Brooklyn

State:

NY

Country:

USA

Zipcode:

11205

Attention:

Jonathan Guerra

Contact					
Contact					
Name:	Evan Carb	Phone Number:	202–293–2555		
Company:	Law Offices of Evan D Carb, PLLC	Fax Number:			
Street:	1200 New Hampshire Ave, NW	E-Mail:	Carblaw@verizon.net		
	Suite 600				
City:	City: Washington		DC		
Country:	USA	Zipcode:	20036 –		
Attention:		Relationship:	Legal Counsel		
Is a fee submitted with If Yes, complete and		indicate reason for fee exen	nption (see 47 C.F.R.Section 1.1114).		
Governmental Entit		ional licensee			
Other(please explai	n):				
. Application is for ren		ty with the			
File Number SESMOD2009081100989		` '	(b)Date Issued 2010–03–16 00:00:00.0		
c)Call Sign		(d)Location			
E960197		Building 29	Building 292, Navy Yard, Brooklyn, NY		

(e)Nature of Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX) Petition to reinstate:				
Fixed Satellite					
(g)Expiration Date					
2021-05-24 00:00:00.0					
6. Note any changes such as discontinuance of use of a frequency, or of application covering this station was filed:	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.					
7(a) Has there been removal of equipment or alteration of facilities as to	o render the Station not operational? Yes				
	No				
	O 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				
with, of leasing arrangement with a cable television company:	O 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).	⊗	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:					
 Individual Unincorporated Association Partnership Corporation Governmental Entity Other (please specify) 					

12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Jonathan Guerra		14. Title of Person Signing General 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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