

UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION

FOR FCC USE ONLY	0013-EX-TC-2000

**PART I - APPLICATION FOR CONSENT TO TRANSFER CONTROL OF CORPORATION HOLDING STATION LICENSE**  
(This application must be filed before Transfer of Control takes place)

1.(a) Name of corporate licensee XM Satellite Radio Inc.		
(b) Number and street address 1500 Eckington Place, NE		
(c) City Washington	(d) State DC	(e) ZIP Code 20002
2. Internet address: www.xmradio.com		3. Taxpayer Identification Number 521805102
4. Call sign and radio service of each station WB2XCA - File No. 0199-EX-PL-1999 - Experimental License		

5.(a) Fee Type Code EAE	(b) Fee Multiple 1	(c) Fee Due \$ 45.00	FOR FCC USE ONLY
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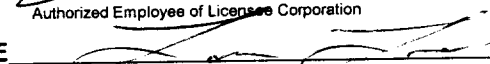
6. Name(s) and Address(es) of Transferee XM Satellite Radio Inc.			
7. Subsequent to the Transfer of Control, will the licensee corporation be the same corporate entity? That is, will it retain its present name, corporate charter, State of incorporation, etc.? If "NO", give details on Page 3.		YES X	NO
8. Subsequent to the Transfer of Control, will the licensee corporation be a representative of any foreign government? If "YES", give details on Page 3.			X

<b>9. THIS SECTION TO BE ANSWERED ONLY BY LICENSEES OF PUBLIC COAST, AIRPORT CONTROL TOWER, AERONAUTICAL ENROUTE, AERONAUTICAL FIXED, OR COMMON CARRIER ALASKA PUBLIC FIXED STATIONS. SUBSEQUENT TO THE TRANSFER OF CONTROL:</b>		
(a) Will any officer or director of such corporation be an alien? If "YES", see Instruction 6.	YES	NO
(b) Will more than 1/5 of the capital stock be either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", see Instruction 6.	N/A	
(c) Will the licensee be directly or indirectly controlled by any other corporation? If "YES", answer Items (d) through (h) below.	N/A	
(d) What is the name and address of the corporation in immediate control? N/A		
(e) Under the laws of what State or Country is the controlling corporation organized? N/A		
(f) Is more than 1/4 of the capital stock of controlling corporation either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", give details on Page 3.	YES	NO
(g) Is any officer or more than 1/4 of the directors of the controlling corporation an alien? If "YES", on Page 3 state name, nationality, and position of each, and state the total number of directors, and give a brief biographical statement for each alien.	N/A	
(h) Is the controlling corporation in turn controlled by other companies? If "YES", on Page 3, or a separate sheet of paper, provide information for each of these controlling companies covering information requested in Items (d) through (h).	N/A	

**CERTIFICATION**

- Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise;
- Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons;
- Neither applicant nor any member thereof is a foreign government or representative thereof;
- Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith;
- Neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

SIGNATURE 	DATE July 14, 2000
Authorized Employee of Licensee Corporation	
SIGNATURE 	DATE July 14, 2000
Transferee of Control (Check one)	
<input type="checkbox"/> Individual	<input type="checkbox"/> Partner
<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other (Specify): _____