0011-EX-TV-2003

Approved by OMB 3060-0053 See reverse for public burden estimate

UNITED STATES OF AMERICA FEDERAL COMMUNICATIONS COMMISSION

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 Stratos Offshore Services Company					
(b) Number and street address of corporate licensee					
(c) City	6901 Rockledge Drive, Suite 900 (d) State (e) ZIP Code 20817				
Bethesda	<u>MD</u>				
(f) E-mail address of corporate licensee					
2. Call sign and radio service of each station					
Call sign WB9XUG, Experimental service, Mobile station locations					
File Number 0300-EX-ST-2003					
	14)55	Largen	·· N I (EDND		
3.(a) Fee Type Code EAE	(b) Fee Due \$ 50.00	(c) FCC Registration Number (FRN) 0002147353			
4. (a) Name of transferee		1			
Stratos Global Corporation					
(b) To the attention of: Paul Kugelman, Assistant Corporate Secretary					
(c) Number and street address of transferee					
Paramount Bldg., 41	th Floor, 34 Harvey (e) State	Koad (f) ZIP Code			
St. John's	Newfoundland,		1C 2G1 CANADA		
(g) E-mail address of transferee					
5. Subsequent to the Transfer of Control, will the licensee corporation be the same corporate entity? That is, will it retain its present name,				Yes	No
Corporate charter, State of incorporation, etc.? If "NO" give details on Page 3.				X	
6. Subsequent to the Transfer of Control, will the licensee corporation be a representative of any foreign government? If "YES", give detail					X
on Page 3.					<u> </u>
CERTIFICATION					
* Applicant waives any claim to the use of any particular frequency regardless of prior use by licensee 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 applicant is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5.301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862. Because of a conviction for possession of 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 503).					
9/24)3	
SIGNATURE Authorized Employee of I	icensee Corporation	<u> </u>	DATE		
0/2/				03	
SIGNATURE Transferee of Control (Ch	eck One)		DATE		
☐ Individual ☐	Partner Officer Other	(Specify):			