EXHIBIT NO. 1
DETAILS OF OPERATION

A) **FREQUENCY**

The Transmit Frequency of this transmitter shall be tuned to any frequency from 1626.5 MHz to 1660.5 MHz in 5 KHz increments.

B) **POWER - RF OUTPUT**

The RF output power for each of the discrete frequencies is 11 dbW.

C) **POWER - EIRP**

The Maximum Effective Radiated Power for each of the discrete frequencies from the antenna is 27 dbW.

D) **POWER - MEAN/PEAK**

All power transmitted from each discrete frequency is classified "MEAN" power.

E) **EMISSION**

The emission code for each discrete frequency shall be "G1D".

F) **MODULATION**

Each discrete frequency shall be modulated with 0-QPSK modulation, rate at 8.0 Kbit/s or BPSK modulation, rate at 3.0 Kbit/s.

G) **NECESSARY BANDWIDTH**

The necessary bandwidth of the modulating signal is defined in Inmarsat-M System Definition Module 2, Part 1, Issue 3.0, Figure 5. The necessary bandwidth for each of the discrete frequencies is 10 KHz. This bandwidth shall be expressed as 10K0.

EXHIBIT NO.2

The Magnavox Developed MAGNAPHONE, Model MX3030 is a digital satellite communication system designed to satisfy the Inmarsat-M Maritime Class Mobile Earth Station terminal requirements. The research and development effort by Magnavox includes the design, fabrication, and testing of prototype units that are designed to the Inmarsat M System Definition Manual, Issue 3.0. This application of these Maritime Earth Stations to communicate, via an Inmarsat satellite, to applicable Land and Coast Earth Stations.

Inmarsat-M

land mobile earth station (LMES) commissioning application form

Maritime users should obtain the maritime commissioning application form

Please type or write in BLOCK CAPITALS and forward the form to your national Routing Organization

Do not fill in the area below
RO Office Use Only
RO may use the space for recording notes entered while using the RO ECS

RO Code:

Ctry:

Usage:

Environment:

Industry:

SECTION A APPLICATION DETAILS

Routing organization: COMSAT
Country of registry: USA

LMES use - please tick only one type of use:
mobile __ fixed __ portable ✓ transportable __
(see section C below for installation details which should correspond)

Transaction required - please tick only one transaction type:
(a) ✓ initial LMES commissioning
(b) ____ additional channel in a multi-channel LMES.
for additional channels supply primary (first voice) IMN of primary channel: ____
(c) ____ additional end terminal
(e.g. telephone, fax for addition to existing LMES)

SECTION B USER INFORMATION

Please tick only one box in each column:

type of use or vehicle:		Industry:	
__	remote data collection/control	__	transport/distribution
✓	business/office communications	✓	media
__	truck > 10t	__	telecommunications
__	truck < 10t	__	financial sector
__	coach/bus	__	government
__	car	__	lease/hire
__	rail operations	__	natural resource mgmnt
__	rail passenger use	__	construction/mining
__	inland waterways	__	police/fire/ambulance
__	test and demonstration	__	fuel/power industries
__	education	__	disaster relief
__	containers	__	electronics
__	other	__	other

SECTION C INSTALLATION DETAILS

Complete only one of the following three parts - print or tick as appropriate

Part 1 : MOBILE INSTALLATIONS (on a vehicle):
Vehicle registration number ____
Country of registration ____

Part 2 : FIXED INSTALLATIONS:
Location: ____
Country: ____
Usage: Attended: ____ Unattended: ____
Part of a fixed group: Yes: ____ No: ____

Part 3 : PORTABLE or TRANSPORTABLE TERMINALS:
Will the portable or transportable be used internationally:
Yes: ✓ No: ____

SECTION F PRIMARY CHANNEL SERVICE & EQUIPMENT DETAILS (up to 6 end-terminals)
There is no need to identify facsimile or data equipment which will use a voice channel and switch with voice equipment.
Please use the last page of this form (Section H) for primary channels with more than 6 end-terminals and for all applications for additional (secondary) channels and/or additional end-terminals for existing LMESs.

A FOR SINGLE LMES OR PRIMARY CHANNEL ONLY:

a Manufacturer: MAGNAVOX NAV-COM

b Model: MX 3030

c Inmarsat Serial No: 6 N V 0 0 1 2 4 8 4 3 C
(should not include dots dashes or spaces)

d Software Revision No: V3.03

Do not fill in area below
RO Office Use Only

e Is there a facility for immediate payment by credit card on the LMES (Y/N): N

f Antenna Size: 13.26 in x 16.25 in

INMARSAT MOBILE NUMBER RO to supply one IMN for each specified end-terminal	END-TERMINAL SERVICES name the service for each required end-terminal only one service per end-terminal on each line services should be VOICE, FAX or DATA	PRIVACY INDICATOR (Y/N)
	VOICE	Y
	VOICE	Y
	FAX	Y
	DATA	Y

Do not fill in the area below
RO Office Use Only

SECTION G COMMISSIONING LES DETAILS

Commissioning LES Preferred: SOUTHBURY
Commissioning Date (dd/mm/yy): 30/08/94
Commissioning Site/Ocean Region: WEST Hollywood, CA / West-ALT
Commissioning Agent: MAGNAVOX
Agent's Address: 2829 MARICOPA ST
TORRANCE CA

Town: TORRANCE, CA Post/Zip: 90503
Country: USA Tel. No: (310) 618-1200 Ex 1825
Tlx: Fax: (310) 618-7001

CERTIFICATION and AGREEMENT

The Applicant agrees to comply with the attached Terms and Conditions for the Utilization of the Inmarsat space segment applicable to the land mobile earth station (LMES) described in this Application, and the Routing Organization agrees, pursuant to Article XIV(3) of the Inmarsat Operating Agreement, to be responsible to Inmarsat for such compliance by the LMES.

PRINT Applicant Name: Edward McDonnell

Signature: Date: 8/26/94

PRINT RO Rep. Name:

Signature: Date:

Do not fill in the area below
RO Office Use Only

Applicant:

Onwer:

Licensee:

AAIC:

BE:

SECTION D APPLICANT DETAILS

APPLICANT
Company Name: STEAMROLLER PRODUCTIONS
Contact Name: ED McDONNELL
Address: 1041 NORTH FORMOSA AVE.
SANTA MONICA SOUTH BUILDING #200
WEST HOLLYWOOD, CA 90046
Post/Zip: 90046 Tel. No. (213) 850-2940
Tlx: _____ Fax (213) 850-2935

OWNER
If different from applicant name and address:
Company Name: SAME
Contact Name: _____
Address: _____
_____
_____
Post/Zip: _____ Tel. No. _____
Tlx: _____ Fax _____

LICENSEE
If different from applicant name and address:
Name: SAME
Contact Name: _____
Address: _____
_____
_____
Post/Zip: _____ Tel. No. _____
Tlx: _____ Fax: _____

SECTION E ACCOUNTING AND BILLING DETAILS

ACCOUNTING AUTHORITY (Mandatory):
Name: COMSAT
Code: USA 01

BILLING ENTITY (Optional):
Name: STEAMROLLER PRODUCTION
Address: 1041 NORTH FORMOSA AVE.
SANTA MONICA SOUTH BUILDING #200
Town: WEST HOLLYWOOD, CA Post/Zip: 90046
Country: USA Tel: (213) 850-2940
Tlx: _____ Fax: (213) 850-2935

CREDIT/CHARGE CARD:
Card Type: _____ Number: _____
Card Holder: _____
Expiry Date(mm/yy): _____