Date & Time Filed: Aug 5 2003 3:16:14:960PM File Number: SAT-STA-20030805-00141

Callsign:

FEDERAL COMMUNICATIONS COMMISSION APPLICATION FOR SPACE STATION SPECIAL TEMPORARY AUTHORITY

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APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu:

SBS-4 relocate to 125W

1. Applicant

Name: PanAmSat Licensee Corp. Phone Number: 203–210–8000

DBA Name: Fax Number: 203–210–8001

Street: 20 Westport Road E-Mail:

City: Wilton State: CT

Country: USA Zipcode: 06897 -

Attention: Mr James W Cuminale Esq

2. Contact									
	Name:	Joseph A Godles, Esq.	Phone Nu	mber:	202-429-4900				
	Company:	Goldberg Godles Wiener & Wright	Fax Num	ber:	202-429-4912				
	Street:	1229 19th Street, NW	E-Mail:		jgodles@g2w2.com				
	City:	Washington	State:		DC				
	Country:	USA	Zipcode:		20036 -2413				
	Contact Title:	Attorney	Relations	hip:	Legal Counsel				
(If your application is related to an application filed with the Commission, enter the file number below.) 3. Reference File Number SATSTA2002102400231									
If Yes,Govern	complete and	with this application? attach FCC Form 159. If No, indicate Noncommercial educational lies:):		For fee exemption (see 47	C.F.R.Section 1.1114).				
4b. Fee Classification CRY – Space Station (Geostationary)									
5. Type Re	quest								
Change	ge Station Loca	ation Extend I	Expiration I	Date	O Other				
_	ary Orbit Loca 5 WL	tion		7. Requested Extended E	xpiration Date				

8. Description (If the complete description	n does not appear in this box,	, please go to the end of the	he form to view it in its entirety.)						
See attached request for S	STA to relocate SBS-	-4.							
9. By checking Yes, the undersigned certifies that neither 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 Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.									
10. Name of Person Signing		11. Title of Person Signing							
Kalpak Gude		Associate General Counsel							
12. Please supply any need attachments.		•							
Attachment 1: STA Attachment 2:			Attachment 3:						
	1		l						
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 AUTHORIZATION									
(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).									

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