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File Number: SAT-STA-20040107-00002

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:

STA Request for DIRECTV 5

1. Applicant

|                   |                          |                      |              |
|-------------------|--------------------------|----------------------|--------------|
| <b>Name:</b>      | DIRECTV Enterprises, LLC | <b>Phone Number:</b> | 310-535-5000 |
| <b>DBA Name:</b>  |                          | <b>Fax Number:</b>   |              |
| <b>Street:</b>    | 2230 East Imperial Hwy.  | <b>E-Mail:</b>       |              |
| <b>City:</b>      | El Segundo               | <b>State:</b>        | CA           |
| <b>Country:</b>   | USA                      | <b>Zipcode:</b>      | 90245 -      |
| <b>Attention:</b> |                          |                      |              |

|   |                                       |
|---|---------------------------------------|
| 2. Contact  |                                       |
| <b>Name:</b> James Barker   | <b>Phone Number:</b> 202-637-2200     |
| <b>Company:</b> Latham & Watkins LLP  | <b>Fax Number:</b> 202-637-2201       |
| <b>Street:</b> 555 Eleventh Street, NW<br>Suite 1000  | <b>E-Mail:</b>                        |
| <b>City:</b> Washington   | <b>State:</b> DC                      |
| <b>Country:</b> USA   | <b>Zipcode:</b> 20004 -1304           |
| <b>Contact Title:</b> Legal Counsel   | <b>Relationship:</b> Same             |
| (If your application is related to an application filed with the Commission, enter the file number below.)  |                                       |
| 3. Reference File Number  |                                       |
| 4a. Is a fee submitted with this application?   |                                       |
| <input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114). |                                       |
| <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee  |                                       |
| <input type="radio"/> Other (please explain):   |                                       |
| 4b. Fee Classification    CRY – Space Station (Geostationary)   |                                       |
| 5. Type Request   |                                       |
| <input checked="" type="radio"/> Change Station Location <input type="radio"/> Extend Expiration Date <input type="radio"/> Other                   |                                       |
| 6. Temporary Orbit Location<br>72.5   | 7. Requested Extended Expiration Date |

8. Description (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

NULL

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.  Yes  No

10. Name of Person Signing  
James R. Butterworth

11. Title of Person Signing  
Senior Vice President

12. Please supply any need attachments.

Attachment 1: STA App.

Attachment 2: Exhibit 1

Attachment 3:

**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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