

Date & Time Filed: Aug 26 2004 5:12:34:050PM

File Number: SAT-STA-20040826-00162

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:

Globalstar LLC August 2004 STA Renewal

1. Applicant

| | | | |
|-------------------|---------------------------|----------------------|-----------------------------|
| Name: | Globalstar LLC | Phone Number: | 408-933-4525 |
| DBA Name: | | Fax Number: | 408-933-4960 |
| Street: | 461 S. Milpitas Boulevard | E-Mail: | tony.navarra@globalstar.com |
| City: | Milpitas | State: | CA |
| Country: | USA | Zipcode: | 95035 - |
| Attention: | Mr Anthony J Navarra | | |

| | | | |
|---|--------------------------------|--|----------------------|
| 2. Contact | | | |
| Name: | William D. Wallace | Phone Number: | 202-624-2807 |
| Company: | Crowell & Moring LLP | Fax Number: | 202-628-5116 |
| Street: | 1001 Pennsylvania Avenue, N.W. | E-Mail: | wwallace@crowell.com |
| City: | Washington | State: | DC |
| Country: | USA | Zipcode: | 20004 -2595 |
| Contact Title: | Partner | Relationship: | Legal Counsel |
| (If your application is related to an application filed with the Commission, enter the file number below.) | | | |
| 3. Reference File Number SATSTA2001081000072 | | | |
| 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 CXW – Space Station (Non-Geostationary) | | | |
| 5. Type Request | | | |
| <input type="radio"/> Change Station Location <input checked="" type="radio"/> Extend Expiration Date <input type="radio"/> Other | | | |
| 6. Temporary Orbit Location 1514 km | | 7. Requested Extended Expiration Date 2005-04-23 00:00:00.0 | |

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.)

Please see Attachment 1.

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
Anthony J. Navarra

11. Title of Person Signing
President

12. Please supply any need attachments.

Attachment 1: Attachment 1

Attachment 2:

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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