Date & Time Filed: Dec 5 2005 3:18:59:850PM File Number: SAT-STA-20051205-00260

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: G14 TT&C frequencies at 124.95 WL (Dec 2005)

1. Applicant

Name: PanAmSat Licensee Corp. Phone Number: 202–292–4300

DBA Name: Fax Number: 202–292–4378

Street: 1801 K Street, N.W. E-Mail:

Suite 440

City: Washington State: DC

Country: USA Zipcode: 20006 -

Attention: Mr Kalpak S Gude Esq

2. Contact						
	Name:	Joseph A Godles, Esq.	Phone Number: er & Wright Fax Number:		202–429–4900 202–429–4912	
	Company:	Goldberg Godles Wiener & Wright				
	Street:	1229 19th Street, NW	E-Mail:		jgodles@	2g2w2.com
	City:	Washington	State:		DC	
	Country:	USA	Zipcode:		20036	-2413
	Attention:	Attorney	Relations	hip:	Legal Co	ounsel
application	n. Please enter	related to an application filed with the only one.) aber or Submission ID	e Commissi	ion, enter either the file n	umber or	the IB Submission ID of the related
If Yes,Govern	complete and nmental Entity	with this application? attach FCC Form 159. If No, indic Noncommercial educational li		For fee exemption (see 47	C.F.R.Sec	ction 1.1114).
Other(please explain):				
4b. Fee Cla	assification C	CRY – Space Station (Geostationary)				
5. Type Re	quest					
Chang	ge Station Loca	ation Extend I	Expiration I	Date	O Other	•
•	ary Orbit Loca 4.95 WL	tion		7. Requested Extended E	xpiration	Date

			d to operate the tracking, at that orbital location.
9. By checking Yes, the undersigned to a denial of Federal benefits that in 21 U.S.C. Section 862, because of a	cludes FCC benefits pursuant to conviction for possession or distr	Section 5301 of the Anti–l	Drug Act of 1988,
1.2002(b) for the meaning of "	party to the application" fo	r these purposes.	
	party to the application" fo		
10. Name of Person Signing	party to the application" fo	11. Title of Person Sig Associate General Cou	ning
0. Name of Person Signing Kalpak Gude		11. Title of Person Sig	ning
0. Name of Person Signing Kalpak Gude		11. Title of Person Sig	ning
O. Name of Person Signing Kalpak Gude 2. Please supply any need attachmen	nts.	11. Title of Person Sig	ning Insel
WILLFUL FALSE STATE	nts. Attachment 2:	11. Title of Person Sig Associate General Cou	ning unsel Attachment 3: Y FINE AND / OR IMPRISONMENT

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