Date & Time Filed: Feb 28 2006 3:26:52:263PM File Number: SAT-STA-20060228-00016

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:

PAS-5 STA extension to repoint beam to NZ (Feb 2006)

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: | 202-429-4900 | | | | |
| | Company: | Goldberg, Godles, Wiener & Wright | Fax Number: | 202-429-4912 | | | | |
| | Street: | 1229 19th Street, NW | E–Mail: | jgodles@g2w2.com | | | | |
| | City: | Washington | State: | DC | | | | |
| | Country: | USA | Zipcode: | 20036 – | | | | |
| | Attention: | Attorney | Relationship: | Legal Counsel | | | | |
| | | | | | | | | |
| (If your application is related to an application filed with the Commission, enter either the file number or the IB Submission ID of the related application. Please enter only one.) 3. Reference File Number or Submission ID | | | | | | | | |
| 4a. Is a fee submitted with this application? If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114). | | | | | | | | |
| G Gover | nmental Entity | Noncommercial educations | al licensee | | | | | |
| O Other | (please explain | n): | | | | | | |
| 4b. Fee Classification CRY – Space Station (Geostationary) | | | | | | | | |
| 5. Type Re | equest | | | | | | | |
| Change Station Location Extend Expiration Date Other | | | | | | | | |
| 6. Tempor | ary Orbit Loca | ntion | 7. Requested Ex | ktended Expiration Date | | | | |

| | herein requests ext | tension of its exis | the form to view it in its entirety.) | |
|---|---|--|---|--|
| 9. By checking Yes, the undersigned cert to a denial of Federal benefits that include 21 U.S.C. Section 862, because of a community of the meaning of "part | les FCC benefits pursuant to viction for possession or dist | Section 5301 of the Anti–I tribution of a controlled sub | Drug Act of 1988, | |
| 10. Name of Person Signing Kalpak Gude | | 11. Title of Person Signing Associate General Counsel | | |
| 12. Please supply any need attachments. | | | | |
| Attachment 1: STA extension Attachmen | | | Attachment 3: | |
| | ' | | | |
| (U.S. Code, Title 18 | S, Section 1001), AND/OR R | REVOCATION OF ANY ST | Y FINE AND / OR IMPRISONMENT FATION AUTHORIZATION Code, Title 47, Section 503). | |

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