Date & Time Filed: Jun 28 2007 4:19:26:820PM File Number: SAT–STA–20070628–00092

Callsign:

## FEDERAL COMMUNICATIONS COMMISSION APPLICATION FOR SPACE STATION SPECIAL TEMPORARY AUTHORITY

## FOR OFFICIAL USE ONLY

## APPLICANT INFORMATION

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

Request for Special Temporary Authority to Operate a Substitute Low Power Terrestrial Repeater for 30 Days in Miami

1. Applicant

Name: XM Radio Inc. Phone Number: 202–380–4000

**DBA Name:** Fax Number: 202–380–4500

Street: 1500 Eckington Place, NE E–Mail: james.blitz@xmradio.com

City: Washington State: DC

Country: USA Zipcode: 20002 -

**Attention:** James S. Blitz

2. Contact							
	Name:	James S. Blitz	Phone Nu	umber:	202-380-4000		
	Company:	XM Satellite Radio Inc.	Fax Num	ber:	202-380-4500		
	Street:	1500 Eckington Place NW	E-Mail:		james.blitz@xmradio.com		
	City:	Washington	State:		DC		
	<b>Country:</b>	USA	Zipcode:		20002 –		
	<b>Attention:</b>		Relations	ship:	Same		
(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							
<ul><li>If Yes</li><li>Gover</li></ul>	, complete and	with this application?  attach FCC Form 159. If No, in  y Noncommercial education  n):		for fee exemption (see 4	17 C.F.R.Section 1.1114).		
4b. Fee Classification CRY – Space Station (Geostationary)							
5. Type Re	equest						
Change Station Location Extend Expiration Date Other							
6. Temporary Orbit Location				7. Requested Extended Expiration Date			

8. Description (If the complete description does	not appear in this box,	please go to the end of the	he form to view it in its entirety.)					
XM Radio Inc. (XM) requests special temporary authority (STA) to operate a substitute low								
power terrestrial repeater (less than 2 kW EIRP) for thirty (30) days in Miami, Florida								
pursuant to the technical parameters listed in Exhibit A.								
			_					
9. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject Yes No								
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.								
1.2002(0) for the meaning of equot, party to the application equot, for these purposes.								
10. Name of Dancon Cioning	1	11 Title of Domon Cioni						
10. Name of Person Signing James S. Blitz		11. Title of Person Signing Vice President, Regulatory Counsel						
		vice i resident, regulate	ny Counsel					
12. Please supply any need attachments.								
Attachment 1: STA Request	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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