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File Number: SAT-STA-20090406-00041

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:

Request for Temporary Modification of the ISAT List to Reflect Resumed Operations of I3F4 at 54 W.L.

1. Applicant

| | | | |
|-------------------|----------------------|----------------------|----------------------------|
| Name: | Inmarsat plc | Phone Number: | 202-248-5155 |
| DBA Name: | | Fax Number: | 202-248-5186 |
| Street: | 99 City Road | E-Mail: | diane_cornell@inmarsat.com |
| City: | London | State: | |
| Country: | United Kingdom | Zipcode: | - |
| Attention: | Ms. Diane J. Cornell | | |

2. Contact

| | | | |
|-------------------|---------------------------------------|----------------------|-------------------|
| Name: | John P. Janka | Phone Number: | 202-637-2200 |
| Company: | Latham & Watkins LLP | Fax Number: | 202-637-2201 |
| Street: | 555 Eleventh Street, NW Suite 1000 | E-Mail: | john.janka@lw.com |
| City: | Washington | State: | DC |
| Country: | USA | Zipcode: | 20004 - |
| Attention: | Mr. John P. Janka | 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 SATPPL2009010700003 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).
- Governmental Entity Noncommercial educational licensee
- Other (please explain): NO FEE REQUIRED -- PDR-RELATED FILING

4b. Fee Classification CRY - Space Station (Geostationary)

5. Type Request

- Change Station Location Extend Expiration Date Other

6. Temporary Orbit Location
54 W.L.

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.)

See Exhibit A.

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
Alison Horrocks

11. Title of Person Signing
Company Secretary

12. Please supply any need attachments.

Attachment 1: Exhibit A

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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