

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

Approved by OMB
3060-0589
Page No. 1 of 1

(1) LOCKBOX #
358210

FCC/MELLON NOV 05 2001

SPECIAL USE
FCC USE ONLY

SECTION B

(2) PAYER NAME (if paying by credit card, enter name exactly as:
Final Analysis Communication Services, Inc.

S2150 SAT-T/C-20011105-00094
FINAL ANALYSIS COMMUNICATION SERVICES, INC.
S2150

Dollars and cents)
\$9,195.00

(4) STREET ADDRESS LINE NO. 1
9701-E Philadelphia Court

(5) STREET ADDRESS LINE NO. 2

(6) CITY
Lanham

MD 20706

(9) DAYTIME TELEPHONE NUMBER (include area code)
301 459-4100

(10) COUNTRY CODE (if not in U.S.A.)

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(11) PAYER (FRN)
0003-7325-83

(12) PAYER (TIN)
52-1900790

Received

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

(13) APPLICANT NAME

NOV 19 2001

(14) STREET ADDRESS LINE NO. 1

(15) STREET ADDRESS LINE NO. 2

Satellite Policy Branch
International Bureau

(16) CITY

(17) STATE (18) ZIP CODE

(19) DAYTIME TELEPHONE NUMBER (include area code)

(20) COUNTRY CODE (if not in U.S.A.)

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(21) APPLICANT (FRN)

(22) APPLICANT (TIN)

COMPLETE SECTION C FOR EACH SERVICE. IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) CALL SIGN/OTHER ID
S2150

(24A) PAYMENT TYPE CODE (25A) QUANTITY
CZW 1

(26A) FEE DUE FOR (PTC)
\$9,195.00

(27A) TOTAL FEE
\$9,195.00

FCC USE ONLY

(28A) FCC CODE 1

(29A) FCC CODE 2

(23B) CALL SIGN/OTHER ID

(24B) PAYMENT TYPE CODE (25B) QUANTITY

(26B) FEE DUE FOR (PTC)

(27B) TOTAL FEE

FCC USE ONLY

(28B) FCC CODE 1

(29B) FCC CODE 2

SECTION D - CERTIFICATION

(30) CERTIFICATION STATEMENT
I, Nader MODANLO, certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief. SIGNATURE [Signature] DATE 10/31/01

SECTION E - CREDIT CARD PAYMENT INFORMATION

(31)

MASTERCARD/VISA ACCOUNT NUMBER:

EXPIRATION DATE:

MASTERCARD

VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization herein described.

SIGNATURE _____ DATE _____

FIANL ANALYSIS COMMUNICATION SERVICES

1036

FEDERAL COMMUNICATIONS

Item to be Paid -

Check Number: 1036

Check Date: November 2, 2001

Misc direct costs

9,195.00

Check Amount: \$9,195.00

FCC 312
Main Form

FEDERAL COMMUNICATIONS COMMISSION

APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS

Approved by OMB
3060-0678

Est. Avg. Burden Hours
Per Response: 11 Hrs.

FCC Use Only

File Number:

Call Sign:

Fee Number:

APPLICANT INFORMATION

1. Legal Name of Applicant Final Analysis Communication Services, Inc.		2. Voice Telephone Number 301 459-4100	
3. Other Name Used for Doing Business (if any)		4. Fax Telephone Number 301 459-0101	
5. Mailing Street Address or P.O. Box 9701-E Philadelphia Court ATTENTION: Patricia Mahoney		6. City Lanham	
		7. State / Country (if not U.S.A.) MD	8. Zip Code 20706
9. Name of Contact Representative (If other than applicant) Aileen A. Pisciotta		10. Voice Telephone Number 202 955-9771	
11. Firm or Company Name Kelley Drye & Warren LLP		12. Fax Telephone Number 202 955-9792	
13. Mailing Street Address or P.O. Box 1200 19th Street, N.W., Suite 500 ATTENTION:		14. City Washington	
		15. State / Country (if not U.S.A.) DC	16. Zip Code 20036

CLASSIFICATION OF FILING

17. Place an "X" in the box next to the classification that applies to this filing for both questions a. and b. Mark only one box for 17a and only one box for 17b.

<input type="checkbox"/> a1. Earth Station	<input type="checkbox"/> b1. Application for License of New Station	<input checked="" type="checkbox"/> b6. Transfer of Control of License or Registration (involuntary - pro forma procedures)
<input checked="" type="checkbox"/> a2. Space Station	<input type="checkbox"/> b2. Application for Registration of New Domestic Receive-Only Station	<input type="checkbox"/> b7. Notification of Minor Modification
	<input type="checkbox"/> b3. Amendment to a Pending Application	<input type="checkbox"/> b8. Application for License of New Receive-Only Station Using Non-U.S. Licensed Satellite
	<input type="checkbox"/> b4. Modification of License or Registration	<input type="checkbox"/> b9. Letter of Intent to Use Non-U.S. Licensed Satellite to Provide Service in the United States
	<input type="checkbox"/> b5. Assignment of License or Registration	<input type="checkbox"/> b10. Other (Please Specify): _____

18. If this filing is in reference to an existing station, enter:
Call sign of station: **S2150**

19. If this filing is an amendment to a pending application enter:
(a) Date pending application was filed: _____ (b) File number of pending application: _____

TYPE OF SERVICE

20. NATURE OF SERVICE: This filing is for an authorization to provide or use the following type(s) of service(s): Place an "X" in the box(es) next to all that apply.

a. Fixed Satellite
 c. Radiodetermination Satellite
 e. Direct to Home Fixed Satellite
 b. Mobile Satellite
 d. Earth Exploration Satellite
 f. Digital Audio Radio Service
 g. Other (please specify) _____

21. STATUS: Place an "X" in the box next to the applicable status. Mark only one box.

a. Common Carrier
 b. Non-Common Carrier

22. If earth station applicant, place an "X" in the box(es) next to all that apply.

a. Using U.S. licensed satellites
 b. Using Non-U.S. licensed satellites

23. If applicant is providing INTERNATIONAL COMMON CARRIER service, see instructions regarding Sec. 214 filings. Mark only one box. Are these facilities:

a. Connected to the Public Switched Network
 b. Not connected to the Public Switched Network

24. FREQUENCY BAND(S): Place an "X" in the box(es) next to all applicable frequency band(s).

a. C-Band (4/6 GHz)
 b. Ku-Band (12/14 GHz)
 c. Other (Please specify) 148-150.05 MHz, 400.15-401 MHz, 137-138 MHz

TYPE OF STATION

25. CLASS OF STATION: Place an "X" in the box next to the class of station that applies. Mark only one box.

a. Fixed Earth Station
 b. Temporary-Fixed Earth Station
 c. 12/14 GHz VSAT Network
 d. Mobile Earth Station
 e. Space Station
 f. Other (Specify) _____

If space station applicant, go to Question 27.

26. TYPE OF EARTH STATION FACILITY Mark only one box.

a. Transmit/Receive
 b. Transmit-Only
 c. Receive-Only

PURPOSE OF MODIFICATION OR AMENDMENT

27. The purpose of this proposed modification or amendment is to: Place an "X" in the box(es) next to all that apply.

a -- authorization to add new emission designator and related service
 b -- authorization to change emission designator and related service
 c -- authorization to increase EIRP and EIRP density
 d -- authorization to replace antenna
 e -- authorization to add antenna
 f -- authorization to relocate fixed station
 g -- authorization to change assigned frequency(ies)
 h -- authorization to add Points of Communication (satellites & countries)
 i -- authorization to change Points of Communication (satellites & countries)
 j -- authorization for facilities for which environmental assessment and radiation hazard reporting is required
 k -- Other (Please Specify) _____

ENVIRONMENTAL POLICY

28. Would a Commission grant of any proposal in this application or amendment have a significant environmental impact as defined by 47 CFR 1.1307? If YES, submit the statement as required by Sections 1.1308 and 1.1311 of the Commission's rules, 47 C.F.R. §§ 1.1308 and 1.1311, as an exhibit to this application.

YES
 NO

A Radiation Hazard Study must accompany all applications as an exhibit for new transmitting facilities, major modifications, or major amendments. Refer to OET Bulletin 65.

ALIEN OWNERSHIP

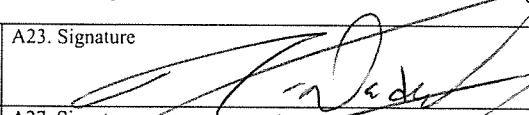

29. Is the applicant a foreign government or the representative of any foreign government?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
30. Is the applicant an alien or the representative of an alien?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
31. Is the applicant a corporation organized under the laws of any foreign government?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
32. Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
33. Is the applicant a corporation directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as an exhibit, the identification of the aliens or foreign entities, their nationality, their relationship to the applicant, and the percentage of stock they own or vote.		

BASIC QUALIFICATIONS

35. Does the applicant request any waivers or exemptions from any of the Commission's Rules? If Yes, attach as an exhibit, copies of the requests for waivers or exceptions with supporting documents.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
36. Has the applicant or any party to this application had any FCC station authorization or license revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? If Yes, attach as an exhibit, an explanation of the circumstances.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
37. Has the applicant, or any party to this application, or any party directly or indirectly controlling the applicant ever been convicted of a felony by any state or federal court? If Yes, attach as an exhibit, an explanation of the circumstances.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
38. Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement or any other means or unfair methods of competition? If Yes, attach as an exhibit, an explanation of the circumstances.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
39. Is the applicant, or any person directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items? If Yes, attach as an exhibit, an explanation of the circumstances.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
40. If the applicant is a corporation and is applying for a space station license, attach as an exhibit the names, addresses, and citizenship of those stockholders owning of record and/or voting 10 percent or more of the Filer's voting stock and the percentages so held. In the case of fiduciary control, indicate the beneficiary(ies) or class of beneficiaries. Also list the names and addresses of the officers and directors of the Filer.		
41. By checking Yes, the undersigned certifies, that neither the 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.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
42a. Does the applicant intend to use a non-U.S. licensed satellite to provide service in the United States? If yes, answer 42b and attach an exhibit providing the information specified in 47 C.F.R. § 25.137, as appropriate. If no, proceed to question 43.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
42b. What administration has licensed or is in the process of licensing the space station? If no license will be issued, what administration has coordinated or is in the process of coordinating the space station? <u>United States</u>		

FEDERAL COMMUNICATIONS COMMISSION FCC 312 - Schedule A (Place an "X" in one of the blocks below)				FCC Use Only	
<input checked="" type="checkbox"/> CONSENT TO TRANSFER OF CONTROL		<input type="checkbox"/> CONSENT TO ASSIGNMENT OF LICENSE			
<input type="checkbox"/> NOTIFICATION OF TRANSFER OF CONTROL OF RECEIVE ONLY REGISTRATION		<input type="checkbox"/> NOTIFICATION OF ASSIGNMENT OF RECEIVE ONLY REGISTRATION			
A1. Name of Licensee or Registrant Final Analysis Communication Services, Inc.			A2. Voice Telephone Number 301 459-4100		
A3. Mailing Street Address or P.O. Box 9701-E Philadelphia Court ATTENTION: Patricia Mahoney			A4. Fax Telephone Number 301 459-0101		
A5. City Lanham		A6. State / Country (if not U.S.A.) MD		A7. Zip Code 20706	
A8. List Call Sign(s) of station(s) being assigned or transferred S2150					A9. No. of station(s) listed 1
A10. Name of Transferor/Assignor (if different than licensee or registrant) Final Analysis Inc.			A15. Name of Transferee/Assignee Cheryl E. Rose, Trustee for Final Analysis Inc.		
A11. Mailing Street Address or P.O. Box 9701-E Philadelphia Court			A16. Mailing Street Address or P.O. Box 50 W. Edmonston Drive		
A12. City Lanham	A13. State/Country MD	A14. Zip Code 20706	A17. City Rockville	A18. State/Country MD	A19. Zip Code 20852
A20. If these facilities are licensed, is the transferee/assignee directly or indirectly controlled by any other entity? If Yes, attach as an exhibit, a statement (including organizational diagrams where appropriate) which fully and completely identifies the nature and extent of control including: (1) the name, address, citizenship, and primary business of the controlling entity and any intermediate subsidiaries or parties; and (2) the names, addresses, citizenship, and the percentages of voting and equity stock of those stockholders holding 10 percent or more of the controlling corporation's voting stock.					
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A21. If these facilities are licensed, attach as an exhibit, a complete statement setting forth the facts which show how the assignment or transfer will serve the public interest.					

CERTIFICATION

1. The undersigned, individually and for licensee, certifies that all attached exhibits pertinent to Schedule A and all statements made in Schedule A of this application are true, complete and correct to the best of his/her knowledge and belief. The undersigned also certifies that any contracts or other instruments submitted herewith are complete and constitute the full agreement.			
2. The undersigned represents that stock will not be delivered and that control will not be transferred until the Commission's consent has been received, but that transfer of control or assignment of license will be completed within 60 days of Commission consent. The undersigned also acknowledges that the Commission must be notified by letter within 30 days of consummation.			
A22. Printed Name of Licensee (Must agree with A1) Final Analysis Communication Services, Inc.	A23. Signature 	A24. Title (Office Held by Person Signing) Chairman and President	A25. Date 10/31/01
A26. Printed Name of License Transferor/Assignor (If different than licensee. Must agree with A10) Final Analysis Inc.	A27. Signature 	A28. Title (Office Held by Person Signing) Chairman and President	A29. Date 10/31/01
A30. Printed Name of License Transferee/Assignee (Must agree with A15) Cheryl E. Rose, Trustee for Final Analysis Inc.	A31. Signature	A32. Title (Office Held by Person Signing) Trustee	A33. Date

FEDERAL COMMUNICATIONS COMMISSION FCC 312 - Schedule A (Place an "X" in one of the blocks below)						FCC Use Only	
<input checked="" type="checkbox"/> CONSENT TO TRANSFER OF CONTROL		<input type="checkbox"/> CONSENT TO ASSIGNMENT OF LICENSE					
<input type="checkbox"/> NOTIFICATION OF TRANSFER OF CONTROL OF RECEIVE ONLY REGISTRATION		<input type="checkbox"/> NOTIFICATION OF ASSIGNMENT OF RECEIVE ONLY REGISTRATION					
A1. Name of Licensee or Registrant Final Analysis Communication Services, Inc.					A2. Voice Telephone Number 301 459-4100		
A3. Mailing Street Address or P.O. Box 9701-E Philadelphia Court ATTENTION: Patricia Mahoney					A4. Fax Telephone Number 301 459-0101		
A5. City Lanham			A6. State / Country (if not U.S.A.) MD		A7. Zip Code 20706		
A8. List Call Sign(s) of station(s) being assigned or transferred S2150						A9. No. of station(s) listed 1	
A10. Name of Transferor/Assignor (if different than licensee or registrant) Final Analysis Inc.				A15. Name of Transferee/Assignee Cheryl E. Rose, Trustee for Final Analysis Inc.			
A11. Mailing Street Address or P.O. Box 9701-E Philadelphia Court				A16. Mailing Street Address or P.O. Box 50 W. Edmonston Drive			
A12. City Lanham		A13. State/Country MD	A14. Zip Code 20706	A17. City Rockville		A18. State/Country MD	A19. Zip Code 20852
A20. If these facilities are licensed, is the transferee/assignee directly or indirectly controlled by any other entity? If Yes, attach as an exhibit, a statement (including organizational diagrams where appropriate) which fully and completely identifies the nature and extent of control including: (1) the name, address, citizenship, and primary business of the controlling entity and any intermediate subsidiaries or parties; and (2) the names, addresses, citizenship, and the percentages of voting and equity stock of those stockholders holding 10 percent or more of the controlling corporation's voting stock.						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A21. If these facilities are licensed, attach as an exhibit, a complete statement setting forth the facts which show how the assignment or transfer will serve the public interest.							

CERTIFICATION

1. The undersigned, individually and for licensee, certifies that all attached exhibits pertinent to Schedule A and all statements made in Schedule A of this application are true, complete and correct to the best of his/her knowledge and belief. The undersigned also certifies that any contracts or other instruments submitted herewith are complete and constitute the full agreement.				
2. The undersigned represents that stock will not be delivered and that control will not be transferred until the Commission's consent has been received, but that transfer of control or assignment of license will be completed within 60 days of Commission consent. The undersigned also acknowledges that the Commission must be notified by letter within 30 days of consummation.				
A22. Printed Name of Licensee (Must agree with A1) Final Analysis Communication Services, Inc.		A23. Signature	A24. Title (Office Held by Person Signing) Chairman and President	A25. Date
A26. Printed Name of License Transferor/Assignor (If different than licensee. Must agree with A10) Final Analysis Inc.		A27. Signature	A28. Title (Office Held by Person Signing) Chairman and President	A29. Date
A30. Printed Name of License Transferee/Assignee (Must agree with A15) Cheryl E. Rose, Trustee for Final Analysis Inc.		A31. Signature <i>Cheryl E. Rose, Ch. Trustee</i>	A32. Title (Office Held by Person Signing) Trustee	A33. Date 10/31/01

**FINAL ANALYSIS COMMUNICATION SERVICES, INC.
REQUEST FOR CONSENT TO INVOLUNTARY TRANSFER OF CONTROL**

Nature of the Application

This application, filed pursuant to Section 25.119(d) of the Commission's Rules, 47 C.F.R. §25.119(d), seeks consent to the involuntary transfer of control of Final Analysis Communication Services, Inc. ("FACS"). FACS is a non-common carrier licensee in the Non-Voice Non-Geostationary Mobile Satellite Services ("NVNG MSS"). The majority of the voting stock of FACS is owned directly by Final Analysis Inc. ("FAI"), with no intermediate subsidiaries.

On September 14, 2001, a petition for involuntary Chapter 7 bankruptcy was filed in the United States Bankruptcy Court for the District of Maryland, Case Number 01-21039, to liquidate the assets of FAI. As reflected in the order issued October 24, 2001 (attached as Exhibit B), that court appointed Cheryl Rose of Rockville, Maryland, as Trustee for FAI. This transferred control of FAI to the Trustee, and consequently resulted in the involuntary transfer of the ultimate control of FACS.

EXHIBIT B
FINAL ANALYSIS COMMUNICATION SERVICES, INC.

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND**

IN RE: FINAL ANALYSIS, INC.

**Case No. 01-21039
Chapter Seven**

Debtor(s)

**APPOINTMENT OF TRUSTEE
AND DESIGNATION OF REQUIRED BOND**

Cheryl Rose, of Rockville, MD, was appointed on October 16, 2001 as Trustee for the estate(s) of the above named debtor(s). Unless a trustee is elected at the meeting of creditors called pursuant to Section 341 Title 11, United States Code, in the above referenced case, the Interim Trustee shall serve as Trustee.

This case is covered by the blanket bond for Chapter 7 case Trustees, a copy of which is on file with the Court.

W. Clarkson McDow, Jr.
U.S. Trustee/Region Four

By: Clifford J. White III
CLIFFORD J. WHITE III
Assistant U.S. Trustee
Office of the U.S. Trustee
for the District of Maryland
6305 Ivy Lane, Suite 600
Greenbelt, MD 20770
(301) 344-6216

Date: October 24, 2001



**FINAL ANALYSIS COMMUNICATION SERVICES, INC.
REQUEST FOR CONSENT TO INVOLUNTARY TRANSFER OF CONTROL**

Statement of Public Interest

Approval of the involuntary transfer of control requested in this application will serve the public interest. The Commission has long recognized that such action will allow creditors to receive the full protection afforded by federal bankruptcy law. *See, e.g., Dale J. Parsons et al.*, 10 FCC Rcd 2718, 2720 (1995); *D.H. Overmyer Telecasting Co., Inc.*, 94 F.C.C. 2d 117, 123 (1983). Moreover, approval in this case will contribute to the stability of FCC licensee FACS and its ability to implement its authorized satellite system.