Approved by OMB 3060–0678

Date & Time Filed: Mar 9 2004 3:28:44:486PM File Number: SES–MOD–INTR2004–00530

FCC APPLICATION FOR SPACE AND EARTH STATION:MOD OR AMD – MAIN FORM	FCC Use Only
FCC 312 MAIN FORM FOR OFFICIAL USE ONLY	

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu: MINOR MT JACKSON to ADD R&L CP and EDS as a Point of Communications

1–8. Legal Name of Applicant

Name:	Loral Skynet Network Services, Inc. (Debtor–in–Possession)	Phone Number:	908-470-2342
DBA Name:		Fax Number:	908-470-2453
Street:	500 Hills Drive	E-Mail:	se@loralskynet.com
	PO Box 7018		
City:	Bedminster	State:	NJ
Country:	USA	Zipcode:	07921 -7018
Attention:	Mr Stanley Edinger		

	Representative (If other than applica	Phone Number:	908 470 2342
Name:	Stanley Edinger	Phone Number:	908 470 2342
Company:	LORAL SKYNET	Fax Number:	908-470-2453
Street:	500 HILLS DRIVE	E-Mail:	se@loralskynet.com
	PO BOX 7018		
City:	BEDMINSTER	State:	NJ
Country:	USA	Zipcode:	07921-7018
Contact Title:	Manager Government Relations	Relationship:	Other

CLASSIFICATION OF FILING

17. Choose the button next to the classification that applies to this filing for both questions a. and b. Choose only one for 17a and only one for 17b.	 (N/A) b1. Application for License of New Station (N/A) b2. Application for Registration of New Domestic Receive–Only Station (N/A) b3. Amendment to a Pending Application
 a1. Earth Station a2. Space Station 	 (N/A) b4. Modification of License or Registration b5. Assignment of License or Registration b6. Transfer of Control of License or Registration (N/A) b7. Notification of Minor Modification (N/A) b8. Application for License of New Receive–Only Station Using Non–U.S. Licensed Satellite (N/A) b9. Letter of Intent to Use Non–U.S. Licensed Satellite to Provide Service in the United States (N/A) b10. Other (Please specify)

17c. 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).				
O Governmental Entity O Noncomme	rcial educational licensee			
• Other(please explain):				
17d.				
Fee Classification A CGX – Fixed Satellite Transmit/Receive Earth Station				
18. If this filing is in reference to an existing station, enter:	19. If this filing is an amendment to a pending ap modification please enter only the file number:	pplication enter both fields, if this filing is a		
(a) Call sign of station:	(a) Date pending application was filed:	(b) File number:		
KA399		SESMOD2002112501715		
		SESMOD2003112501715		

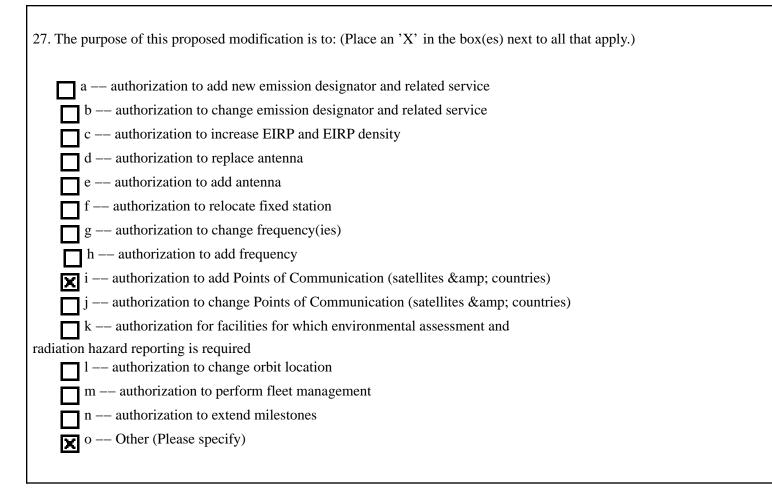
TYPE OF SERVICE

20. NATURE OF SERVICE: This filing is for an authorization to provid	e or use the following type(s) of service(s): Select all that apply:
a. Fixed Satellite	
b. Mobile Satellite	
c. Radiodetermination Satellite	
d. Earth Exploration Satellite	
e. Direct to Home Fixed Satellite	
f. Digital Audio Radio Service	
g. Other (please specify)	
21. STATUS: Choose the button next to the applicable status. Choose	22. If earth station applicant, check all that apply.
only one.	
Common Carrier 🔊 Non–Common Carrier	
l v v	Using Non–U.S. licensed satellites
23. If applicant is providing INTERNATIONAL COMMON CARRIER facilities:	service, see instructions regarding Sec. 214 filings. Choose one. Are these
• Connected to a Public Switched Network • Not connected to a	Public Switched Network O N/A
24. FREQUENCY BAND(S): Place an 'X' in the box(es) next to all a	applicable frequency band(s).
x a. C−Band (4/6 GHz) b. Ku−Band (12/14 GHz)	
c.Other (Please specify upper and lower frequencies in MHz.)	
Frequency Lower: Frequency Upper: (Please specify addition	onal frequencies in an attachment)

TYPE OF STATION

25. CLASS OF STATION: Choose the button next to the class of station that applies. Choose only one.
a. Fixed Earth Station
• b. Temporary–Fixed Earth Station
• c. 12/14 GHz VSAT Network
O d. Mobile Earth Station
• e. Geostationary Space Station
• f. Non–Geostationary Space Station
• g. Other (please specify)
26. TYPE OF EARTH STATION FACILITY:
Transmit/Receive Transmit-Only Receive-Only N/A
"For Space Station applications, select N/A."

PURPOSE OF MODIFICATION



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. A Radiation Hazard Study must accompany all applications for new transmitting facilities, major modifications, or major amendments.

ALIEN OWNERSHIP Earth station applicants not proposing to provide broadcast, common carrier, aeronautical en route or aeronautical fixed radio station services are not required to respond to Items 30–34.

29. Is the applicant a foreign government or the representative of any foreign government?	0	Yes	۲	No	0	N/A
30. Is the applicant an alien or the representative of an alien?	0	Yes	۲	No	0	N/A
31. Is the applicant a corporation organized under the laws of any foreign government?	0	Yes	۲	No	0	N/A
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?	0	Yes	۲	No	0	N/A

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?

34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as an exhibit an identification of the aliens or C 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.	O Yes	No
36. Has the applicant or any party to this application or amendment 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 explination of circumstances.	O Yes	● No

• Yes • No • N/A

37. Has the applicant, or any party to this application or amendment, 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 explination of circumstances.	O Yes	● 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 circumstances	O Yes	● 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 exhinit, an explanation of the circumstances.	• Yes	O No
40. If the applicant is a corporation and is applying for a space station license, attach as an exhibit the names, address, and citizenship of those stockholders owning a 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 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.

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.



O No

Yes

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?BRAZIL

43. Description. (Summarize the nature of the application and the services to be provided). (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

Minor Modification to add Left and Right Hand Circular Polarity to the 15 Meter VERTEX 15KPK antenna, and add the ESTRELA do SUL 1 Sateliite @63 W.L as a point of communications. The ESTRELA do SUL 1 Sateliite @63 W.L is on the FCC Permitted Space Station List. FCC File Nos. SAT-PDR-20021010-00196, SAT-WAV-20031202-00352, S2474.

CERTIFICATION

The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. The applicant certifies that grant of this application would not cause the applicant to be in violation of the spectrum aggregation limit in 47 CFR Part 20. All statements made in exhibits are a material part hereof and are incorporated herein as if set out in full in this application. The undersigned, individually and for the applicant, hereby certifies that all statements made in this application and in all attached exhibits are true, complete and correct to the best of his or her knowledge and belief, and are made in good faith.

44. Applicant is a (an): (Choose the button next to	o applicable response.)
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O Individual			
O Unincorporated Association			
O Partnership			
• Corporation			
O Governmental Entity			
• Other (please specify)			
45. Name of Person Signing STANLEY EDINGER		46. Title of Person Sig MANAGER GOVERN	
47. Please supply any need attachments.			
Attachment 1:	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).

SATELLITE EARTH STATION AUTHORIZATIONS FCC Form 312 – Schedule B:(Technical and Operational Description) FOR OFFICIAL USE ONLY

Location of Earth St	ation Site					
E1: Site Identifier:	1	E5. Call Sign:	E000127			
E2: Contact Name	stanley edinger	E6. Phone Number:	9084702342			
E3. Street:	91–340 Farrington Highway	E7. City:	Kapolai			
		E8. County:	Honolulu			
E4. State	HI	E9. Zip Code				
E10. Area of Operation	tion:	83.0W east Limit –	232.0W West Limit			
E11. Latitude:	21 °20 '12.6 "N					
E12. Longitude:	158 °5 '22.1 "W					
E13. Lat/Lon Coordinates are:		O NAD-27	O NAD-83	● N/A		
E14. Site Elevation	(AMSL):	39.6 meters				

E15. If the proposed antenna(s) operate in the Fixed Satellite Service (FSS) with geostationary satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a) and (b) as demonstrated by the manufacturer's qualification measurement? If NO, provide as a technical analysis showing compliance with two-degree spacing policy.	by the manufacturer's qualification measurement? If NO, provide as a technical analysis showing compliance with	O ^{No}	O N/A
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E16. If the proposed antenna(s) do not operate in the Fixed Satellite Service (FSS), or if they operate in the Fixed Satellite Service (FSS) with non–geostationary satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a2) and (b) as demonstrated by the manufacturer's qualification measurements?	O ^{Yes} C	No 🔘 N/A
E17. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point.	• Yes	● ^{No}

E18. Is frequency coordination required? If YES, attach a frequency coordination report as	0	Yes	۲	No
E19. Is coordination with another country required? If YES, attach the name of the country(ies) and plot of coordination contours as	0	Yes	۲	No
E20. FAA Notification – (See 47 CFR Part 17 and 47 CFR part 25.113(c)) Where FAA notification is required, have you attached a copy of a completed FCC Form 854 and/or the FAA's study regarding the potential hazard of the structure to aviation? FAILURE TO COMPLY WITH 47 CFR PARTS 17 AND 25 WILL RESULT IN THE RETURN OF THIS APPLICATION.	0	Yes	۲	No

Satellite Name:PERMITTED LISTIf you selected OTHER, please enter the following:E21. Common Name: MABUHAYE22. ITU Name: AGILA 2E23. Orbit Location: 146 E.L.E24. Country:PhilippinesPOINTS OF COMMUNICATION (Destination Points)E25. Site Identifier: 1E25. Site Identifier: 1

E26. Common Name: MABUHAY

E27. Country: Philippines

ANTENNA

Site ID	E28. Antenna Id	E29. Quantity	E30. Manufacturer	Size <meters></meters>	E41/42. Antenna Gain Transmint and/or Recieve (dBi at GHz)
					dBi at

Id	Diameter	```	Height Above	E38. Total Input Power at antenna flange (Watts)	0	EIRP for al
	/					

FREQUENCY

ŀ	E43/44. Frequency Bands (MHz)	E45. T/R Mode		EIRP per Carrier (dBW)	E49. Maximum ERIP Density per Carrier (dBW/4kHz)

E50. Modulation and Services (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

FREQUENCY COORDINATION

E51. Satellite Orbit Type	Frequency	Range of Satellite Arc Eastern/West	Station Azimuth Angle	Antenna	Station Azimuth Angle	Antenna Elevation Angle Western	E60. Maximum EIRP Density toward the Horizon (dBW/4kHz)
		/					

REMOTE CONTROL POINT LOCATION

E61. Call Sign	E66. Phone Number			
NOTE: Please enter the callsign of the contro callsign for which this application is being filed.				
E62. Street Address				
E63. City	E68. County		E67/68. State/Country /	E64. Zip Code

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

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