FORM 312–R APPLICATION FOR RENEWAL OF RADIO LICENSE IN SPECIFIED SERVICES FOR OFFICIAL USE ONLY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Renewal of Earth Station E970080

1. Applicant

Name:

PanAmSat Licensee Corp. **Phone Number:** 202–944–7848

DBA Name: Fax Number: 202–944–7870

Street: 3400 International Drive, N.W. E-Mail: susan.crandall@intelsat.com

City: Washington State: DC

Country: USA **Zipcode:** 20008 – 3006

Attention: Susan H Crandall

. Contact					
Name:	PanAmSat Licensee Corp.	Phone Number:	202-944-7848		
Company:		Fax Number:	202-944-7870		
Street:	3400 International Drive, N.W.	E–Mail:	susan.crandall@intelsat.com		
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20008 – 3006		
Attention: Susan H Crandall Re		Relationship:	Legal Counsel		
B. Rulepart under which	n this filing is made Rulepart 25				
4. Is a fee submitted wi If Yes, complete an		indicate reason for fee exem	ption (see 47 C.F.R.Section 1.1114).		
Governmental Enti	ty Noncommercial educati	ional licensee			
Other(please explain	n):				
5. Application is for renexisting license as speci		ty with the			
(a)File Number		(b)Date Issued	(b)Date Issued		

5. Application is for renewal of license in exact conformity with the existing license as specified below:		
(a)File Number	(b)Date Issued	
SESLIC1996120500098	1997–04–23 00:00:00.0	
(c)Call Sign	(d)Location	
E970080	Long Beach, CA	
(e)Nature of Service International Fixed Satellite	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)	

(g)Expiration Date 2007–04–23 00:00:00.0	Petition to reinstate:			
6. Note any changes such as discontinuance of use of a frequency, or of application covering this station was filed:	a type of emission or of a transmitter which have been made si	ince the last		
Items 7(a) and (b) apply to Part 21 licenses only.				
7(a) Has there been removal of equipment or alteration of facilities as to render the Station not operational?				
If YES when:				
(b) If this is a Multipoint Distribution Service (MDS) station, is there a with, or leasing arrangement with a cable television company?	ownership interest in control by, affiliation Yes No N/A			
8. Applicant represents that there has been no change in applicant's org applicant's relation to the station, or financial responsibility; that applic identified below, is to be considered as a part of this application, and the here any further exceptions, not already covered in question 6 or 7. File Number SES-T/C-20060725-01250Date 03/21/2007	ants most recent application or report embodying this informat	tion, as		

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	○ ◎ ○	Yes No N/A		
If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:				
If NO, Explain briefly why not: No change to environmental impact as set forth in original FCC license E970080				
10. Certification: The applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits pursuant to section 5301 of Anti–Drug Abuse Act of 1988, 21 U.S.C. 853a, or, in the case of a nonindividual applicant (e. g., corporation, partnership or other unincorporated association), no party to the application is subject to denial of federal benefits pusuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).	O	Yes No		
a. 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 a station license in accordance with this application. Applicant acknowledges that all attached exhibits are a material part hereof. b. The undersigned, individually and for the applicant, hereby certifies that the statements made in this application are true, complete and correct to the best of the signer's knowledge and belief, and are made in good faith.				
11. Designate Appropriate Classification:				
O Individual				
O Unincorporated Association				
O Partnership				
Corporation				
O Governmental Entity				
Other (please specify)				

12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Susan H. Crandall		14. Title of Person Signing Asst. General Counsel, Intelsat Corporation					
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / ORIMPRISONMENT (U.S. Code, Title 18, Section1001), AND/OR REVOCATION OF ANY STATIONAUTHORIZATION (U.S. Code, Title 47, Section312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).							

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