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 PanAmSat Licensee Corp.'s Napa, CA Earth Station E980467

1. Applicant

Name:

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

DBA Name: Fax Number: 202–944–7870

Street: c/o Intelsat Corporation E–Mail: susan.crandall@intelsat.com

3400 International Drive, N.W.

City: Washington State: DC

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

Attention: Susan H Crandall

	2. Contact				
	Name:	PanAmSat Licensee Corp.	Phone Number:	202-944-7848	
ı	Company:		Fax Number:	202-944-7870	

Street: c/o Intelsat Corporation E–Mail: susan.crandall@intelsat.com

3400 International Drive, N.W.

City: Washington State: DC

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

Attention: Susan H. Crandall Relationship: Legal Counsel

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4. 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 Noncommercia	al educational licensee			
Other(please explain):				

5. Application is for renewal of license in exact conformity with the existing license as specified below:			
(a)File Number	(b)Date Issued		
SESLIC1998093001427	1998–12–16 00:00:00.0		
(c)Call Sign	(d)Location		
E980467	Napa, CA		
(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)		

(g)Expiration Date 2008–12–16 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 since 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	o render the Station not operational? O Yes No N/A		
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-20070815-01099 Date 12/19/2007	ants most recent application or report embodying this information, as	ne	

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact? If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:	o ⊛ o	Yes No N/A
If NO, Explain briefly why not: Renewal of existing license		
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).	⊗ ○	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:		
 Individual Unincorporated Association Partnership Corporation 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, Intelst 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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