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 E010050

1. Applicant					
Name:	Stratos Communications, Inc.	Phone Number:	301-214-8800		
DBA Nar	ne:	Fax Number:	301-214-8801		
Street:	6550 Rock Spring Drive	E-Mail:			
	Suite 650				
City:	Bethesda	State:	MD		
Country:	USA	Zipcode:	20817 –		
Attention	Bruce A. Henoch				

2. Contact Phone Number: Name: Bruce A. Henoch 301-968-1938 **Company:** Stratos Global Corporation Fax Number: 301-214-2234 6901 Rockledge Drive E-Mail: Street: bruce.henoch@stratosglobal.com Suite 900 City: Bethesda State: MD **Country:** USA Zipcode: 20817 _ **Relationship:** Attention: Same

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

ſ	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 • Noncommercial 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
SESMFS2005112201615	2008–10–27 00:00:00.0
(c)Call Sign	(d)Location
E010050	1, 000 INMARSAT-C Half Duplex METs in US

(e)Nature of Service Domestic/International Land MSS	(f)Class of Station Mobile Satellite Earth Stations (CGB)		
(g)Expiration Date 2009–10–09 00:00:00.0	Petition to reinstate:		
6. Note any changes such as discontinuance of use of a frequency, or of a type of emission or of a transmitter which have been made since the las application covering this station was filed:			

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:	 Yes No N/A 	3 A
(b) If this is a Multipoint Distribution Service (MDS) station, is there a ownership interest in control by, affiliation with, or leasing arrangement with a cable television company?	 Yes No N/A 	
8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer applicant's relation to the station, or financial responsibility; that applicants most recent application or report embo identified below, is to be considered as a part of this application, and the truth of the statements therein contained is here any further exceptions, not already covered in question 6 or 7. File Number SES-TC-20080618-00818 Date 01/16/2009	dying this information, a	as

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	000	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:		
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).	@ 0	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
- Unincorporated Association
- Partnership
- Corporation
- Governmental Entity
- O Other (please specify)

12. Please supply any need attachments.

1:	2:		3:	
CERTIFICATION				
13. Typed Name of Person Signing14. Title of Person SigningBruce HenochVP, Legal and Regulatory Affairs				
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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