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 authorization E000128

1. Applicant

Name: Telesat Network Services, Inc. **Phone Number:** 908–698–4882

DBA Name: Fax Number: 908–719–0226

Street: 135 Routes 202/206 E-Mail: rcondurso@telesat.com

City: Bedminster State: NJ

Country: USA **Zipcode:** 07921 – 1538

Attention: Mr Robert Condurso

. Contact				
Name: Joseph A. Godles Pl		Phone Number:	202-429-4900	
Company	Goldberg, Godles Wiener & Wright	Fax Number:	202-429-4912	
Street:	1229 19th St. NW	E–Mail:	jgodles@g2w2.com	
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20036 –	
Attention	:	Relationship:	Legal Counsel	
	with this application? and attach FCC Form 159. If No.	o, indicate reason for fee exem	aption (see 47 C.F.R.Section 1.1114).	
			iption (see 47 C.F.R.Section 1.1114).	
Governmental En Other(please exp	• •	zational incensee		
	1.01			
	enewal of license in exact confor	mity with the I		
* *		mity with the		
Application is for a xisting license as spa)File Number SESMOD2007110	ecified below:	(b)Date Issued 2008–02–04		

(e)Nature of Service Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)
(g)Expiration Date 2010–05–15 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: None	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	· · · · · · · · · · · · · · · · · · ·
If YES when:	No No N/A
(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 orga applicant's relation to the station, or financial responsibility; that application 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-20070130-00167 Date 01/30/2007	ants most recent application or report embodying this information, as

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: If NO, Explain briefly why not: No impact	000	Yes No N/A	
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). 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.	⊗ ○	Yes No	
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 Robert Condurso		14. Title of Person Signing Director, Govt 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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