

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
provide emergency coverage in the work place for the community

1. Applicant

Name:	Alpha-Broadcasting-Inc.	Phone Number:	407-758-7266
DBA Name:		Fax Number:	407-522-0110
Street:	3113 Winfield Street	E-Mail:	q13ny@aol.com
City:	Orlando	State:	FL
Country:	USA	Zipcode:	32810 -
Attention:	Lionel J Isme el		

2. Contact

Name:	suze jean	Phone Number:	7819635269
Company:	szane limo	Fax Number:	7819635269
Street:	11 webster st	E-Mail:	17je@aol.com
City:	randoph mass	State:	MA
Country:	USA	Zipcode:	02368 -
Contact Title:	manager	Relationship:	Legal Counsel

3. Reference File Number

4a. 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): provide emergency radio transmission in the work place for the community

4b. Fee Classification CGH – Radio Determintaion satellite Earth Stations

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date

02/28/2003

7. Citylochart

8. Latitude

(dd mm ss.s h) 28 38 17.0 N

9. State FL	10. Longitude (dd mm ss.s h) 81 20 27.0 W
11. Please supply any need attachments. Attachment 1: Attachment 2: Attachment 3:	
12. Description. (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.) <div style="border: 1px solid black; padding: 5px; min-height: 100px;">NULL</div>	
13. 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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing lionelisme	15. Title of Person Signing manager
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).	

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