

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Temporary-fixed Ku-band earth station STA

1. Applicant

| | | | |
|-------------------|--|----------------------|----------------------------|
| Name: | Maritime Telecommunications Network, Inc. | Phone Number: | 954-538-4000 |
| DBA Name: | | Fax Number: | 954-538-4140 |
| Street: | 3044 N. Commerce Parkway | E-Mail: | richard.hadsall@mtnsat.com |
| City: | Miramar | State: | FL |
| Country: | USA | Zipcode: | 33025 - |
| Attention: | Richard A Hadsall | | |

2. Contact

| | | | |
|-----------------------|--------------------------------|----------------------|------------------------|
| Name: | Raul R. Rodriguez | Phone Number: | 202-416-6760 |
| Company: | Leventhal Senter & Lerman PLLC | Fax Number: | 202-293-7783 |
| Street: | 2000 K Street, NW Suite 600 | E-Mail: | rrodriguez@lsl-law.com |
| City: | Washington | State: | DC |
| Country: | USA | Zipcode: | 20006 - |
| Contact Title: | Attorney | Relationship: | Legal Counsel |

3. Reference File Number SESLICINTR200401197

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):

4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
06/17/2004

7. City

8. Latitude
(dd mm ss.s h) 0 0 0.0 N

| | |
|--|--|
| 9. State | 10. Longitude (dd mm ss.s h) 0 0 0.0 E |
| 11. Please supply any need attachments. Attachment 1: 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; margin: 5px 0;">See Attachment 1.</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 Richard A. Hadsall | 15. Title of Person Signing Senior Vice President & CTO |
| 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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