

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

WFTV New E/S STA

1. Applicant

Name:	WFTV-TV Holdings, Inc.	Phone Number:	702-866-2222
DBA Name:		Fax Number:	702-866-2244
Street:	3993 Howard Hughes Parkway Suite 250	E-Mail:	
City:	Las Vegas	State:	NV
Country:	USA	Zipcode:	89109 -
Attention:			

2. Contact	
Name:	Scott S. Patrick, Esq.
Company:	Dow, Lohnes & Albertson, PLLC
Street:	1200 New Hampshire Avenue, NW Suite 800
City:	Washington
Country:	USA
Contact Title:	Attorney
Phone Number:	202-776-2000
Fax Number:	202-776-2222
E-Mail:	
State:	DC
Zipcode:	20036 -
Relationship:	Legal Counsel
3. Reference File Number SESLIC2004060900814	
4a. Is a fee submitted with this application? <input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114). <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee <input type="radio"/> Other(please explain):	
4b. Fee Classification CGB – Mobile Satellite Earth Stations	
5. Type Request <input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other	
6. Requested Use Prior Date 07/09/2004	
7. CityOrlando	8. Latitude (dd mm ss.s h) 0 0 0.0 N

9. State FL	10. Longitude (dd mm ss.s h) 0 0 0.0
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;">PLEASE 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 MINDY RIDDLE	15. Title of Person Signing ASSISTANT SECRETARY
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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