

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
CK-8 D3 STA to 91 W -- renewal

**1. Applicant**

|                   |                                  |                      |              |
|-------------------|----------------------------------|----------------------|--------------|
| <b>Name:</b>      | PanAmSat Licensee Corp.          | <b>Phone Number:</b> | 202-292-4300 |
| <b>DBA Name:</b>  |                                  | <b>Fax Number:</b>   | 202-292-4378 |
| <b>Street:</b>    | 1801 K Street, N.W.<br>Suite 440 | <b>E-Mail:</b>       |              |
| <b>City:</b>      | Washington                       | <b>State:</b>        | DC           |
| <b>Country:</b>   | USA                              | <b>Zipcode:</b>      | 20006 -      |
| <b>Attention:</b> | Mr Kalpak S Gude Esq             |                      |              |

**2. Contact**

|                       |                                 |                      |                  |
|-----------------------|---------------------------------|----------------------|------------------|
| <b>Name:</b>          | Joseph A. Godles, Esq.          | <b>Phone Number:</b> | 202-429-4900     |
| <b>Company:</b>       | Goldberg Godles Wiener & Wright | <b>Fax Number:</b>   | 202-429-4912     |
| <b>Street:</b>        | 1229 19th Street, NW            | <b>E-Mail:</b>       | jgodles@g2w2.com |
| <b>City:</b>          | Washington                      | <b>State:</b>        | DC               |
| <b>Country:</b>       | USA                             | <b>Zipcode:</b>      | 20036 -2413      |
| <b>Contact Title:</b> | Attorney                        | <b>Relationship:</b> | Legal Counsel    |

3. Reference File Number SESMOD2003100701375

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

7. City Castle Rock

8. Latitude  
(dd mm ss.s h) 39 16 35.0 N

|   |  |
|---|--|
| 9. State CO   | 10. Longitude<br>(dd mm ss.s h) 104 48 23.9 W            |
| 11. Please supply any need attachments.<br>Attachment 1: STA 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.)<br><div style="border: 1px solid black; padding: 5px;">Extension of Special Temporary Authority (STA) requested in accordance with attached description.</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. <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span> |  |
| 14. Name of Person Signing<br>Kalpak Gude   | 15. Title of Person Signing<br>Associate General Counsel |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT<br>(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION<br>(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).   |  |

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