

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
E7542 STA

1. Applicant

Name:	Ascent Media Systems and Technology Services, LLC	Phone Number:	321-952-4205
DBA Name:		Fax Number:	321-952-4235
Street:	2330 Commerce Park Drive, NE Suite 1	E-Mail:	goehler@ascentmedia.com
City:	Palm Bay	State:	FL
Country:	USA	Zipcode:	32905 -7721
Attention:	Ms Virginia A Oehler		

2. Contact

Name:	Ms. Virginia A Oehler	Phone Number:	321-952-4205
Company:	Ascent Media Systems and Technology Services, LLC	Fax Number:	321-952-4235
Street:	2330 Commerce Park Drive, NE Suite 1	E-Mail:	goehler@ascentmedia.com
City:	Palm Bay	State:	FL
Country:	USA	Zipcode:	32905 -7721
Contact Title:		Relationship:	

3. Reference File Number SESMOD2001073001412

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. CityDetroit

8. Latitude
(dd mm ss.s h) 42 19 48.0 N

9. State MI	10. Longitude (dd mm ss.s h) 83 3 18.0 W
11. Please supply any need attachments. Attachment 1: E7542 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.) <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>The failure to file these license renewal applications resulted from the prolonged absence of the Ascent Media regulatory compliance employee due to illness. Upon the discovery of these lapsed licenses, applications for special temporary authority to operate the earth stations were prepared and filed as expeditiously as possible.</p> </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 Robert M. Lawson	15. Title of Person Signing Vice President & General Manager
<p>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).</p>	

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