APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Extension Request (9.0 modification)

plicant				
Name:	Newcom International, Inc.	Phone Number:	305-627-6000	
DBA Name	:	Fax Number:	305-627-6001	
Street:	15590 NW 15th Avenue	E-Mail:		
City:	MIAMI	State:	FL	
Country:	USA	Zipcode:	33169 –	
Attention:	Mr Jaime Dickinson			

2. Contac	t								
	Name:	Kathy L. Cooper	Phone Number:	202-424-7816					
	Company:	Swidler Berlin LLP	Fax Number:	202–424–7647					
	Street:	3000 K Street, N.W.	E-Mail:	klcooper@swidlaw.com					
		Suite 300							
	City:	Washington	State:	DC					
	Country:	USA	Zipcode:	20007 -5116					
Contact		Partner	Relationship:	Legal Counsel					
	Title:								
3. Reference File Number SESMFS2004120601790									
	4a. Is a fee submitted with this application?								
1 -	If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).								
O Gover	O Governmental Entity O Noncommercial educational licensee								
O Other	(please explain	1):							
4b. Fee Cl	4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station								
5. Type Re	equest								
Use Prior to Grant O Change Station Location Other									
	ted Use Prior I	Date							
03/2	22/2005								
7. CityMia	7. CityMiami			8. Latitude					
			(dd mm ss.	s h) 25 54 59.3 N					

9. State FL		10. Longitude (dd mm ss.s h) 80	13 29.2	W				
11. Please supply any need atta	chments.							
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.)								
Applicant NewCom International requests an extension of its Special Temporary Authority, SES-STA-20050112-00038, from the current expiration date of 3/21/2005 to 9/17/2005. NewCom is operating under the current STA while its modification application is pending before the Commission, including a request to add the Express 3A as a point of communication.								
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.								
14. Name of Person Signing Jaime Dickinson		15. Title of Person Signing President/Chief Operating Officer						
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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12. Description

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