

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Katrina-related STA Request – VSAT Operations

1. Applicant

Name:	HARRIS CORPORATION	Phone Number:	321-724-3638
DBA Name:		Fax Number:	321-309-7533
Street:	1025 West Nasa Blvd.	E-Mail:	fkennias@harris.com
City:	Melbourne	State:	FL
Country:	USA	Zipcode:	32919 –
Attention:	Frank Kenniasty, Esq.		

2. Contact

Name:	David A. O'Connor	Phone Number:	202-828-1889
Company:	Holland & Knight LLP	Fax Number:	202-955-5564
Street:	2099 Pennsylvania Ave., NW Suite 100	E-Mail:	david.oconnor@hklaw.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 -
Attention:	David A. O'Connor	Relationship:	Legal Counsel

(If your application is related to an application filed with the Commission, enter either the file number or the IB Submission ID of the related application. Please enter only one.)

3. Reference File Number or Submission ID

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 CGV – Fixed Satellite VSAT System

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
09/13/2005

7. CityBay St. Louis

8. Latitude
(dd mm ss.s h) 30 21 0.0 N

9. State MS	10. Longitude (dd mm ss.s h) 89 29 0.0 W
11. Please supply any need attachments. Attachment 1: STA Exhibit 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 0;">The proposed VSAT operations will provide voice and data interconnectivity and Internet access to the Florida Emergency Operations Center and the Florida Department of Law Enforcement in their disaster relief efforts following Hurricane Katrina.</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 FRANK KENNIASY	15. Title of Person Signing DIVISION COUNSEL
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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