

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

1. Applicant

Name:	Harbinger Capital Partners Funds	Phone Number:	205-987-5500
DBA Name:		Fax Number:	
Street:	555 Madison Avenue 16th Floor	E-Mail:	
City:	New York	State:	NY
Country:	USA	Zipcode:	10022 -
Attention:	Jeffrey Kirshner		

2. Contact

Name:	See Exhibit 2	Phone Number:	See Exhibit 2
Company:	See Exhibit 2	Fax Number:	
Street:	See Exhibit 2	E-Mail:	See Exhibit 2
City:	See Exhibit 2	State:	DC
Country:	USA	Zipcode:	-
Attention:		Relationship:	

(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 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

8. Latitude
(dd mm ss.s h) 0 0 0.0

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: Exhibit 1 Attachment 2: Exhibit 2 Attachment 3: Narrative	
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;"> Authority is hereby requested to continue operating the earth station in accordance with the terms of two STAs (SES-STA-20080311-00275, as extended, and SES-STA-20080616-00787, renewal request pending) following a transfer of control of Inmarsat Hawaii Inc. from Inmarsat plc to Harbinger Capital Partners Funds. See attached Exhibit 1 and related </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. <div style="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>	
14. Name of Person Signing Philip A. Falcone	15. Title of Person Signing Senior Managing Director
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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