APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Gold Coast Broadcasting's 60 day STA request...

1. Applicant							
	Name:	Gold Coast Broadcasting LLC	Phone Number:	310-451-4430			
	DBA Name:		Fax Number:	310-451-1423			
	Street:	715 Broadway, Suite 320	E-Mail:				
	City:	Santa Monica	State:	CA			
	Country:	USA	Zipcode:	90401 –			
	Attention:	Alvin Souder					

2. Contact							
Name:	Alvin Souder	Phone Number	r: 310–451–4430				
Company:	Gold Coast Broadcasting, LLC	Fax Number:	310-451-1423				
Street:	715 Broadway	E-Mail:	asouder@gettingair.com				
	Suite 320						
City:	Santa Monica	State:	CA				
Country:	USA	Zipcode:	90401 –				
Attention:	Alvin Souder	Relationship:	Other				
(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 SESLIC2009011600048 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/Red	ceive Earth Station	1				
5. Type Request Ise Prior to Grant Change Station Location Other							
6. Requested Use Prior D 02/06/2009	Date						
7. CityVentura			titude nm ss.s h) 34 14 17.0 N				

9. State CA	10. Longitude (dd mm ss.s h) 119 12 8.0 W							
11. Please supply any need attachments.								
Attachment 1: STA-LetterAttachment 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.)								
Gold Coast Broadcasting is requesting a 60 day STA to start satellite operations while their permanent FSS Ku-band application (SES-LIC-20090116-00048/E090008)is currently pending on Public Notice with the Commission. Additional information about 60 day STA request is in attached letter.								
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 Alvin Souder	15. Title of Person Signing Vice President of Managing Member							
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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