## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Fibersat – STA for 3–2009 Ku–Band Mod. – E990120

1. Applicant

Name: FiberSat Global Services, Inc. Phone Number: 818–678–2020

**DBA Name:** Fax Number: 818–678–2041

Street: 20640 Bahama St. E–Mail: bcassell@cinedigm.com

City: Chatsworth State: CA

Country: USA Zipcode: 91311 -

**Attention:** Mr B Scott Cassell

2. Contact				
Name:	David S. Keir	Phone Number:	202-429-8970	
Company:	Lerman Senter PLLC	Fax Number:	202293-7783	
Street:	2000 K Street, NW	E–Mail:	dkeir@lermansenter.com	
	Suite 600			
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20006 -1809	
Attention:		Relationship:	Legal Counsel	
4a. Is a fee submitted If Yes, complete and	y Noncommercial educa	o, indicate reason for fee exemption	on (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification	CGX – Fixed Satellite Transm	it/Receive Earth Station		
5. Type Request				
Use Prior to Grant Change Station Location Other				
6. Requested Use Prior 03/27/2009	Date			
7. CityChatsworth		8. Latitude (dd mm ss.s h)	34 13 55.0 N	

9. State CA	10. Longitude				
9. State CA	(dd mm ss.s h) 118 34 57.3 W				
	(dd min ssis n) 115 C. Crie				
11. Please supply any need attachments.					
Attachment 1: ExplanatoryStatement 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.)					
Request for special temporary authority to operate existing Earth station antenna at Ku-					
band to provide video and data transmission services for a period of 60 days.					
13. By checking Yes, the undersigned certifies that neither applicant nor					
subject to a denial of Federal benefits that includes FCC benefits pursua	ant 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	15. Title of Person Signing				
B. Scott Cassell	Authorized Employee				
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).					
(6.5. code, The +7, Section 512(a)(1)), 7110/OKT OKT LITOKE (6.5. code, The +7, Section 505).					

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