APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA

1. Applicant

Name: STM Networks Inc Phone Number: 949–273–6800

DBA Name: Fax Number: 949–273–6020

Street: 2 Faraday E–Mail: gdarbyshire@stmi.com

Suite B

City: Irvine State: CA

Country: USA Zipcode: 92618 -

Attention: Mr Geoff Darbyshire

2. Contac	et					
	Name:	Carly T. Didden	Phone Numbe	Der: 202–457–6323		
	Company:	Patton Boggs LLP	Fax Number:	: 202–457–6315		
	Street:	2550 M Street, NW	E–Mail:	cdidden@pattonboggs.com		
	City:	Washington	State:	DC		
	Country:	USA	Zipcode:	20037 –		
	Attention:	Carly T. Didden	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 SESMFS2010051400592 or Submission ID						
4a. Is a fee submitted with this application?						
o 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 Re	equest					
Use Prior to Grant Change Station Location Other						
	ted Use Prior I 03/2010	Date				
7. CityJac	ksonville			Latitude mm ss.s h) 30 14 44.0 N		
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	T					
9. State FL	10. Longitude					
	(dd mm ss.s h) 81 34 53.0 W					
11. Please supply any need attachments.						
Attachment 1: STA Request Attachment 2: Modific	ation 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 STA to operate its VSAT system as proposed in the attached modification of						
license application.						
13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is Yes No						
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.						
	T					
14. Name of Person Signing	15. Title of Person Signing					
Emil Youssefzadeh	CEO					
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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