

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA – Routine Application, Ku Uplink, 9.3 Meter Our Lady of the Angels Monastery

1. Applicant

| | | | |
|-------------------|--|----------------------|-------------------|
| Name: | ETERNAL WORD TELEVISION NETWORK, INC. | Phone Number: | 205-271-2900 |
| DBA Name: | | Fax Number: | 205-271-2953 |
| Street: | 5817 OLD LEEDS ROAD | E-Mail: | jcharles@ewtn.com |
| City: | BIRMINGHAM | State: | AL |
| Country: | USA | Zipcode: | 35210 - |
| Attention: | Mr JIM CHARLES | | |

2. Contact

| | | | |
|-------------------|---------------------------------|----------------------|-------------------|
| Name: | Basil F. Pinzone, Jr. | Phone Number: | 440 463 3928 |
| Company: | Pinzone Engineering Group, Inc. | Fax Number: | 440 338 4494 |
| Street: | 10142 Fairmount Road | E-Mail: | Basil@Pinzone.com |
| City: | Newbury | State: | OH |
| Country: | USA | Zipcode: | 44065 -9531 |
| Attention: | Basil F. Pinzone, Jr. | Relationship: | Engineer |

(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 SESLIC2010051900611 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): Applicant is a Non-Profit Organization. IRS Determination Attached

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
05/22/2010

| | |
|--|--|
| 7. CityHanceville | 8. Latitude (dd mm ss.s h) 34 3 30.5 N |
| 9. State AL | 10. Longitude (dd mm ss.s h) 86 41 40.8 W |
| 11. Please supply any need attachments. Attachment 1: Non-Profit IRS Let 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;">Routine Application for Ku Uplink, Domestic Satellite Service to the Permitted List. Video w/Associated Audio, Audio, Data, Telemetry. Request Use Prior for a SPECIAL EVENT on Sunday 5/23/2010.</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 Mr. Michael P. Warsaw | 15. Title of Person Signing CEO-President |
| 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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