

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Request for Special Temporary Authority for National Amusements, Inc. Transfer of Control

1. Applicant

Name:	National Amusements, Inc.	Phone Number:	781-461-1600
DBA Name:		Fax Number:	
Street:	846 University Avenue	E-Mail:	
City:	Norwood	State:	MA
Country:	USA	Zipcode:	02062 -
Attention:	Mr. Thaddeus P. Jankowski		

2. Contact

Name:	John D. Poutasse	Phone Number:	202-429-8970
Company:	Lerman Senter PLLC	Fax Number:	202-293-7783
Street:	2000 K Street, NW Suite 600	E-Mail:	jpoutasse@lermansenter.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 -
Attention:	John D. Poutasse	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 SEST/C2010093001232 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 N

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0 W
11. Please supply any need attachments. Attachment 1: STA Request 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;">Application for STA to consummate pro forma transfer of control of the earth station licenses pending FCC action on Form 312 pro forma transfer of control applications. A full description of the transaction is attached.</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. Thaddeus P. Jankowski	15. Title of Person Signing Vice 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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