

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA Miami KA333

1. Applicant

Name:	Corporate Satellite Communications, Florida Inc.	Phone Number:	201-930-0533 x13
DBA Name:		Fax Number:	201-930-0533
Street:	180 Summit Avenue P.O. Box 547	E-Mail:	kathy@cscmgt.com
City:	Montvale	State:	NJ
Country:	USA	Zipcode:	07645 -
Attention:	Kathleen McGovern		

2. Contact

Name:	Kathleen McGovern	Phone Number:	201-930-0533
Company:	Corporate Satellite Communications, Florida Inc.	Fax Number:	201-930-0533
Street:	180 Summit Avenue P.O. Box 547	E-Mail:	kathy@cscmgt.com
City:	Montvale	State:	NJ
Country:	USA	Zipcode:	07645 -
Attention:	Kathleen McGovern	Relationship:	Same

(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 SESMOD2010102801356 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
12/01/2010

7. CityMiami	8. Latitude (dd mm ss.s h) 25 50 14.3 N
9. State FL	10. Longitude (dd mm ss.s h) 80 14 58.0 W
<p>11. Please supply any need attachments.</p> <p>Attachment 1: STA Attachment 2: RadHaz Attachment 3:</p>	
<p>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.)</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>Request for STA for KA333</p> </div>	
<p>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.</p> <p style="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>	
<p>14. Name of Person Signing Kathleen McGovern</p>	<p>15. Title of Person Signing Vice President</p>
<p>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).</p>	

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