

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA request for use of C-band T/R antennas prior to license grant Coral Springs, Fl.

1. Applicant

Name:	Digital Latin America, LLC	Phone Number:	305-894-3574
DBA Name:		Fax Number:	305-894-4803
Street:	1550 Biscayne Boulevard	E-Mail:	epaz@claxson.com
City:	Miami	State:	FL
Country:	USA	Zipcode:	33132 -
Attention:	Mr Ezequiel Paz		

2. Contact

Name:	Eduardo Donatelli	Phone Number:	305 894-4931
Company:	Digital Latin America, LLC	Fax Number:	
Street:	4117 NW 124th Street	E-Mail:	edonatelli@dlatv.net
City:	Coral Springs	State:	FL
Country:	USA	Zipcode:	33027 -
Attention:		Relationship:	

(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 or Submission ID IB2011001531

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
06/06/2011

7. City Coral Springs

8. Latitude
(dd mm ss.s h) 26 16 53.8 N

9. State FL	10. Longitude (dd mm ss.s h) 80 17 24.4 W
11. Please supply any need attachments. Attachment 1: Coordination Reports 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;">Applicant requests an STA for use of antennas prior to grant of pending application under Submission ID IB2011001531. The need for the STA is to avoid interruption of scheduled programming over the applicant's broadcast network.</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 Eduardo Donatelli	15. Title of Person Signing VP Technology
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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