

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Request for STA

1. Applicant

Name:	StudioStream L.P.	Phone Number:	325-944-3259
DBA Name:		Fax Number:	325-942-8343
Street:	2117 Knickerbocker Road	E-Mail:	kevin@studiostream.com
City:	San Angelo	State:	TX
Country:	USA	Zipcode:	76904 -
Attention:	Mr Kevin A Kent		

2. Contact

Name:	Kevin Kent	Phone Number:	3259441944
Company:	StudioStream L.P.	Fax Number:	3259428343
Street:	2117 Knickerbocker Road	E-Mail:	kevin@studiostream.com
City:	San Angelo	State:	TX
Country:	USA	Zipcode:	76904 -
Attention:	Kevin Kent	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 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 CGS – Fixed Satellite Small Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date

7. CitySan Angelo

8. Latitude
(dd mm ss.s h) 31 25 34.0 N

9. State TX	10. Longitude (dd mm ss.s h) 100 27 36.0 W
11. Please supply any need attachments. Attachment 1: 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; min-height: 100px;">NULL</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 type="radio"/> Yes <input checked="" type="radio"/> No	
14. Name of Person Signing Kevin Andrew Kent	15. Title of Person Signing Partner
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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