

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

1. Applicant

Name:	Sure Shot Teleproductions, Inc.	Phone Number:	330-542-0900
DBA Name:		Fax Number:	330-542-1020
Street:	P.O. Box 489 10314 Main Street	E-Mail:	bdonachie@sureshotsat.com
City:	New Middletown	State:	OH
Country:	USA	Zipcode:	44442 -0489
Attention:	Ms Beckie Donachie		

2. Contact

Name:	Beckie Donachie	Phone Number:	330-542-0900
Company:	Sure Shot Teleproductions, Inc.	Fax Number:	330-542-1020
Street:	10314 Main Street P.O. Box 489	E-Mail:	bdonachie@sureshotsat.com
City:	New Middletown	State:	OH
Country:	USA	Zipcode:	44442 -
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 SESMOD2014112300870 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
01/19/2015

7. City ORLANDO

8. Latitude
(dd mm ss.s h) 0 0 0.0

9. State FL	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: C-Band Coordination Attachment 2: C-Band Coord Part 2 Attachment 3: C-Band Coord Part 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: 5px 0;">Request to grant Special Temporary Authorization of call sign E900920 to continue to conduct business without interruption while File No</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 Beckie Donachie	15. Title of Person Signing Director of Finance
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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