

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
E000035 – STA – Add Satellites

1. Applicant

Name:	SPACENET SERVICES LICENSE SUB INC	Phone Number:	703-848-1151
DBA Name:		Fax Number:	703-848-1184
Street:	1750 OLD MEADOW ROAD	E-Mail:	mark.bresnahan@spacenet.com
City:	MCLEAN	State:	VA
Country:	USA	Zipcode:	22102 -
Attention:	Mark P. Bresnahan		

2. Contact

Name:	Paul Holland	Phone Number:	703-245-6312
Company:	StarBand Communications Inc.	Fax Number:	703-245-6302
Street:	1750 Old Meadow Road	E-Mail:	paul.holland@starband.com
City:	McLean	State:	VA
Country:	USA	Zipcode:	22102 -
Contact Title:	Manager RF Systems Engineering	Relationship:	Engineer

3. Reference File Number SESMOD2002080601284

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
12/03/2004

7. City CONUS

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

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: STA Request Attachment 2: Form 159 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;">STA request for additional authorized satellites to the submeter call sign E000035 due to IA-7 failure.</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 Mark P. Bresnahan	15. Title of Person Signing Vice President, General Counsel and Secretary
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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