

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
6/2005 Extension of E990402 STA

1. Applicant

| | | | |
|-------------------|-------------------------|----------------------|------------------------------------|
| Name: | Globecomm Systems, Inc. | Phone Number: | 631-231-9800 x1 |
| DBA Name: | | Fax Number: | 631-231-1557 |
| Street: | 45 Oser Avenue | E-Mail: | GJohnstonSr@globecommsystems .c |
| City: | Hauppauge | State: | NY |
| Country: | USA | Zipcode: | 11788 -3816 |
| Attention: | Gerry Johnston Sr. | | |

2. Contact

| | | | |
|-------------------|---|----------------------|--------------------|
| Name: | Michelle A. McClure | Phone Number: | 202-728-0400 |
| Company: | Irwin, Campbell & Tannenwald, P. C. | Fax Number: | 202-728-0354 |
| Street: | 1730 Rhode Island Ave., N.W. Suite 200 | E-Mail: | mmcclure@ictpc.com |
| City: | Washington | State: | DC |
| Country: | USA | Zipcode: | 20036 -3101 |
| Attention: | | Relationship: | Legal Counsel |

3. Reference File Number SESMOD2000042000658

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
06/12/2005

7. CityHauppauge

8. Latitude
(dd mm ss.s h) 40 48 54.1 N

| | |
|--|--|
| 9. State NY | 10. Longitude (dd mm ss.s h) 73 14 17.8 W |
| 11. Please supply any need attachments. Attachment 1: Public Interest 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: 5px 0;">See Attachment 1</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 Kenneth Miller | 15. Title of Person Signing President |
| 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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