Approved by OMB
3060−0678

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APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS FOR TRANSFER OF CONTROL OR ASSIGNMENTFCC 312 MAIN FORM FOR OFFICIAL USE ONLY	FCC Use Only

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu:
Pro Forma transfer of control notification (R/O)− Fox Television Stations, Inc.

1−8. Legal Name of Applicant

Name:	Fox Television Stations, Inc.	**Phone Number:**	202−824−6522
DBA Name:		**Fax Number:**	202−824−6510
Street:	400 North Capitol Street, NW Suite 890	**E−Mail:**	jdiscipio@21cf.com
City:	Washington	**State:**	DC
Country:	USA	**Zipcode:**	20001 −
Attention:	Mr Joseph M Di Scipio		

SATELLITE EARTH STATION AUTHORIZATIONS
FCC Form 312 − Schedule A
FOR OFFICIAL USE ONLY

Select one of the following

- ○ CONSENT TO TRANSFER OF CONTROL
- ○ CONSENT TO ASSIGNMENT OF LICENSE
- ○ NOTIFICATION OF TRANSFER OF CONTROL OF RECEIVE ONLY REGISTRATION
- ○ NOTIFICATION OF ASSIGNMENT OF RECEIVE ONLY REGISTRATION

A1. Name of Licensee (as shown on FCC 312 − Main Form)

Name:

Phone Number:

DBA Name:

Fax Number:

Street:

E−Mail:

City:

State:

Country:

Zipcode: −

Attention:

A8. List Callsign(s) of station(s) being assigned or transfered

Callsign:	**Callsign:**	**Callsign:**	**Callsign:**	**Callsign:**	**Callsign:**	**Callsign:**	**Callsign:**

A9. No. of station(s) listed

A10. Name of Transferor/ Assignor

Name:		**Phone Number:**	
Company:		**Fax Number:**	
Street:		**E−Mail:**	
City:		**State:**	
Country:		**Zipcode:**	−
Attention:		**Relationship:**	

A15. Name of Transferee/ Assignee

Name:	FEG Holdings, Inc.	**Phone Number:**	202−715−2346
DBA Name:		**Fax Number:**	
Street:	400 North Capitol Street, NW, Suite 890	**E−Mail:**	jsher@21cf.com
City:	Washington	**State:**	DC
Country:	USA	**Zipcode:**	20001 −
Attention:	Jared S Sher		

A20. If these facilities are licensed, is the transferee / assignee directly or indirectly controlled by any other entity? If yes, attach as Exhibit E, a statement (including organizational diagrams where appropriate) which fully and completely identifies the nature and extent of control including: (1) the name, address, citizenship, and primary busienss of the controlling entity and any intermediate subsidiaries or parties, and (2) the names, addresses, citizenshihp, and the percentages of voting and equity stock of those stockholders holding 10 percent or more of the controlling corporation's voting stock.	(●) Yes ( ) No ( ) N/A
A21. If these facilities are licensed, attach as Exhibit F, a complete statement setting forth the facts which show how the assignment or transfer will serve the public interest.	

CERTIFICATION

1. The undersigned, individually and for licensee, certifies that all attached exhibits pertinenet to Schedule A and all statement made in Schedule A of this application are true, compete and correct to the best of his/her knowledge and belief. The undersigned also certifies that any contracts or other instruments submitted herewith are complete and constitute the full agreement.
2. The undersigned represents that stock will not be delivered and that control will not be transferred until the Commission's consent has been received, but that transfer of control or assignment of license will be completed within 60 days of Commission consent. The undersigned also acknowledges that the Commission must be notified by letter within 30 days of consummation.

A22. Printed Name of Licensee (Must agree with A1) Fox Television Stations, Inc.	A24. Title (Office Held by Person Signing) Joseph Di Scipio (VP, Legal and FCC Compliance)
A26. Printed Name of License Transferor / Assignor (Must agree with A10) Twenty−First Century Fox, Inc.	A28. Title (Office Held by Person Signing) Ellen S. Agress (Senior Vice President)
A26. Printed Name of License Transferee / Assignee (Must agree with A15) FEG Holdings, Inc.	A28. Title (Office Held by Person Signing) Ellen S. Agress (Senior Vice President)

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