

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
60 Day STA for E010048 to Allow Transition of Inmarsat Mini-M Service to New Inmarsat 4F2 Satellite

1. Applicant

Name:	Stratos Communications, Inc.	Phone Number:	301-214-8800
DBA Name:		Fax Number:	301-214-8801
Street:	6901 Rockledge Drive Suite 900	E-Mail:	
City:	Bethesda	State:	MD
Country:	USA	Zipcode:	20817 -
Attention:			

2. Contact			
Name:	Alfred Mamlet	Phone Number:	202-429-6204
Company:	Steptoe & Johnson LLP	Fax Number:	202-429-3902
Street:	1330 Connecticut Ave., NW	E-Mail:	amamlet@steptoe.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -1795
Attention:		Relationship:	Legal Counsel
(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 SESMFS2005112201616 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 CGB – Mobile Satellite Earth Stations			
5. Type Request ☒ Use Prior to Grant ☐ Change Station Location ☐ Other			
6. Requested Use Prior Date 01/13/2006			
7. City		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 Application Attachment 2: Roe Declaration Attachment 3: Cert. of Service	
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.) Stratos Communications, Inc. ('Stratos') requests special temporary authority to allow for the transition of the Inmarsat Mini-M service currently provided by the Inmarsat 3 satellite at 54 W.L. to the new Inmarsat 4F2 satellite at 52.75 W.L. Please see the attached narrative application for additional detail.	
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. ☒ Yes ☐ No	
14. Name of Person Signing Paul Kugelman	15. Title of Person Signing Assistant 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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