

Application PAY

(1) LOCKBOX #
979089

SPECIAL USE ONLY
FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) **Higgs Law Group, L.L.C.** (3) TOTAL AMOUNT PAID (U.S. Dollars and cents) **9,870.00**
(4) STREET ADDRESS LINE NO. 1 **1028 Brice Road**
(5) STREET ADDRESS LINE NO. 2

(6) CITY **Rockville** (7) STATE **MD** (8) ZIP CODE **20852**

(9) DAYTIME TELEPHONE NUMBER (include area code) **301-762-8992** (10) COUNTRY CODE (if not in U.S.A.)

FCC REGISTRATION NUMBER (FRN) REQUIRED

(11) PAYER (FRN) **0009457565** (12) FCC USE ONLY

IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)
COMPLETE SECTION BELOW FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(13) APPLICANT NAME **Game Day Entertainment LLC**
(14) STREET ADDRESS LINE NO. 1 **60 Columbus Circle**
(15) STREET ADDRESS LINE NO. 2

(16) CITY **New York** (17) STATE **NY** (18) ZIP CODE **10023**

(19) DAY TIME TELEPHONE NUMBER (include area code) **917-215-5651** (20) COUNTRY CODE (if not in U.S.A.)

FCC REGISTRATION NUMBER (FRN) REQUIRED

(21) APPLICANT (FRN) **0019860683** (22) FCC USE ONLY

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) CALL SIGN/OTHER ID **NEW** (24A) PAYMENT TYPE CODE **MOL** (25A) QUANTITY **1**

(26A) FEE DUE FOR (PTC) **\$705.00** (27A) TOTAL FEE **\$705.00** FCC USE ONLY

(28A) FCC CODE 1 **187782** (29A) FCC CODE 2 **CDBS20100728ACD**

(23B) CALL SIGN/OTHER ID **NEW** (24B) PAYMENT TYPE CODE **MOL** (25B) QUANTITY **1**

(26B) FEE DUE FOR (PTC) **\$705.00** (27B) TOTAL FEE **\$705.00** FCC USE ONLY

(28B) FCC CODE 1 **187781** (29B) FCC CODE 2 **CDBS20100728ACE**

SECTION D - CERTIFICATION

CERTIFICATION STATEMENT

I, Michael Higgs, certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.

SIGNATURE *Michael Higgs* DATE 8/5/10

SECTION E - CREDIT CARD PAYMENT INFORMATION

MASTERCARD _____ VISA _____ AMEX _____ DISCOVER _____

ACCOUNT NUMBER _____ EXPIRATION DATE _____

I hereby authorize the FCC to charge my credit card for the service(s)/authorization herein described.

SIGNATURE _____ DATE _____

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| FEDERAL COMMUNICATIONS COMMISSION REMITTANCE ADVICE (CONTINATION SHEET) FORM 159-C Page No <u>2</u> of <u>3</u> | | SPECIAL USE FCC USE ONLY |
| USE THIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT SECTION BB - ADDITIONAL APPLICANT INFORMATION | | |
| (13) APPLICANT NAME Game Day Entertainment LLC | | |
| (14) STREET ADDRESS LINE NO.1 60 Columbus Circle | | |
| (15) STREET ADDRESS LINE NO. 2 | | |
| (16) CITY New York | (17) STATE NY | (18) ZIP CODE 10023 |
| (19) DAYTIME TELEPHONE NUMBER (include area code) 917-215-5651 | (20) COUNTRY CODE (if not in U.S.A.) | |
| FCC REGISTRATION NUMBER (FRN) REQUIRED | | |
| (21) APPLICANT (FRN) 0019860683 | (22) FCC USE ONLY | |
| COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET | | |
| (23A) CALL SIGN/OTHER ID NEW | (24A) PAYMENT TYPE CODE MOL | (25A) QUANTITY 1 |
| (26A) FEE DUE FOR (PTC) \$705.00 | (27A) TOTAL FEE \$705.00 | FCC USE ONLY |
| (28A) FCC CODE 1 187780 | (29A) FCC CODE 2 CBDS20100728ACH | |
| (23B) CALL SIGN/OTHER ID NEW | (24B) PAYMENT TYPE CODE MOL | (25B) QUANTITY 1 |
| (26B) FEE DUE FOR (PTC) \$705.00 | (27B) TOTAL FEE \$705.00 | FCC USE ONLY |
| (28B) FCC CODE 1 187779 | (29B) FCC CODE 2 CBDS20100728ACK | |
| (23C) CALL SIGN/OTHER ID NEW | (24C) PAYMENT TYPE CODE MOL | (25C) QUANTITY 1 |
| (26C) FEE DUE FOR (PTC) \$705.00 | (27C) TOTAL FEE \$705.00 | FCC USE ONLY |
| (28C) FCC CODE 1 187770 | (29C) FCC CODE 2 CBDS20100728ACL | |
| (23D) CALL SIGN/OTHER ID NEW | (24D) PAYMENT TYPE CODE MOL | (25D) QUANTITY 1 |
| (26D) FEE DUE FOR (PTC) \$705.00 | (27D) TOTAL FEE \$705.00 | FCC USE ONLY |
| (28D) FCC CODE 1 187769 | (29D) FCC CODE 2 CBDS20100728ADJ | |
| (23E) CALL SIGN/OTHER ID NEW | (24E) PAYMENT TYPE CODE MOL | (25E) QUANTITY 1 |
| (26E) FEE DUE FOR (PTC) \$705.00 | (27E) TOTAL FEE \$705.00 | FCC USE ONLY |
| (28E) FCC CODE 1 187767 | (29E) FCC CODE 2 CBDS20100728ADK | |
| (23F) CALL SIGN/OTHER ID NEW | (24F) PAYMENT TYPE CODE MOL | (25F) QUANTITY 1 |
| (26F) FEE DUE FOR (PTC) \$705.00 | (27F) TOTAL FEE \$705.00 | FCC USE ONLY |
| (28F) FCC CODE 1 187766 | (29F) FCC CODE 2 CBDS20100728ADO | |

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE (CONTINUATION SHEET)
FORM 159-C

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| SPECIAL USE |
| FCC USE ONLY |

USE THIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT
SECTION BB - ADDITIONAL APPLICANT INFORMATION

| | | |
|--|--------------------------------------|-------------------------------|
| (13) APPLICANT NAME Game Day Entertainment LLC | | |
| (14) STREET ADDRESS LINE NO. 1 60 Columbus Circle | | |
| (15) STREET ADDRESS LINE NO. 2 | | |
| (16) CITY New York | (17) STATE NY | (18) ZIP CODE 10023 |
| (19) DAYTIME TELEPHONE NUMBER (include area code) 917-215-5651 | (20) COUNTRY CODE (if not in U.S.A.) | |

FCC REGISTRATION NUMBER (FRN) REQUIRED

| | |
|---|-------------------|
| (21) APPLICANT (FRN) 0019860683 | (22) FCC USE ONLY |
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COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

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|--|--|----------------------------|
| (23A) CALL SIGN/OTHER ID NEW | (24A) PAYMENT TYPE CODE MOL | (25A) QUANTITY 1 |
| (26A) FEE DUE FOR (PTC) \$705.00 | (27A) TOTAL FEE \$705.00 | FCC USE ONLY |
| (28A) FCC CODE 1 187765 | (29A) FCC CODE 2 CBDS20100728ADP | |

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| (23B) CALL SIGN/OTHER ID NEW | (24B) PAYMENT TYPE CODE MOL | (25B) QUANTITY 1 |
| (26B) FEE DUE FOR (PTC) \$705.00 | (27B) TOTAL FEE \$705.00 | FCC USE ONLY |
| (28B) FCC CODE 1 187764 | (29B) FCC CODE 2 CBDS20100728ADQ | |

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| (23C) CALL SIGN/OTHER ID NEW | (24C) PAYMENT TYPE CODE MOL | (25C) QUANTITY 1 |
| (26C) FEE DUE FOR (PTC) \$705.00 | (27C) TOTAL FEE \$705.00 | FCC USE ONLY |
| (28C) FCC CODE 1 187762 | (29C) FCC CODE 2 CBDS20100728AER | |

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| (23D) CALL SIGN/OTHER ID NEW | (24D) PAYMENT TYPE CODE MOL | (25D) QUANTITY 1 |
| (26D) FEE DUE FOR (PTC) \$705.00 | (27D) TOTAL FEE \$705.00 | FCC USE ONLY |
| (28D) FCC CODE 1 187761 | (29D) FCC CODE 2 CBDS20100728AES | |

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|--|--|----------------------------|
| (23E) CALL SIGN/OTHER ID NEW | (24E) PAYMENT TYPE CODE MOL | (25E) QUANTITY 1 |
| (26E) FEE DUE FOR (PTC) \$705.00 | (27E) TOTAL FEE \$705.00 | FCC USE ONLY |
| (28E) FCC CODE 1 187760 | (29E) FCC CODE 2 CBDS20100728AEU | |

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|--|--|----------------------------|
| (23F) CALL SIGN/OTHER ID NEW | (24F) PAYMENT TYPE CODE MOL | (25F) QUANTITY 1 |
| (26F) FEE DUE FOR (PTC) \$705.00 | (27F) TOTAL FEE \$705.00 | FCC USE ONLY |
| (28F) FCC CODE 1 187759 | (29F) FCC CODE 2 CBDS20100728AEV | |

MANUFACTURERS AND TRADERS TRUST COMPANY
REQUEST FOR FUNDS TRANSFER PAYMENT ORDER

06579

Rockville Pike

Payment Date: 08/05/10

RECURRING TEMPLATE PAYMENT ORDER:

Template Name:
Amount of Payment:
Additional Information:

ONE TIME PAYMENT ORDER (NO TEMPLATE INVOLVED):

Amount of Payment: \$9870.00
M&T Account to Charge: [REDACTED]
Additional Information: APPLICATIONPAY 0009457565 301 762 8992
CDBS20100728ACD Higgs Law Group LLC
Account to Credit: 27000001
From/By Order Of: HIGGS LAW GROUP
To/For Account Title: FCC/ACV
ABA Number: 021030004
Ref:

Currency: US
Cost Center: 6579

Test Key:

SOURCE OF FUNDS:

Business Name or Customer Name: *HIGGS LAW GROUP
Authorized Rep(s) or Customer Name: MICHAEL L HIGGS JR
Address: 1028 BRICE RD
ROCKVILLE, MD 208521201
Telephone No.: (301)762-0330

NAME OF BENEFICIARY BANK:

To Bank: TREAS NYC
Bank Address: (if known) 33 LIBERTY ST
NEW YORK, NY 10045

AUTHORIZATION VERIFICATION:

Customer Authorization: Michael L. Higgs [Signature] Principal
Print Name of Business or Customer Name Signature of Authorized Rep or Customer Name Title (if applicable)

Customer Authorization: _____
Print Name of Business or Customer Name Signature of Authorized Rep or Customer Name Title (if applicable)

Identification: DL 09/12 H200603488731 MD

Customer agrees to the terms & conditions on the In-Person Funds Transfer Agreement provided.

Bank Initiator/Authorized # 1: ANITA MEHTA [Signature] PB1
Print Name Signature Title
Bank Authorized # 2: CLARICE LOPES RIBEIRO [Signature] _____
Print Name Signature Title

Initiator / Authorized # 1 must call in Wire Transfer to PAYMENT SERVICES @ 1-888-672-1000 record below

Person in Payments Services that accepted the Wire Transfer: [Signature] ICN Number: 5677 Time: 2:20

Record Payment Services Call back information below

First Person in Payments Services that called back to verify Wire Transfer: _____ Branch Verifier: _____ Time: _____

Second Person in Payments Services that called back to verify Wire Transfer: _____ Branch Verifier: _____ Time: _____

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