U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2009



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result i incriminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor R∈lations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disc osure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 630 368449	
Person Filing	
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name Olivia Bell	Name
Title Office Manager	Title
Organization Oliver J. Bell & Associates	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 13449 Dulles Avenue	Street
City Austin	City
State Texas ZIP Code + 4 78729	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec / 31 a. Individual b. Partnership	c. Corporation c Other (Specify):
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 7 / 28 / 2008
Name	Name of person(s) through whom made:
Organization MasTec Satellite	Name Virginia Pagliery
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any 12th Floor	
Street 800 Douglas Road	Name
City Coral Gables	Name
State Florida ZIP Code + 4 33134	Name
Signatures	
Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)  13. Signed  President (If other title, see instructions)  Title  Treasurer  Title  Treasurer  Title  Treasurer  Title  Treasurer  Title	
On         8/27/2008         512-249-6200           Date         Telephone Number	On 8/27/2008 512-249-6200    Date   Telephone Number

Filer Plivia Bell Oliver J. Bell & Associates	File Number C-	
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:		
a. To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.		
b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving		
such employer, except information for use solely in conjunction with a	n administrative or arbit at proceeding or a criminal or civil judicial proceeding.	
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):		
To provide information to employees on labor relations issues. Meet with small groups of employees up to 12 hours per week to communicate with employees regarding their right to exercise or not exercise their right to support or not support a labor rganization. There was no written aggreement.		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity:		
To communicate with employees regarding their right to exercise or not exercise their right to support or not support a labor organization.		
11.b. Period during which performed:	11.c. Extent performed:	
July 28 - August 27	Complete	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Bill Jonas	Name	
Organization Oliver J. Bell & Associates	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Roo n No., if any	
Street 13449 Dulles Avenue	Street	
City Austin	City	
State Texas ZIP Code + 4 78729	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Technicians working in Kingsport, TN		



OLIVER J. BELL PRESIDENT & CEO

MANUEL S. GONZALEZ
CHIEF OPERATING OFFICER

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ANNETTE RAGGETTE, MPP VICE PRESIDENT HUMAN RESOURCES

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U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

September 12, 2008

Dear Sir or Madam:

Enclosed is the corrected copy of the previous LM-20 filed. We are resubmitting report due to a clerical error.

We greatly apologize for any inconvenience. Please feel free to contact my office if you have any questions, or if I may be of further assistance.

Thank you for your understanding.

(signed electronically)