

ORIGINAL

READ INSTRUCTIONS CAREFULLY  
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION  
REMITTANCE ADVICE

Approved by OMB  
3060-0589

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(1) LOCKBOX # <b>358210</b>		SPECIAL USE ONLY	
		FCC USE ONLY	
<b>SECTION A - PAYER INFORMATION</b>			
(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) <b>PanAmSat Licensee Corp.</b>		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) <b>\$7,050.00</b>	
(4) STREET ADDRESS LINE NO. 1 <b>1801 K Street, N.W.</b>			
(5) STREET ADDRESS LINE NO. 2 <b>Suite 440</b>			
(6) CITY <b>Washington</b>		(7) STATE <b>DC</b>	(8) ZIP CODE <b>20006</b>
(9) DAYTIME TELEPHONE NUMBER (include area code) <b>202 - 2924300</b>		(10) COUNTRY CODE (if not in U.S.A.) <b>US</b>	
<b>FCC REGISTRATION NUMBER (FRN) REQUIRED</b>			
(11) PAYER (FRN) <b>0005848577</b>		(12) FCC USE ONLY	
<b>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</b>			
(13) APPLICANT NAME <b>PanAmSat Licensee Corp.</b>			
(14) STREET ADDRESS LINE NO. 1 <b>1801 K Street, N.W.</b>			
(15) STREET ADDRESS LINE NO. 2 <b>Suite 440</b>			
(16) CITY <b>Washington</b>		(17) STATE <b>DC</b>	(18) ZIP CODE <b>20006 -</b>
(19) DAYTIME TELEPHONE NUMBER (include area code) <b>202-292-4300</b>		(20) COUNTRY CODE (if not in U.S.A.) <b>US</b>	
<b>FCC REGISTRATION NUMBER (FRN) REQUIRED</b>			
(21) APPLICANT (FRN) <b>0005848577</b>		(22) FCC USE ONLY	
<b>COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET</b>			
(23A) CALL SIGN/OTHER ID	(24A) PAYMENT TYPE CODE <b>BFY</b>	(25A) QUANTITY <b>1</b>	
(26A) FEE DUE FOR (PTC) <b>\$7,050.00</b>	(27A) TOTAL FEE <b>\$7,050.00</b>	FCC USE ONLY	
(28A) FCC CODE 1	(29A) FCC CODE 2 <b>IB2004000721</b>		
(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE	(25B) QUANTITY	
(26B) FEE DUE FOR (PTC)	(27B) TOTAL FEE	FCC USE ONLY	
(28B) FCC CODE 1	(29B) FCC CODE 2		
<b>SECTION D - CERTIFICATION</b>			
<b>CERTIFICATION STATEMENT</b>			
I, _____, 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 _____		DATE _____	
<b>SECTION E - CREDIT CARD PAYMENT INFORMATION</b>			
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 _____	