

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA for Pre-grant operation of E2707, Hauppauge, NY

1. Applicant

Name:	Viacom International Inc.	Phone Number:	202-457-4518
DBA Name:		Fax Number:	202-457-4615
Street:	Suite 725 2000 K St.NW	E-Mail:	rcbenedict@cbs.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 -
Attention:	Raymond Benedict		

2. Contact

Name:	Viacom International Inc.	Phone Number:	202-457-4518
Company:		Fax Number:	202-457-4615
Street:	Suite 725 2000 K St.NW	E-Mail:	
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 -
Attention:	Raymond Benedict	Relationship:	Same

(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 SESMOD2005113001661 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 CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
12/05/2005

7. CityHauppage

8. Latitude
(dd mm ss.s h) 40 49 15.4 N

9. State NY	10. Longitude (dd mm ss.s h) 73 15 17.4 W
11. Please supply any need attachments. Attachment 1: Attachment 2: Attachment 3:	
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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">MTVN Latin America does not have a back-up Satellite if PanAmSat(Pas)9 fails. If this happens there will be no service to Latin America for 12 MTV and Nickelodeon services and the loss of revenue to that particular business unit would be devastating.</div>	
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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Anne Lucey	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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