

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
STA for Use Prior to Grant

**1. Applicant**

<b>Name:</b>	HBO Latin America Production Services, L.C.	<b>Phone Number:</b>	305-648-8168
<b>DBA Name:</b>		<b>Fax Number:</b>	305-442-4711
<b>Street:</b>	4000 Ponce de Leon Blvd. Suite 800	<b>E-Mail:</b>	jsariego@hbo-la.com
<b>City:</b>	Coral Gables	<b>State:</b>	FL
<b>Country:</b>	USA	<b>Zipcode:</b>	33146 -
<b>Attention:</b>	Jos		

**2. Contact**

<b>Name:</b>	Christopher R. Bjornson	<b>Phone Number:</b>	202.661.8720
<b>Company:</b>	Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.	<b>Fax Number:</b>	202.434.7400
<b>Street:</b>	701 Pennsylvania Avenue, NW Suite 900	<b>E-Mail:</b>	crbjornson@mintz.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20004 -
<b>Attention:</b>	Christopher Bjornson	<b>Relationship:</b>	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 SESMOD2007041700482 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  
05/27/2007

7. CitySunrise	8. Latitude (dd mm ss.s h) 26 7 37.7 N
9. State FL	10. Longitude (dd mm ss.s h) 80 20 9.2 W
11. Please supply any need attachments. Attachment 1: STA Justification                      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: 5px 0;">STA for authorization to add, test and use fourth antenna prior to authorization.</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 Jose Sario	15. Title of Person Signing Senior Vice President and General Counsel
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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