

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Request for STA – E000220, E010028 and E040445

**1. Applicant**

<b>Name:</b>	AMC Networks Broadcasting & Technology	<b>Phone Number:</b>	516-803-0300
<b>DBA Name:</b>		<b>Fax Number:</b>	
<b>Street:</b>	620 HICKSVILLE RD	<b>E-Mail:</b>	
<b>City:</b>	BETHPAGE	<b>State:</b>	NY
<b>Country:</b>	USA	<b>Zipcode:</b>	11714 -
<b>Attention:</b>	Steven Pontillo		

**2. Contact**

<b>Name:</b>	Russell Fox	<b>Phone Number:</b>	202-434-7483
<b>Company:</b>	Mintz Levin	<b>Fax Number:</b>	
<b>Street:</b>	701 Pennsylvania Ave., NW Suite 900	<b>E-Mail:</b>	rfox@mintz.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20004 -
<b>Attention:</b>		<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 SESMOD2018092102798 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

06/25/2020

7. CityBethpage

8. Latitude  
(dd mm ss.s h) 40 44 37.3 N

9. State NY	10. Longitude (dd mm ss.s h) 73 29 38.1 W
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11. Please supply any need attachments.

Attachment 1: Exhibit

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.)

AMC Networks requests a 60-day STA to add a remote control location point for the satellite earth stations associated with call signs E000220, E010028 and E040445.

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.

Yes

No

14. Name of Person Signing  
Steven Pontillo

15. Title of Person Signing  
Executive VP and Chief Technology

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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