INTERNATIONAL SECTION 214 APPLICATION FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu: Any Phone 214 for Miami

| 1. Applic | cant | | | |
|-----------|-------------------|-----------------------------|---------------|--------------------------------|
| | Name: | @NY Pnone, LLC | Phone Number: | 305–396 66 67 |
| | DBA Name: | | Fax Number: | 305–396 66 68 |
| | Street: | 6538 Collins Ave. Suite 259 | E-Mail: | fabian.barrera@anyphone.net.co |
| | City: | Miami Beach | State: | FL |
| | Country: | USA | Zipcode: | 33141 – |
| | Attention: | Mr Fabian Barrera | | |
| | | | | |

| 2. Contact | | | | | | |
|--------------|-----------------------------|---------------------------------|--------------------------------------|----------------|--|--|
| | Name: | Fabian Barrera | Phone Number: | 305–396 66 67 | | |
| | Company: | @NY Phone, LLC | Fax Number: | 305– 396 66 68 | | |
| | Street: | Col 304057 | E-Mail: | | | |
| | | 4440 NW 73d Ave. | | | | |
| | City: | Miami | State: | FL | | |
| | Country: | USA | Zipcode: | 33166 – | | |
| | Attention: | Mr. Fabian Barrera | Relationship: | Same | | |
| | | | | | | |
| | | | | | | |
| 3. Place of | Incorporation | n of Applicant MIA | | | | |
| 4. Other Co | ompany(ies) a | and Place(s) of Incorporation | | | | |
| | | | | | | |
| 5 Service | Type(s) (chec | k all that apply) | | | | |
| | • • • • • • | | thority (Section 63.18(e)(1)) | | | |
| ★ Glo | bal or Limited | d Global Resale Authority (S | Section 63.18(e)(2)) | | | |
| | vidual Facilit | ies-Based Service (Section 6 | 53.18(e)(3)) | | | |
| Indi | vidual Switch | ned Resale Service (Section 6 | 53.18(e)(3)) | | | |
| Indi | vidual Facilit | ies-Based and Resale Servic | e (Section 63.18(e)(3)) | | | |
| Swi | tched Service | s over Private Lines (ISR) (S | ection 63.16 and/or 63.18 (e)(3)) | | | |
| Inm | arsat and Mol | bile Satellite Service (Section | n 63.18(e)(3)) | | | |
| Ove | rseas Cable C | Construction (Section 63.18(e | 2)(3)) | | | |
| Indi | vidual Non–I | nterconnected Private Line R | Resale Service (Section 63.18(e)(3)) | | | |
| Oth | Other (Section 63.18(e)(3)) | | | | | |

| 6a. 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): |
| 6b. Fee Classification CUT – Section 214 Authority |
| 7. Destination Country(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or "Countries X, Y, and Z only".) All international points |
| 8. Caption (description of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to All International Points Except Country X) (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.) |
| Global o limited Global Resale Authority |
| 9. Does the applicant request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in Attachment 1 a statement of how the application qualifies for streamlined processing. 10. If applying for authority to provide switched services over private lines pursuant to Section 63.16, provide the required showing in Attachment 1. |
| |

| Applicant c | ertifies that | its responses | to questions | 11 through 1' | 7 are true: |
|-------------|---------------|---------------|--------------|---------------|-------------|
| | | | | | |

15. In Attachment 2, respond to paragraphs (d), (e)(3) and (g) of Section 63.18.

| represent certifies that its responses to questions in an ough 17 are true. | | |
|---|-------|----|
| 11. If the applicant is a foreign carrier, or is affiliated (as defined in 47 C.F.R. Section 63.09(e)) with a foreign carrier, provide in Attachment 1 the information and certifications required by Section 63.18(i) through (m). | | |
| 12. Does the applicant seek authority to provide service to any destination described in paragraphs (1) through (4) of Section 63.18(j)? If yes, list those destinations in Attachment 1 as a response to question 12. | O Yes | No |
| 13. Does the applicant seek authority to provide service to any destinations other than those listed in response to question 12 where it has an affiliation with a foreign carrier? If yes, list those destinations in Attachment 1 as a response to question 13. | O Yes | No |
| | | |
| 14. [Section 63.18(h)] In Attachment 2, provide the name, address, citizenship and principal business of the applicant's ten percent or greater direct and indirect shareholders or other equity holders, and identify any interlocking directorates. | | |

| 16. 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 | 0 | No |
|---|---|-----|---|----|
| 17. By checking Yes, the applicant certifies that it has not agreed to accept special concessions directly or indirectly from a foreign carrier with respect to any U.S. international route where the foreign carrier possesses sufficient market power on the foreign end of the route to affect competition adversely in the U.S. market and will not enter into such agreements in the future. | • | Yes | ٥ | No |

CERTIFICATION

| 71 | | 19. Title of Person Signing President | | |
|--|-------------------|---------------------------------------|----------------------|--|
| WILLFUL FALSE STATEMENTS MAI (U.S. Code, Title 18, Section 1 (U.S. Code, Title 47, Section | 1001), AND/OR REV | OCATION OF ANY S' | TATION AUTHORIZATION | |
| 20. 1: | 2: Principal | | 3: | |

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