## INTERNATIONAL SECTION 214 APPLICATION FOR OFFICIAL USE ONLY

## APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu: Application for International Section 214 Authority

1. Applic	ant			
	Name:	Pacific Networks Corp.	Phone Number:	+852 2377 8834
	DBA Name:		Fax Number:	
	Street:	1201 Pennsylvania Ave., NW	E-Mail:	suttoncheung@citic1616.com
		Suite 500		
	City:	Washington, DC	State:	DC
	Country:	USA	Zipcode:	20004 –
	Attention:	Mr. Sutton Cheung		

2. Contact				
	Name:	Bruce Olcott	Phone Number:	202-626-6615
	Company:	Squire, Sanders & Dempsey L.L.P.	Fax Number:	
	Street:	1201 Pennsylvania Avenue, NW	E-Mail:	bolcott@ssd.com
		Suite 500		
	City:	Washington, DC	State:	DC
	Country:	USA	Zipcode:	20004 –
	Attention:	Mr. Bruce Olcott	Relationship:	Legal Counsel
3. Place of	Incorporation	n of Applicant Delaware		
4. Other C	ompany(ies) a	and Place(s) of Incorporation		
5. Service	Type(s) (chec	k all that apply)		
	• 1	d Global Facilities–Based Authority (	(Section 63.18(e)(1))	
Glo	bal or Limited	d Global Resale Authority (Section 6	53.18(e)(2))	
	ividual Facilit	ies-Based Service (Section 63.18(e)(	(3))	
Ind	ividual Switch	ned Resale Service (Section 63.18(e)(	(3))	
Ind	ividual Facilit	ies-Based and Resale Service (Section	on 63.18(e)(3))	
Swi	itched Service	s over Private Lines (ISR) (Section 6	3.16 and/or 63.18 (e)(3))	
Inm	narsat and Mol	bile Satellite Service (Section 63.18(	e)(3))	
Ove	erseas Cable C	Construction (Section 63.18(e)(3))		
Ind	ividual Non–I	interconnected Private Line Resale Se	ervice (Section 63.18(e)(3))	
Oth	er (Section 63	3.18(e)(3))		

	ed with this application? e and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
<del>"</del>	Entity Noncommercial educational licensee
Other(please ex	
Other (piease ex	tpiani).
6b. Fee Classification	on CUT – Section 214 Authority
7. Destination Cour "Countries X, Y, and	ntry(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or d Z only".) All international points
All International Po	tion of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to bints Except Country X) description does not appear in this box, please go to the end of the form to view it in its entirety.)
	Application for Authority to Provide International Resold Services to All International Points
Attachment 1 a stat	Int request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in tement of how the application qualifies for streamlined processing.  Section 63.12? If yes, include in the entire of the entire of how the application qualifies for streamlined processing.

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.

applicant certifies that its responses to questions 11 through 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.	•	Yes	0	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.	0	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	٥	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**

18. Typed Name of Person Signing Bin Li	19. Title of President	19. Title of Person Signing President				
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONME.  (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).						
20. 1: Attachment 1	2: Attachment 2	3:				

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