INTERNATIONAL SECTION 214 APPLICATION FCC FORM 214 FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu: Telaurus Communications LLC 214 Authority App. 7/7/2009

1. Applica	ant			
	Name:	Telaurus Communications LLC	Phone Number:	631–457–1144
	DBA Name:		Fax Number:	631–231–1557
	Street:	45 Oser Avenue	E-Mail:	JHanft@globecommsystems.com
	City	Наитрация	State:	NIV
	City:	Hauppauge		NY
	Country:	USA	Zipcode:	11788 – 3816
	Attention:	Ms Julia Hanft		

2. Contact						
	Name:	Michelle A. McClure	Phone Number:	703-812-0484		
	Company:	Fletcher, Heald & Hildreth, P.L.C.	Fax Number:	703-812-0486		
	Street:	1300 North 17th Street	E-Mail:	mcclure@fhhlaw.com		
		11th Floor				
	City:	Arlington	State:	VA		
	Country:	USA	Zipcode:	22209 –		
	Attention:		Relationship:	Legal Counsel		
3. Place of 1	Incorporation	of Applicant Delaware				
		and Place(s) of Incorporation				
Globec	omm System	ns, Inc., Delaware corporation				
5 Service T	vne(s) (chec	k all that apply)				
	• • • • • • • • • • • • • • • • • • • •	l Global Facilities–Based Authority ((Section 63.18(e)(1))			
Global or Limited Global Resale Authority (Section 63.18(e)(2))						
Individual Facilities–Based Service (Section 63.18(e)(3))						
Individual Switched Resale Service (Section 63.18(e)(3))						
Indiv	Individual Facilities—Based and Resale Service (Section 63.18(e)(3))					
Switched Services over Private Lines (ISR) (Section 63.16 and/or 63.18 (e)(3))						
Inma	Inmarsat and Mobile Satellite Service (Section 63.18(e)(3))					

Overseas Cable Construction (Section 63.18(e)(3))

Other (Section 63.18(e)(3))

Individual Non–Interconnected Private Line Resale Service (Section 63.18(e)(3))

Governmental Ent	nd attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
Governmental Ent	
- -	titri - Noncommercial adizactional Isoancaa
	Noncommercial educational licensee
Other(please expla	ain):
6b. Fee Classification	CUT – Section 214 Authority
7. Destination Country "Countries X, Y, and Z	y(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or Z only".) All Authorized International Points
All International Points	n of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to ts Except Country X) scription does not appear in this box, please go to the end of the form to view it in its entirety.)
-	oplication for Authority to Provide International Facilities-Based and Resold Services to all Permissible International Points
Attachment 1 a statem	request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in Noment of how the application qualifies for streamlined processing. No hority to provide switched services over private lines pursuant to Section 63.16, provide the required showing in

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	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 (Must be a Corp Julia Hanft	· • • • • • • • • • • • • • • • • • • •	19. Title of Person Signing Vice President, Contracts				
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).						
20. 1: Attachment 1	2: Attachment 2	3:				

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