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: Application of Global Node Inc for International Authority pursuant to 47 USC Section 214

1. Applican	ıt			
	Name:	GLOBAL NODE INC.	Phone Number:	786–228–9800
	DBA Name:		Fax Number:	
	Street:	9100 South Dadeland Blvd. suite 1500	E-Mail:	noc@globextel.com
	City:	Miami	State:	FL
	Country:	USA	Zipcode:	33120 –
	Attention:	Ms Maureen Brisbane-Mehu		

2. Contact						
N	ame:	Edward A. Maldonado, Esq.	Phone Number:	305-477-7580		
C	ompany:	Maldonado Law Group	Fax Number:	305–477		
St	treet:	3399 NW 72nd Avenue, Sutie 216	E-Mail:	eam@maldonado-group.com		
C	ity:	Miami	State:	FL		
	ountry:	USA	Zipcode:	33122 –		
	ttention:	Edward A. Maldonado, Esq.	Relationship:	Legal Counsel		
			•			
3. Place of Inc	corporation	of Applicant Florida				
4. Other Com	pany(ies) a	and Place(s) of Incorporation				
		k all that apply)				
<u> F. 3.</u>		l Global Facilities–Based Authority (
X Global	or Limited	Global Resale Authority (Section 6	53.18(e)(2))			
Individual Facilities–Based Service (Section 63.18(e)(3))						
Individual Switched Resale Service (Section 63.18(e)(3))						
Individ	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))						
Inmars	Inmarsat and Mobile Satellite Service (Section 63.18(e)(3))					
Overse	Overseas Cable Construction (Section 63.18(e)(3))					
Individual Non–Interconnected Private Line Resale Service (Section 63.18(e)(3))						
Individ	lual Non–Iı		ervice (Section 63.18(e)(3))			

	lets and attack ECC Form 150. If No. indicate reason for fee everytion (see 47 C EP Section 1 1114)
🕶	elete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
Government	al Entity Noncommercial educational licensee
Other(please	e explain):
6b. Fee Classific	ation CUT – Section 214 Authority
7. Destination Co "Countries X, Y,	ountry(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or and Z only".) All international points not excluded by the Commission
All International	ription of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to Points Except Country X) te 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 Facilities-Based and Resold Services to All International Points not excluded by the Commission
Attachment 1 a s	icant request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in statement of how the application qualifies for streamlined processing. Or authority 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	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

18. Typed Name of Person Signing (Must be a Corp Maureen Brisbane–Mehu	porate Officer) 19. Title of Policetor	erson Signing	
	DE ON THIS FORM ARE PUNISH .001), AND/OR REVOCATION OI 312(a)(1)), AND/OR FORFEITUR	FANY STATION AUTHORIZAT	ION
20. 1: FCC214 Attachment 1	2:	3:	

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