## 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: Phonesty Inc.

1. Applica	1. Applicant							
	Name:	Phonesty Inc.	Phone Number:	(941) 448–0968				
	DBA Name:		Fax Number:					
	Street:	3704 US HWY 301 N Ste 2	E–Mail:	florian@phonesty.com				
	City:	Ellenton	State:	FL				
	<b>Country:</b>	USA	Zipcode:	34222 –				
	<b>Attention:</b>	Florian Trinkwalder						

2. Contact				
	Name:	Chris Canter	Phone Number:	703–714–1300
	Company:	The Commpliance Group, Inc.	Fax Number:	703–714–1330
	Street:	1420 Spring Hill Road, Suite 401	E-Mail:	cac@commpliancegroup.com
	City:	McLean	State:	VA
	<b>Country:</b>	USA	Zipcode:	22102 –
	<b>Attention:</b>	Chris Canter	Relationship:	Legal Counsel
3. Place of	Incorporation	n of Applicant FL		
4. Other C	ompany(ies)	and Place(s) of Incorporation		
5. Service	Type(s) (chec	k all that apply)		
Glo	bal or Limited	d Global Facilities—Based Authority	(Section 63.18(e)(1))	
Glo	bal or Limited	d Global Resale Authority (Section	63.18(e)(2))	
Ind	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 (Secti	on 63.18(e)(3))	
Swi	tched Service	es over Private Lines (ISR) (Section 6	63.16 and/or 63.18 (e)(3))	
Inn	narsat and Mo	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 S	ervice (Section 63.18(e)(3))	
	er (Section 63			
	•	· · · · · · · · ·		

	with this application? and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
<del>*</del>	ntity Noncommercial educational licensee
Other(please exp	<del>-</del>
Other(please exp	14111/.
6b. Fee Classification	CUT – Section 214 Authority
7. Destination Countries X, Y, and	ry(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or Z only".) All Authorized Points
All International Poir	on of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to escription 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 state	t request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in ment of how the application qualifies for streamlined processing.  Thority 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	0	No

## **CERTIFICATION**

8. Typed Name of Person Signing (Must be a Florian Trinkwalder	Corporate Officer) 19. Title of F President	erson Signing	
(U.S. Code, Title 18, Sec	MADE ON THIS FORM ARE PUNIS tion 1001), AND/OR REVOCATION O ction 312(a)(1)), AND/OR FORFEITUR	F ANY STATION AUTHORIZATION	
20. 1: Response to § 63.12	2: Responses to § 63.18	3:	

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