## INTERNATIONAL SECTION 214 APPLICATION FOR OFFICIAL USE ONLY

## APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu: International 214 Application–MBI

1. Applicant				
Na	me:	MBI Services Group, Inc.	Phone Number:	305-356-6200
DB Na	BA me:		Fax Number:	305–908–9368
Str	reet:	1050 NW 163rd Drive	E–Mail:	ken@morganbeaumont.com
Cit	ty:	Miami	State:	FL
Co	untry:	USA	Zipcode:	33169 –
Att	tention:	Mr Kenneth W Craig		

2. Contact					
	Name:	Mr. Kenneth W Craig	Phone Number:	305-356-6200	
	Company:	MBI Services Group, Inc.	Fax Number:	305-908-9368	
	Street:	1050 NW 163rd Drive	E-Mail:	ken@morganbeaumont.com	
	City:	Miami	State:	FL	
	<b>Country:</b>	USA	Zipcode:	33169 –	
	Attention:	Mr Kenneth W Craig, President	Relationship:	Other	
3. Place of	Incorporation	n of Applicant Florida			
	ompany(ies) an Beaumont,	and Place(s) of Incorporation Inc. (Parent)			
	• • • • • • • • • • • • • • • • • • • •	k all that apply) d Global Facilities—Based Authority	(Section 63.18(e)(1))		
Global or Limited Global Resale Authority (Section 63.18(e)(2))					
Indi	vidual Facilit	ies-Based Service (Section 63.18(e)	)(3))		
Indi	vidual Switch	ned Resale Service (Section 63.18(e)	)(3))		
Indi	vidual Facilit	ies-Based and Resale Service (Sect	ion 63.18(e)(3))		
Swi	tched Service	es over Private Lines (ISR) (Section	63.16 and/or 63.18 (e)(3))		
Inm	arsat and Mol	bile Satellite Service (Section 63.18	(e)(3)		
Ove	rseas Cable C	Construction (Section 63.18(e)(3))			
Indi	☐ Individual Non–Interconnected Private Line Resale Service (Section 63.18(e)(3))				
Oth	er (Section 63	3.18(e)(3))			

	ted with this application?  ete 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 e	explain):
6b. Fee Classificat	cion CUT – Section 214 Authority
7. Destination Cou "Countries X, Y, as	untry(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or nd Z only".) All international points permitted by the Commission under a grant of global authority.
All International P	ption of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to Points Except Country X) a 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 Service to All International Points Permitted by the Commission Under a Grant of Global Authority
Attachment 1 a sta	cant request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in atement of how the application qualifies for streamlined processing.  The 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	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 Mr. Kenneth W. Craig	19. Title of Per President	rson Signing	
(U.S. Code, Title 18, Section	DE ON THIS FORM ARE PUNISHA 1001), AND/OR REVOCATION OF 312(a)(1)), AND/OR FORFEITURE		
20. 1: MBIAttachment1	2: MBIAttachment2	3:	

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