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 for FCC SECTION 214 for VOXVISION, INC.

1. Applicant			
Name:	VoxVision, Inc.	Phone Number:	305–590–8148
DBA Name:		Fax Number:	305-590-8148
Street:	8100 Geneve ct. Suite# 439	E–Mail:	emmanuel@voxvision.com.br
City:	miami	State:	FL
Country:	USA	Zipcode:	33166 –
Attention:	Mr Emmanuel F Nascimento		

ct			
Name:	Emmanuel Nascimento	Phone Number:	+1 305 590 8148
Company:	VoxVision	Fax Number:	305-590-8148
Street:	9737 NW 41st. St. Suite 601	E-Mail:	emmanuel@voxvision.com.br
City:	Doral	State:	FL
Country:	USA	Zipcode:	33178 –
Attention:	Emmanuel	Relationship:	Engineer

3. Place of Incorporation of Applicant FLORIDA

4. Other Company(ies) and Place(s) of Incorporation

5. Service Type(s) (check all that apply)

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))

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))

Inmarsat and Mobile Satellite Service (Section 63.18(e)(3))

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

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

Other (Section 63.18(e)(3))

6a	Is	a fe	e :	submitted	1 with	this	ann	lication	?
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If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).

Governmental Entity ON Noncommercial educational licensee

Other(please explain):

6b. Fee Classification CUT – Section 214 Authority

7. Destination Country(ies) (e.g.,	'Country X", "All international points", "All international points except Country X and Country Y" or
"Countries X, Y, and Z only".)	All International Points

8. Caption (description of authority requested, e.g., Application for Authority to Provide International Facilities–Based and Resold Services	to
All International Points Except Country X)	

(If the complete 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

Yes

No No

9. Does the applicant request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in Attachment 1 a statement of how the application qualifies for streamlined processing.

10. If applying for authority to provide switched services over private lines pursuant to Section 63.16, provide the required showing in Attachment 1.

۲	Yes	0
0	Yes	۲
	_	

No

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.

15. In Attachment 2, respond to paragraphs (d), (e)(3) and (g) of Section 63.18.

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.	0	Yes	۲	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.	0	Yes	۲	No

CERTIFICATION

18. Typed Name of Person Signing (Must be Jesse Cavalcante	a Corporate Officer)	19. Title of Person CEO	n Signing		
	S MADE ON THIS FORM ction 1001), AND/OR REV ection 312(a)(1)), AND/OR	OCATION OF AN	Y STATION AUTI	HORIZATION	ENT
20. 1: Attachment 1	2: Attachment 2		3:		

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