## 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: Vibe Direct LLC 214

| 1. Applicant                    |                                |                    |                     |
|---------------------------------|--------------------------------|--------------------|---------------------|
| Name:                           | Vibe Direct LLC                | Phone Number:      | 347–668–9484        |
| DBA<br>Name:                    |                                | Fax Number:        |                     |
| Street:                         | 3503 St Tropez Way             | E-Mail:            | erik@ibuumerang.com |
| City:<br>Country:<br>Attention: | Houston<br>USA<br>Erik Johnson | State:<br>Zipcode: | TX<br>77082 –       |
|                                 |                                |                    |                     |

| 2. Contact  |                 |                                    |                         |                           |
|---|-----------------|------------------------------------|-------------------------|---------------------------|
|   | Name:           | Thomas Lynch                       | Phone Number:           | 410 349 4990              |
|   | Company:        | Thomas Lynch & Associates          | Fax Number:             |                           |
|   | Street:         | 185 Admiral Cochrane Drive         | E-Mail:                 | tlynch@telecomlawyers.com |
|   |                 | Suite 115                          |                         |                           |
|   | City:           | Annapolis                          | State:                  | MD                        |
|   | Country:        | USA                                | Zipcode:                | 21401 –                   |
|   | Attention:      |                                    | Relationship:           | Legal Counsel             |
|   |                 |                                    |                         |                           |
|   |                 |                                    |                         |                           |
| 3. Place of   | Incorporation   | n of Applicant Texas               |                         |                           |
| 4. Other C  | ompany(ies) a   | and Place(s) of Incorporation      |                         |                           |
|   |                 |                                    |                         |                           |
| 5. Service  | Type(s) (chec   | k all that apply)                  |                         |                           |
| <b>★</b> Glo  | bal or Limited  | d Global Facilities–Based Authorit | y (Section 63.18(e)(1)) |                           |
| <b>X</b> Glo  | bal or Limited  | d Global Resale Authority (Section | n 63.18(e)(2))          |                           |
| Indi  | ividual Facilit | ies-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))                       |                 |                                    |                         |                           |
| Ove   | erseas Cable C  | Construction (Section 63.18(e)(3)) |                         |                           |
| ☐ Individual Non–Interconnected Private Line Resale Service (Section 63.18(e)(3)) |                 |                                    |                         |                           |
| Other (Section 63.18(e)(3))   |                 |                                    |                         |                           |

|   | ed with this application? The 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 ex                           | •  |
| Other(please e.                           | xpiaiii).  |
| 6b. Fee Classificati                      | on CUT – Section 214 Authority   |
| 7. Destination Cou<br>"Countries X, Y, an | ntry(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or ad Z only".) All international points   |
| •   |  |
| All International Po                      | tion of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to bints Except Country X) 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 Resold and Facilities-based Services to All International Points.   |
| Attachment 1 a sta                        | ant request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in tement of how the application qualifies for streamlined processing.  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 (Must be a Corp<br>Terrence Gray | orate Officer) 19. Title o | 19. Title of Person Signing COO  |       |  |
|---|----------------------------|--|-------|--|
|   | 001), AND/OR REVOCATION    | ISHABLE BY FINE AND / OR IN<br>OF ANY STATION AUTHORIZA<br>URE (U.S. Code, Title 47, Section | ATION |  |
| 20. 1: A1 Stream  | 2: A2 Owners               | 3:   |       |  |

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