

CABLE LANDING LICENSE APPLICATION
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APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu:

APPLICATION FOR CONSENT TO THE ASSIGNMENT OF INTERESTS IN CABLE LANDING LICENSES

1. Applicant

Name:	PCI Communications Inc.	Phone Number:	301-610-4300 x4646
DBA Name:		Fax Number:	240-314-4219
Street:	c/o Startec 1151 Seven Locks Road	E-Mail:	jmorgan@startec.net
City:	Potomac	State:	MD
Country:	USA	Zipcode:	20854 -
Attention:	Mr James Morgan		

2. Contact

Name:	Marina Mazor	Phone Number:	202-663-6491
Company:	Wilmer, Cutler & Pickering	Fax Number:	202-663-6363
Street:	2445 M Street, NW	E-Mail:	marina.mazor@wilmer.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20037 -
Contact Title:		Relationship:	Legal Counsel

3. Place of Incorporation of Applicant Guam

4. Other Company(ies) and Place(s) of Incorporation
Guam Cable Group, Inc., Delaware

5. Destination Country(ies)

6. Caption (description of authority requested, e.g., Application for a License to Land and Operate a Fiber Optic Submarine Cable System between the United States, Country A and Country B.)

(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 CONSENT TO THE ASSIGNMENT OF INTERESTS IN CABLE
LANDING LICENSES FROM PCI COMMUNICATIONS, INC. TO GUAM CABLE GROUP,
INC.

<p>7. Is a fee submitted with this application?</p> <p><input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).</p> <p><input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee</p> <p><input type="radio"/> Other (please explain):</p>
<p>8. Will the cable system be operated on a common carrier basis? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, provide the File Number of the associated Section 214 application for the construction and operation of new facilities.</p>
<p>9. In Attachment 1, provide the information and certifications required by 47 C.F.R. Section 1.767(a).</p>

CERTIFICATIONS

<p>10. 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.</p>		<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>11. Typed Name of Person Signing</p> <p>James Morgan</p>	<p>12. Title of Person Signing</p> <p>Corporate Counsel</p>	
<p>WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).</p>		
<p>13. 1: 1</p>	<p>2:</p>	<p>3:</p>

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