# CABLE LANDING LICENSE APPLICATION FOR OFFICIAL USE ONLY

### APPLICANT INFORMATION

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

In the Matter of WorldCom, Inc. (Debtor–in–Possession) d/b/a MCI, on behalf of its Subsidiary, MCI International, Inc. (Debtor–in–Possession), Application for Authority to Assign Cable Landing Licenses, Streamlined Processing Requested

ant			
Name:	WorldCom, Inc. (debtor-in-possession)	<b>Phone Number:</b> 202–736–6053	
DBA Name:		Fax Number:	202-736-6083
Street:	1133 19th Street, N.W.	E–Mail:	kerry.murray@mci.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 –
Attention:	Kerry E Murray		

2. Contact

Name: Richard S. Whitt Phone Number: 202–887–3845

**Company:** MCI **Fax Number:** 202–736–3304

Street: 1133 19th Street, N.W. E-Mail: richard.s,whitt@mci.com

City: Washington State: DC

Country: USA Zipcode: 20036 -

Contact Director Relationship: Same

Title:

## 3. Place of Incorporation of Applicant Georgia

4. Other Company(ies) and Place(s) of Incorporation MCI, Inc., Delaware

**5. Destination Country(ies)** See Attachment A

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.)

In the Matter of WorldCom, Inc. (Debtor-in-Possession) d/b/a MCI, on behalf of its Subsidiary, MCI International, Inc. (Debtor-in-Possession), Application for Authority to Assign Cable Landing Licenses, Streamlined Processing Requested, Docket No. WC 02-215

7. Is a fee submitted with this application?								
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 Noncommercial educational licensee								
Other(please explain):								
8. Will the cable system be operated on a common car	rrier basis?   Ye	s O No						
If yes, provide the File NumberSEE ATTACHMENT facilities.	A of the associated	d Section 214 applicati	on for the constructio	on and operation of new				
9. In Attachment 1, provide the information and certif	ications required by	47 C.F.R. Section 1.70	67(a).					
CERTIFICATIONS								
10. By checking Yes, the undersigned certifies that net to a denial of Federal benefits that includes FCC bene 21 U.S.C. Section 862, because of a conviction for po 1.2002(b) for the meaning of "party to the application.	efits pursuant to Secusies session or distribute	tion 5301 of the Anti–I tion of a controlled sub	Orug Act of 1988,	● Yes ○ No				
11. Typed Name of Person Signing	12. Title of Person Signing							
Karen M. Johnson	Associate Counsel							
WILLFUL FALSE STATEMENTS MADE (U.S. Code, Title 18, Section 10) (U.S. Code, Title 47, Section 31)	01), AND/OR REV	OCATION OF ANY ST	TATION AUTHORIZ	ZATION				
			, , , , , , , , , , , , , , , , , , , ,	<u> </u>				
13. 1: appl 2	2: cover		3:					

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