## 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 Communications Corporation (Debtor–in–Possession), Application for Authority to Assign Cable Landing Licenses, Streamlined Processing Requested

1. Applicant			
Name:	WorldCom, Inc. (debtor-in-possession)	Phone Number:	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.
- **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 Communications Corporation (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 carrier basis?   Yes  No		
If yes, provide the File NumberSEE ATTACHMENT A of the associated Section 214 application for the construction and operation of facilities.	new	
9. In Attachment 1, provide the information and certifications required by 47 C.F.R. Section 1.767(a).		
CERTIFICATIONS		
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.		
11. Typed Name of Person Signing 12. Title of Person Signing		
Karen M. Johnson  Karen M. Johnson  Associate Counsel		
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).		
2: appl 3:		

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