

CABLE LANDING LICENSE APPLICATION
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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, MFS Globenet, Inc. (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 Title:	Director	Relationship:	Same

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, MFS Globenet, 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 carrier basis? Yes No
If yes, provide the File Number SEE ATTACHMENT A of the associated Section 214 application for the construction and operation of new facilities.

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. Yes No

11. Typed Name of Person Signing Karen M. Johnson	12. Title of Person Signing Associate Counsel
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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).

13. 1: cover	2: Appl	3:
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