

CABLE LANDING LICENSE APPLICATION
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APPLICANT INFORMATION

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

SCL Application

| | | | |
|-------------------|-----------------------------|----------------------|---------------------------|
| 1. Applicant | | | |
| Name: | Antilles Crossing Limited | Phone Number: | +1 246 430 4210 |
| DBA Name: | | Fax Number: | +1 246 429 3052 |
| Street: | 41 Cedar Avenue Hamilton | E-Mail: | networkresearch@cogeco.ca |
| City: | | State: | |
| Country: | Bermuda | Zipcode: | - |
| Attention: | Mr. Douglas G. Cunningham | | |

2. Contact

| | | | |
|-----------------------|-----------------------------------|----------------------|------------------------------|
| Name: | Kent D. Bressie | Phone Number: | +1 202 730 1337 |
| Company: | Harris, Wiltshire & Grannis LLP | Fax Number: | +1 202 730 1301 |
| Street: | 1200 18th Street NW Suite 1200 | E-Mail: | kbressie@harriswiltshire.com |
| City: | Washington | State: | DC |
| Country: | USA | Zipcode: | 20036 - 2560 |
| Contact Title: | Partner | Relationship: | Legal Counsel |

3. Place of Incorporation of Applicant Bermuda

4. Other Company(ies) and Place(s) of Incorporation

5. Destination Country(ies) United States; St. Lucia; Barbados

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 a License to Land and Operate a Private Fiber-Optic Cable System Between the U.S. Virgin Islands, St. Lucia, and Barbados, for the Antilles Crossing System

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 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

| | |
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| 11. Typed Name of Person Signing Douglas G. Cunningham | 12. Title of Person Signing President |
|--|---|

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).

| | | |
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| 13. 1: SCL App | 2: Exhibit A | 3: |
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