

CABLE LANDING LICENSE APPLICATION
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APPLICANT INFORMATION

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

Columbus Cable Landing License Appl. U.S. – Colombia – Jamaica (CFX-1 Cable System)

1. Applicant

Name:	Columbus Networks USA, Inc.	Phone Number:	786-274-7400
DBA Name:		Fax Number:	786-274-7402
Street:	15950 West Dixie Highway	E-Mail:	pscott@columbus-networks.com
City:	North Miami Beach	State:	FL
Country:	USA	Zipcode:	33162 -
Attention:	Mr. Paul Scott		

2. Contact

Name:	Hector G. Mora	Phone Number:	202-250-3488
Company:	Wellstein Mora Rodriguez International	Fax Number:	202-518-0714
Street:	1789 Columbia Rad, N.W. Suite 200	E-Mail:	hmora@wellstein-steel.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20009 -
Attention:	Hector Mora and/or Linda Wellstein	Relationship:	Legal Counsel

3. Place of Incorporation of Applicant State of Delaware

4. Other Company(ies) and Place(s) of Incorporation
Columbus Networks International, LLC – State of Delaware
Columbus Networks Services, Inc. – State of Delaware
A. SUR NET, Inc. – State of Delaware
ARCOS-1 USA, Inc. – State of Delaware

5. Destination Country(ies) Colombia and Jamaica

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 Fiber Optic Submarine Cable System between the United States, Colombia and Jamaica.

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

11. Typed Name of Person Signing Paul Scott	12. Title of Person Signing President & Chief Operating Officer
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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: Attachment No. 1	2: Attachment No. 2	3:
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