## CABLE LANDING LICENSE APPLICATION FOR OFFICIAL USE ONLY

## APPLICANT INFORMATION

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

Application for Pro Forma Transfer of Control of Submarine Cable Landing Licenses

Name:	Teleglobe America Inc.	Phone Number:	703-766-3034	
DBA Name:		Fax Number:	703-766-3104	
Street:	1 Discovery Square	E-Mail:	diana.peneva@teleglobe.com	
	12010 Sunset Hills Rd.			
City:	Reston	State:	VA	
<b>Country:</b>	USA	Zipcode:	20190 –	
Attention:	Diana M Peneva			

	Name:	Rogena Harris	Phone Number:	(703) 766–3061		
	Company:	Teleglobe America Inc.	Fax Number:	(703) 766–3104		
	Street:	One Discovery Square, 4th Fl	E-Mail:	rogena.harris@teleglobe.com		
		12010 Sunset Hills Road				
	City:	Reston	State:	VA		
	<b>Country:</b>	United States Virgin Islands	Zipcode:	20190 – 5856		
	Contact	Senior Counsel	<b>Relationship:</b>	Legal Counsel		
	_	on of Applicant Delaware and Place(s) of Incorporation				
. Other	e <b>of Incorporatio</b> Company(ies) a	and Place(s) of Incorporation				
. Other	e of Incorporation Company(ies) a nation Country	and Place(s) of Incorporation				
. Other 5. Destin 5. Capti System	e of Incorporation Company(ies) a nation Country ion (description between the Ur	and Place(s) of Incorporation	ntry B.)	nd and Operate a Fiber Optic Submarine Cable m to view it in its entirety.)		
. Other . Destin . Capti System	e of Incorporation Company(ies) a nation Country ion (description between the Ur complete description	(ies) of authority requested, e.g., Applited States, Country A and Court	ntry B.) please go to the end of the for	m to view it in its entirety.)		

7. Is a fee submitted with this application?

⑥ If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).

O Governmental Entity O 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 NumberITCASG2003063000475 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 certif to a denial of Federal benefits that includes 21 U.S.C. Section 862, because of a convict 1.2002(b) for the meaning of "party to	FCC benefits pursuant to Se tion for possession or distrib	ction 5301 of the Anti– ution of a controlled sul	Drug Act of 1988,	• Yes • No				
<b>11. Typed Name of Person Signing</b> Michael C. Wu	12. Title of Person Signing Vice President and Acting General 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).								
13. 1: App.	2:		3:					

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