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 transfer of control of MFS Globenet, Inc.'s submarine cable landing licenses from MCI to Verizon.

ant			
Name:	MFS Globenet, Inc.	Phone Number:	202-736-6148
DBA Name:		Fax Number:	202–736–6359
Street:	1133 19th Street, NW	E–Mail:	Dennis.Guard@mci.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 –
Attention:	Mr Dennis W Guard Jr		

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7.	Conta	CI

Name: Gil M. Strobel Phone Number: 202–777–7700

Company: Lawler, Metzger, Milkman & **Fax Number:** 202–777–7763

Keeney, LLC

Street: 2001 K Street NW E–Mail: gstrobel@lmmk.com

City: Washington State: DC

Country: USA Zipcode: 20006 -

Contact Attorney Relationship: Legal Counsel

Title:

3. Place of Incorporation of Applicant Delaware

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

5. Destination Country(ies)

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 Authority to Transfer Control of Submarine Cable Landing Licenses of MFS Globenet, Inc. from MCI, Inc. to Verizon Communications Inc.

7. Is a fee submitted with this application?	If No indicate weegen	for for exemption (see	o 47 CED Section 1	1114)				
If Yes, complete and attach FCC Form 159		for fee exemption (see	e 47 C.F.R.Section 1	.1114).				
Governmental Entity Noncommercial educational licensee								
Other(please explain):								
8. Will the cable system be operated on a comm	non carrier basis? O Ye	s 🐞 No						
If yes, provide the File Number of the associate	d Section 214 application	for the construction an	d operation of new fa	acilities.				
9. In Attachment 1, provide the information and	d certifications required by	y 47 C.F.R. Section 1.7	67(a).					
CERTIFICATIONS								
10. By checking Yes, the undersigned certifies to a denial of Federal benefits that includes FC 21 U.S.C. Section 862, because of a conviction 1.2002(b) for the meaning of "party to the	C benefits pursuant to Sec a for possession or distribu	tion 5301 of the Anti–I tion of a controlled sub	Drug Act of 1988,					
11. Typed Name of Person Signing Richard S. Whitt		12. Title of Person Signing Vice President of Federal Law and Policy						
				<u> </u>				
` ' '	MADE ON THIS FORM ion 1001), AND/OR REVotion 312(a)(1)), AND/OR	OCATION OF ANY S	TATION AUTHORIZ	ZATION				
13. 1: Narrative	2:		3:					

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