

CABLE LANDING LICENSE APPLICATION
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APPLICANT INFORMATION

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

Transfer of Control of ARCOS-1 to Columbus Communications Inc.

1. Applicant

Name:	Columbus Communications Inc.	Phone Number:	202-783-4141
DBA Name:		Fax Number:	202-783-5851
Street:	2300 N Street, N.W. Suite 700	E-Mail:	sgoodman@wbklaw.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20037 -
Attention:	Stephen L Goodman		

2. Contact

Name:	Stephen L. Goodman	Phone Number:	202-783-4141
Company:	Wilkinson Barker Knauer, LLC	Fax Number:	202-783-5851
Street:	2300 N Street, N.W. Suite 700	E-Mail:	sgoodman@wbklaw.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20037 –
Attention:		Relationship:	Legal Counsel

3. Place of Incorporation of Applicant Barbados

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

A.Sur Net, Inc., a Delaware corporation
ARCOS-1 USA, Inc., a Delaware corporation

5. Destination Country(ies) The Bahamas, Turks & Caicos, Dominican Republic, Puerto Rico, Cura

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 the ARCOS-1 Cable
Landing License to Columbus Communications Inc.

<p>7. Is a fee submitted with this application?</p> <p><input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).</p> <p><input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee</p> <p><input type="radio"/> Other (please explain):</p>
<p>8. Will the cable system be operated on a common carrier basis? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, provide the File Number of the associated Section 214 application for the construction and operation of new facilities.</p>
<p>9. In Attachment 1, provide the information and certifications required by 47 C.F.R. Section 1.767(a).</p>

CERTIFICATIONS

<p>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.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p>11. Typed Name of Person Signing Brendan Paddick</p> </td> <td style="width: 50%; padding: 5px;"> <p>12. Title of Person Signing President</p> </td> </tr> </table>		<p>11. Typed Name of Person Signing Brendan Paddick</p>	<p>12. Title of Person Signing President</p>	
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<p>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).</p>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">13. 1: Transfer Application</td> <td style="width: 33%; padding: 5px;">2: Signature Page-1</td> <td style="width: 33%; padding: 5px;">3:</td> </tr> </table>		13. 1: Transfer Application	2: Signature Page-1	3:
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