

Approved by OMB  
3060-0686

**INTERNATIONAL SECTION 214 APPLICATION**  
**FCC FORM 214**  
**FOR OFFICIAL USE ONLY**

**APPLICANT INFORMATION**

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

Secom 214

1. Applicant	
Name: Sky Earth Communications	Phone Number: 415-890-5873
DBA Name:	Fax Number:
Street: 25 Van Ness Ave Ste 340	E-Mail: info@wpmi.biz
City: San Francisco	State: CA
Country: USA	Zipcode: 94102 - 6088
Attention: Kaylee L Stein	
2. Contact	
Name: Kaylee Lynn Stein esq	Phone Number: 4159905873
Company: Sky Earth Communications	Fax Number:
Street: 25 Van Ness Ave ste 340	E-Mail: kaylee@wpmi.biz
City: San Francisco	State: CA
Country: USA	Zipcode: 94102 - 6088
Attention:	Relationship: Same
3. Place of Incorporation of Applicant San Francisco	
4. Other Company(ies) and Place(s) of Incorporation World Public Media International Sky Earth Network Sky Earth Communications	
5. Service Type(s) (check all that apply)	
<input checked="" type="checkbox"/> Global or Limited Global Facilities-Based Authority (Section 63.18(e)(1))	
<input checked="" type="checkbox"/> Global or Limited Global Resale Authority (Section 63.18(e)(2))	
<input checked="" type="checkbox"/> Individual Facilities-Based Service (Section 63.18(e)(3))	
<input type="checkbox"/> Individual Switched Resale Service (Section 63.18(e)(3))	
<input checked="" type="checkbox"/> Individual Facilities-Based and Resale Service (Section 63.18(e)(3))	
<input type="checkbox"/> Switched Services over Private Lines (ISR) (Section 63.16 and/or 63.18 (e)(3))	
<input checked="" type="checkbox"/> Inmarsat and Mobile Satellite Service (Section 63.18(e)(3))	
<input type="checkbox"/> Overseas Cable Construction (Section 63.18(e)(3))	

<input type="checkbox"/> Individual Non-Interconnected Private Line Resale Service (Section 63.18(e)(3)) <input type="checkbox"/> Other (Section 63.18(e)(3))
6a. Is a fee submitted with this application? <input 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). <input checked="" type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee <input type="radio"/> Other (please explain):
6b. Fee Classification <b>CUT - Section 214 Authority</b>
7. Destination Country(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or "Countries X, Y, and Z only".) <b>USA,</b>
8. Caption (description of authority requested, e.g., Application for Authority to Provide International Facilities-Based and Resold Services to All International Points Except Country X) <b>Internet Broadband, AM, FM, CATV, DTV, Satellite Radio,</b>
9. Does the applicant request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in Attachment 1 a statement of how the application qualifies for streamlined processing. <input type="radio"/> Yes <input checked="" type="radio"/> No
10. If applying for authority to provide switched services over private lines pursuant to Section 63.16, provide the required showing in Attachment 1.

**Applicant certifies that its responses to questions 11 through 17 are true:**

11. If the applicant is a foreign carrier, or is affiliated (as defined in 47 C.F.R. Section 63.09(e)) with a foreign carrier, provide in Attachment 1 the information and certifications required by Section 63.18(i) through (m).
12. Does the applicant seek authority to provide service to any destination described in paragraphs (1) through (4) of Section 63.18(j)? If yes, list those destinations in Attachment 1 as a response to question 12. <input type="radio"/> Yes <input checked="" type="radio"/> No
13. Does the applicant seek authority to provide service to any destinations other than those listed in response to question 12 where it has an affiliation with a foreign carrier? If yes, list those destinations in Attachment 1 as a response to question 13. <input type="radio"/> Yes <input checked="" type="radio"/> No
14. [Section 63.18(h)] In Attachment 2, provide the name, address, citizenship and principal business of the applicant's ten percent or greater direct and indirect shareholders or other equity holders, and identify any interlocking directorates.
15. In Attachment 2, respond to paragraphs (d), (e)(3) and (g) of Section 63.18.
16. 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. <i>See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.</i> <input checked="" type="radio"/> Yes <input type="radio"/> No
17. By checking Yes, the applicant certifies that it has not agreed to accept special concessions directly or indirectly from a foreign carrier with respect to any U.S. international route where the foreign carrier possesses sufficient market power on the foreign end of the route to affect competition adversely in the U.S. market and will not enter into such agreements in the future. <input checked="" type="radio"/> Yes <input type="radio"/> No

**CERTIFICATION**

18. Typed Name of Person Signing (Must be a Corporate Officer) <b>Natsumi Mieko Kimi Kato</b>	19. Title of Person Signing <b>CEO-COO</b>
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20. 1:

2:

3:

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