SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPRC	VAL
OMB Number:	3235-0287
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hours per response:	0.5

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1. Name and Addres	ss of Reporting Persor ed, <u>Trustee</u>	n*			uer Name and Tic NUS NETW						lationship of Report ck all applicable) Director	•) to Issuer .0% Owner
(Last) PO BOX 71082	(First)	(Middle)			te of Earliest Trans 1/2007	saction	(Mont	h/Day/Year)			Officer (give title below)		Other (specify elow)
(Street) DUBAI (City)	C0 (State)	(Zip)		4. If A	Amendment, Date	of Origin	nal Fil	ed (Month/Day	/Year)	6. Ind Line)	Form filed by O	ne Reporting	Person
Table I - Non-Deriva				tive S	Securities Ac	quire	d, Di	sposed of,	or Be	neficially	/ Owned		
1. Title of Security	(Instr. 3)		2. Transaction Date (Month/Day/Y	Execution Date, Transaction Disposed Of (D) (Instr. 3, 4				5. Amount of Securities Beneficially Owned Following Reported	6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4)	t Indirect			
						Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock			07/31/200	07		Р		1,000,000	A	\$6.9729	49,006,479	I	See Footnote ⁽¹⁾

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		n of		Expiration Date (Month/Day/Year) rities irred r osed) 5. 3, 4		Amount of Securities		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

1. Name an	d Address of Reporting Person [*]	
Senate]	Limited Trustee	

<u>Schate Emilieu</u> ,	<u>IIustee</u>	
(Last)	(First)	(Middle)
PO BOX 71082		
(Street)		
DUBAI	C0	
(City)	(State)	(Zip)

1. Name and Address of Reporting Person* <u>LEGATUM GLOBAL INVESTMENT LTD</u>

(Last) PO BOX 71082	(First)	(Middle)
(Street) DUBAI	C0	
(City)	(State)	(Zip)
1. Name and Address of LEGATUM GL	Reporting Person [*]	<u>GS LTD</u>
(Last) PO BOX 71082	(First)	(Middle)

(Street)

DUBAI	C0	
(City)	(State)	(Zip)
1. Name and Address of LEGATUM CA		
(Last) PO BOX 71082	(First)	(Middle)
(Street) DUBAI	C0	
(City)	(State)	(Zip)
1. Name and Address of GALAHAD SE	f Reporting Person [*] CURITIES LTD	
(Last) PO BOX 71082	(First)	(Middle)
(Street) DUBAI	C0	

Explanation of Responses:

1. These shares are owned directly by Galahad Securities Limited, which is a wholly owned subsidiary of Legatum Capital Limited, which is a wholly owned subsidiary of Legatum Global Holdings Limited, which is a wholly owned subsidiary of Senate Limited, acting on behalf of that certain trust formed under the laws of The Cayman Islands as of 1 July 1996. Legatum Capital Limited, Legatum Global Holdings Limited, Legatum Global Investment Limited, Legatum Global Investm

/s/ Mark A. Stoleson, Director of Senate Limited 08/01/2007

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.