97 AUG 26 PM 3: 55

		· · · · · · · · · · · · · · · · · · ·	
DOCUMEN 1. Name of Limited Par	JT # B	96000000296	
Sprint	Enterp	orises, L.P.	

City & State
WESTWOOD 66205 7. State or Country of Formation FEES:1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year Amount of Capital Contributions in FLORIDA to date: Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and 9. Name and Address of Current Registered Agent 10. If changed, new registered agent/office Corporation Service Company - Florida 1201 Hays Street Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. Tallahassee FL 32301 Zip Code 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s), I hereby accept the appointment of registered

agent. I am familiar with, and accept the obligations of section 620.192, Florida Statules.

SIGNATURE (Registered Agent Accepting Appointment) _

Names of General Partner(s)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration

US Telecom, Inc.

11.

2330 Shawnee Mission Westwood KS 66205

City. State and Zio Code

P09124

PKWY

900002280099--0 -08/28/\$7--01100--008 ***1041.25 ***1041.25

REINSTATEMENT

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12.	t do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 release the Division of
	Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on
	this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or truster
	empowered to execute this report as required by chapter 62 1 Torida Statutes.
	empowered to execute this report as required by chapte 62/0° lorida Statutos.

SIGNATURE * Dynhiseskears ASTVP DATE

Typed or Printed Name of General Partner's gring Form Mark V. Blakears Telephone Number (816) 854-7683