

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000296

1. Entity Name
SPRINT ENTERPRISES, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 17 PM 1:25 *ny*

Principal Place of Business
**2330 SHAWNEE MISSION PKWY.
WESTWOOD KS 66205**

Mailing Address
**903 E. 104TH ST.
M/S MOKCMW0609
KANSAS CITY MO 64131**



2. Principal Place of Business 6500 Sprint Parkway	3. Mailing Address 6500 Sprint Parkway
Suite, Apt. #, etc. HL-SASTX	Suite, Apt. #, etc. HL-SASTX
City & State Overland Park, KS	City & State Overland Park, KS
Zip 66251-5777 Country USA	Zip 66251-5777 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-1165241	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$20,290,388.00	10. Amount of Capital Contributions in FLORIDA to date. 20,290,388	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # P09124	NAME US TELECOM, INC.	STREET ADDRESS 6500 Sprint Parkway	
STREET ADDRESS 2330 SHAWNEE MISSION PARKWAY	CITY-ST-ZIP WESTWOOD KS 66205	CITY-ST-ZIP Overland Park, KS 66251-5777	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	100003335041--3
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	07/25/00 01050 020
DOCUMENT #	NAME	STREET ADDRESS	****926.25 ****926.25
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Mark V. Beshears* **REQUIRED** Mark V. Beshears 7/12/00 913-315-5820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/00)