200	1 UNI	FORM BUS	INE	SS REPO	RT	(UE	SR)					
DOCUMENT # B9600000296 1. Entity Name											D:	
SPRINT ENTERPRISES, L.P.								FILE			7	
Principal Place of Business Mailing Address						-†	0	1 JAN 31	AM 10: 36		V	
6500 SPRINT PARKWAY HL-5ASTX OVERLAND PARK KS 66251-5777			6500 SPRINT PARKWAY HL-5ASTX OVERLAND PARK KS 66251-5777				Ţ	SECRETARY ALLAHASSE	OF STATE E. FLORIDA			
2. Principal Place of Business			3. N	3. Mailing Address			-					
Suite, Apt. #, etc. Suite, Apt.				uite, Apt. #, etc.	vt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			1 0	City & State				4. FEI Number	48-1165241		Applied For	
Zip		Country	Ž	ip	Count	try		5. Certificate o	f Status Desired		8.75 Additional	
6. Name and Address of Current Registered Agent					L			7. Name and Address of New Registered Agent				
						Name						
		ICE COMPANY -	;	يه زرينست ساسي	. }	Street	Address (P.O. Box Number	is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·	
1201 HAYS STREET TALLAHASSEE FL 32301											<u> </u>	
INCLAIM	JOLL 1 L J20	001			1	City	_			FL	Zip Code	
8. The above named entity submits this statement for the purpose of changing its re						d office	or register	ed agent, or both,	in the State of Florida.	<u> </u>		
SIGNATURE									·			
Signature, typed or printed name of registered agent and title if applicable. (NOTE:							ature required	ure required when reinstating) DATE 11. MAKE CHECK PAYABLE TO DEPT, OF STATE				
as Shown on record. \$\Pi\text{2U}_1\text{20}_1\text{300}\text{40}\$ in FLORIDA to date					ate.	20,	290,		SEE REVERSE SII	DE FOR	FEE INFORMATION	
	A C NOTE:	GENERAL PARTNER 1 General Partners MA	HAT I	S A BUSINESS EN The changed on the	ITITY MI he form:	JST 86 ; an am	E REGIST Tendmen	TERED AND AC it must be filed	TIVE WITH THIS OF to change a genera	FICE. I parti	ner.	
12. GENERAL PARTNER INFORMATION									ADDRESS CHANGE	S ONL	·	
	P09124					T ADORESS	s	:	<u>-02/06/01</u> -02/06/01 ****526.	55,	2083	
NAME STREET ADDRESS	US TELECOM, INC. 6500 SPRINT PARKWAY				01274	07.70		· ·	<u> </u>	<u>11</u> 25	****526.25	
CITY-ST-ZIP OVERLAND PARK KS 66251-5777					CITY	ST-ZIP	<u> </u>					
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NAME STREET ADDRESS		<u> </u>		<u>-</u>		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER AVE