

2002 UNIFORM BUSINESS REPORT (UBR)

0020076 AB

DOCUMENT # B96000000296
 1. Entity Name
SPRINT ENTERPRISES, L.P.

FILED

02 MAR 25 PM 12:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

MJH



Principal Place of Business: 6500 SPRINT PARKWAY, HL-5ASTX, OVERLAND PARK KS 66251-5777
 Mailing Address: 6500 SPRINT PARKWAY, HL-5ASTX, OVERLAND PARK KS 66251-5777

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

DUE BY MAY 1, 2002

4. FEI Number: 48-1165241 | Applied For: Not Applicable

5. Certificate of Status Desired \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

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	
DOCUMENT #	P09124
NAME	US TELECOM, INC.
STREET ADDRESS	6500 SPRINT PARKWAY
CITY-ST-ZIP	OVERLAND PARK KS 66251-5777
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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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 **AVP** **MARK V. BESHEARS** **AVP** **3-13-02** **913-3155800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

PLEASE CHECK HERE

CR2E003 (9/01)