2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001717

Address:

City-St-Zip:

2 UPPER NEWPORT DR.

NEWPORT BEACH, CA 92660

Entity Name: SPRINT FUNDING CORPORATION

FILED Mar 16, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 101 INNOVATION DRIVE 6 EXECUTIVE CIRCLE SUITE 210 SUITE 200 IRVINE, CA 92617 IRVINE, CA 92614 **Current Mailing Address: New Mailing Address:** 101 INNOVATION DRIVE 6 EXECUTIVE CIRCLE SUITE 210 SUITE 200 IRVINE, CA 92617 IRVINE, CA 92614 FEI Number: 33-0950493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DR. SUITE 4 WESTON, FL 33331 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change () Addition **PRFS** () Delete Title: PRFS Name: DAURIO, JON R Name: DAURIO, JON R 101 INNOVATION DRIVE, SUITE 210 6 EXECUTIVE CIRCLE; SUITE 200 Address: Address: IRVINE, CA 92617 City-St-Zip: City-St-Zip: IRVINE, CA 92614 Title: Title: () Delete () Change () Addition Name: KENDZIORSKI, ERVIN R Name: 27372 ALISO CREEK RD Address: Address: ALISO VIEJO, CA 92656 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: CFO () Delete CFO STEPHAN, GARY R SEC. STEPHAN, GARY R SEC, Name: Name: 101 INNOVATION DRIVE, SUITE 210 6 EXECUTIVE CIRCLE; SUITE 200 Address: Address: City-St-Zip: IRVINE, CA 92612 City-St-Zip: IRVINE, CA 92614 Title: DIR (X) Delete Title: () Change () Addition MACDONALD, PHILIP Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JON DAURIO PRES 03/16/2006