		May 1, 1998 or 0.00 LATE FEE.		Liability	Com	pany will be	.			
LIMITED LIABILITY COMPANY ANNUAL REPORT FLORIDA DEPARTMENT OF S Sandra B. Mortham Secretary of State						ortham State	FILED			
1998 DIVISION OF CORPORATIONS							98 APR 29 AM 9: 18			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9700000434							SECRETARY OF STATE TALLAHASSEE. FLORIDA			
TELMEX/SPRINT COMMUNICATIONS, L.L.C. 2330 SHAWNEE MISSION PKWY. WESTWOOD KS 66205							1a. Principal Place of Business Address 2330 SHAWNEE MISSION PKWY. WESTWOOD KS 66205			
				2a. Mailing Address 903 E. 10475 St.			3. Date Organize	d or Qualified	3a. State of Formation	
2330 Shawnee Mission Play. Sulte, Apt. W. etc.			Suite, Apl	Suite, Apt. #, etc.			07/18/1 4. FEI Number	997	DE	
City & State				Mokemwo 609 City & State					Applied For	
Westwood KS				isac City	m	0	76-0532710 5. Date of Last Report		Not Applicable 6. Certificate of Status Desired	
Zip	205	Country	Zip	113	Count	s A	N/A	., .	S8.75 Additional Fee Required	
<u> </u>		and Address of Current	1						tered Agent/Office	
CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301						Name				
its register as register	red office or regis red agent, and a	ons of Sections 608.416 a stered agent, or both, in the accept the obligations.	nd 608.508, State of Flor	Florida Statute ida. Such chang	s, the alge was a	bove-named limited uthorized by affirma	tive vote of a majority	ibmits this state y of the member	ment for the purpose of changing s. I hereby accept the appointment	
SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature)						required when reinstating)				
10. Title	Man	aging Members/Managers	rs/managers Busine			ss Street Address		City, State and Zip Code		
MGR	TELMEX INTERNATIONAL V 2400 AUGU				STA STREET		HOUSTON TX			
MGRM	SPRINT	VENTURES,	INC.	2330 S	WAH	NEE MISSI	ON PARKW	WESTWO	DOD KS	

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Your Sylvery S

APR 3 0 1954