

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000004322 (3)**

1. Corporation Name  
**HSN INTERACTIVE, INC.**



Principal Place of Business  
**2501 118TH AVENUE, NO.  
ST. PETERSBURG FL 33716  
US**

Mailing Address  
**P.O. BOX 9090  
CLEARWATER FL 34618-9090**

3. Date incorporated or Qualified **06/19/1994** 3a. Date of Last Report **04/06/1995**

2. Principal Place of Business  
21 Suite Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25 29 30

2a. Mailing Address  
26 Suite Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

4. FEI Number **59-3267352** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

I, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed or printed name of registered agent and date of appointment) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> DELETE
NAME	HOLTZMAN, STEVEN H	
STREET ADDRESS	2501 118TH AVENUE, NO.	
CITY-STATE-ZIP	ST. PETERSBURG FL	
TITLE	<del>V</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>KERN, PETER M</del>	
STREET ADDRESS	<del>2501 118TH AVE., NORTH</del>	
CITY-STATE-ZIP	<del>ST. PETERSBURG FL</del>	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	RILEY, JOSEPH R	
STREET ADDRESS	2501 118TH AVENUE NO.	
CITY-STATE-ZIP	ST. PETERSBURG FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	LYON, RICHARD.	
STREET ADDRESS	2501 118TH AVENUE, NO.	
CITY-STATE-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>100001028891</b>
23 STREET ADDRESS	<b>-05/20/96--01036--013</b>
24 CITY-STATE-ZIP	<b>***200.00</b>
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	AT
33 STREET ADDRESS	Krall, Lynn
34 CITY-STATE-ZIP	2501 118th Avenue, North St. Petersburg, FL 33716
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	D/V
53 STREET ADDRESS	Pollin, Mary Ellen
54 CITY-STATE-ZIP	2501 118th Avenue, North St. Petersburg, FL 33716
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *H. Steven Holtzman*  
H. STEVEN HOLTZMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4/30/96  
(813) 592-8585  
Date of Filing

CR2E034 (12/95)