#### 2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000003779

Entity Name: H.O.T. NETWORKS HOLDINGS (DELAWARE) LLC

FILED Feb 21, 2017 Secretary of State CC8555789738

# **Current Principal Place of Business:**

1 HSN DRIVE

ST. PETERSBURG, FL 33729

## **Current Mailing Address:**

1 HSN DRIVE

ST. PETERSBURG. FL 33729

FEI Number: 05-0617856 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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:

Name

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title MGR Title MGR

Name ALTINELLA, MICHAEL J Name HENCHEL, GREGORY J

Address 1 HSN DRIVE Address 1 HSN DRIVE

City-State-Zip: ST. PETERSBURG FL 33729 City-State-Zip: ST. PETERSBURG FL 33729

Title PRESIDENT AND SECRETARY Title TREASURER

Name HENCHEL, GREGORY J. Name ATTINELLA, MICHAEL J.

Address 1 HSN DRIVE Address 1 HSN DRIVE

City-State-Zip: ST. PETERSBURG FL 33729 City-State-Zip: ST. PETERSBURG FL 33729

Title VICE PRESIDENT AND ASSISTANT Title VICE PRESIDENT AND ASSISTANT

SECRETARY

Name GASSETT, CHRISTOPHER Name HERMAN, HAROLD

Address 1 HSN DRIVE Address 1 HSN DRIVE

City-State-Zip: ST. PETERSBURG FL 33729 City-State-Zip: ST. PETERSBURG FL 33729

Title VICE PRESIDENT AND ASSISTANT Title ASSISTANT SECRETARY

TREASURER Name MILLER, SUSAN

SINGLETON, ARTHUR

Address 1 HSN DRIVE

Address 1 HSN DRIVE

City-State-Zip: ST. PETERSBURG FL 33729

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I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

SIGNATURE: HAROLD HERMAN ASSISTANT SECRETARY 02/21/2017

Electronic Signature of Signing Authorized Person(s) Detail

that my name appears above, or on an attachment with all other like empowered.

Date

# **Authorized Person(s) Detail Continued:**

Title VP, TAX & ASSISTANT TREASURER

Name GASPARINI, BEN Address 1 HSN DRIVE

City-State-Zip: ST. PETERSBURG FL 33729