## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

SECRETARY OF STATE

1999	DIVISION OF	CORPORATIO	1	
1. Name of Limited Partnership	1a. DOCUMENT # B9800000473		99 FEB 2	5 AH 10: 25
HOME SHOPPING CLUB LF	•	_		
Mailing Address	Principal Office Address		3. Dale Formed or Registered	5a. Capital Contributions as Shown on record
1 HSN DRIVE	1 HSN DRIVE		07/22/1998	}
ST. PETERSBURG FL 33729	ST. PETERSBURG FL 33729		3a. Date of Lest Report	\$0.00
				5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date. \$132,660,225
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DE 6, FEI Number	
City & State	City & State	City & State		Applied For Not Applicable
			7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country	Zip	Country	8. Make check payable to. Dept. of	State (See reverse side for fee information)
		<del>-</del>	10 (4)	FF \$506.20
9. Name and Address of Current Registered Agent		Name	10. If changed, new Registers	nd Agent/Onice
C T CORPORATION SYSTEM				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Street Address (P.O. Box Number Is Not Acceptable)		
PLANTATION FL 33324		Suite, Apt. :	#, etc	
10a. Pursuant to the provisions of sections 520.10:	ce or registered agent, or both, in the State of F	City amed limited partne	#, etc ership organized or registered under the laws of th ge was authorized by its general partner(s). I herel	FL Zip Code e State of Florida, submits this statement by accept the appointment of registered
10a. Pursuant to the provisions of sections 620.10: for the purpose of changing its registered offic agent. I am familiar with, and accept the oblig  SIGNATURE (Registered Agent Accepting Appointmen  A GENERAL PARTNER TH	to or registered agent, or both, in the State of F ations of section 620 192, Florida Statutes.	City amed limited partneriorida Such chang	ership organized or registered under the laws of th ge was authorized by its general partner(s). I herel DATE	e State of Florida, submits this statement by accept the appointment of registered
10a. Pursuant to the provisions of sections 520.10: for the purpose of changing its registered office agent. I am familiar with, and accept the oblig  SIGNATURE (Registered Agent Accepting Appointmen  A GENERAL PARTNER TH	pe or registered agent, or both, in the State of F ations of section 620 192, Florida Statutes.  1)  AT IS A CORPORATION UST BE REGISTERED A	City amed limited partne florida Such chang , LIMITED	ership organized or registered under the laws of the ge was authorized by its general partner(s). I herel  DATE  PARTNERSHIP OR OTHE  VE WITH THIS OFFICE.	e State of Florida, submits this statement by accept the appointment of registered
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10a. Pursuant to the provisions of sections 520.10: for the purpose of changing its registered office agent. I am familiar with, and accept the obliging signature.  SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THE MINE)  11. Name(s) of General Partner(s)  HSN GENERAL PARTNER LLC  Note: General partners MAY Note: General partners may note the family strong from any liability of non-compliance this annual report is true and accurate and thay recombinate annual report is true and accurate and thay recombinate the sanual report is true and accurate and thay recombinate the sanual report is true and accurate and thay recombinate.	The or registered agent, or both, in the State of Fations of section 620 192, Florida Statutes.  AT IS A CORPORATION UST BE REGISTERED A Address of Each General Address of Ea	City  amed limited partner clorida Such chang  LIMITED  ND ACTI  here! Partner a Box Numbers)	ership organized or registered under the laws of the ge was authorized by its general partner(s). I herely partner(s). The partner of the pa	ER BUSINESS ENTITY  11c. Registration/ Document Number  M9800000803  TBT9501  M98-25.25 ****526.25
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