

B980000000473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

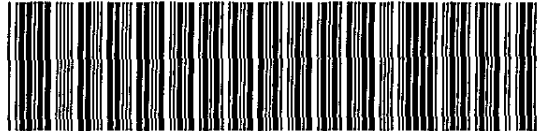
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Special Instructions to Filing Officer:

3/4 P/A Change

B98-473

Office Use Only



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03/04/04--01063--012 \*\*35.00

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04 MAR -4 PM 4:35

FBI

**PARANET CORPORATION SERVICES, INC.**

3761 Venture Drive, Suite 260  
Duluth, Georgia 30096  
770-497-9977 / 800-277-9977  
Fax 770-813-0477 / fax 800-815-0477  
E-Mail: Maggie@Paranetlegal.com

**TRANSMITTAL LETTER**

February 27, 2004

RE: HSN LP

TO: Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

FR: Maggie Ferdinand  
Paranet Job No. 04-02-0433/mf

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PLEASE FILE/SUBMIT THE FOLLOWING **CHANGE OF AGENT APPLICATION**  
ON BEHALF OF THE ABOVE COMPANY IN YOUR STATE.

UPON COMPLETION:

FAX EVIDENCE TO ME AT (800) 815-0477

REGULAR MAIL (STAMPED ADDRESSED ENVELOPE PROVIDED)

CHECK NO 83342 AMOUNT: \$35.00 ENCLOSED

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL US USING OUR TOLL FREE  
NUMBER (800) 277-9977.**

**THANK YOU FOR YOUR EXCELLENT SERVICE©**

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. HSN, LP  
Name of the limited partnership

2. 7/22/1998 Date of filing/registration in Florida  
3. B98000000473 Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System  
Name  
1200 South Pine Island Road  
Address  
Plantation, FL 33324  
City, State and Zip

5. The name and address of the new registered agent and/or office:

NRAI Services, Inc.  
Name  
526 E. Park Avenue  
Florida street address (P.O. Box **not** acceptable)  
Tallahassee FL 32301  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

  
Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

NRAI Services, Inc.

by: Maggie Ferdinand  
Signature of Registered Agent

Maggie Ferdinand, Asst. Secy.

Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00

FILED  
04 MAR -11 PM 4:37  
TALLAHASSEE, FLORIDA