

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90002 024 \*\*\*150.00

**DOCUMENT # F00000004891**

1. Entity Name  
AST SUB, INC.



Principal Place of Business  
1 HSN DRIVE  
ST. PETERSBURG, FL 33729

Mailing Address  
1 HSN DRIVE  
ST. PETERSBURG, FL 33729

94045477



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3614109

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PCD
NAME	ROSENBLATT, ROBERT <i>Judy Schmeling</i>
STREET ADDRESS	1 HSN DRIVE
CITY-ST-ZIP	ST. PETERSBURG, FL 33729
TITLE	SD
NAME	ARMSTRONG, STEVE
STREET ADDRESS	1 HSN DRIVE
CITY-ST-ZIP	ST. PETERSBURG, FL 33729
TITLE	T
NAME	DEGRAW, ERIC
STREET ADDRESS	152 WEST 57TH STREET
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	DAS
NAME	GENACHOWSKI, JULIUS
STREET ADDRESS	152 W 157TH ST
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	AS
NAME	GASSETT, CHRISTOPHER
STREET ADDRESS	1 HSN DR
CITY-ST-ZIP	ST PETERSBURG, FL 33729
TITLE	AT
NAME	MORGAN, KEN
STREET ADDRESS	1 HSN DR.
CITY-ST-ZIP	ST. PETESBURG, FL 33729

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/31/04*

Date

*727-872-1000*

Daytime Phone #