2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004891

Entity Name: AST SUB, INC.

FILED Apr 11, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
1 HSN DRIVE ST. PETERSBURG, FL 33729					
Current Mailing Address:			New Maili	New Mailing Address:	
1 HSN DRIVE ST. PETERSBURG, FL 33729					
FEI Number:	59-3614109	FEI Number Applied For () FEI I	Number Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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:					
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	SCHMELING, 1 HSN DRIVE) Delete JUDY JRG, FL 33729	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition SCHMELING, JUDY 1 HSN DRIVE ST. PETERSBURG, FL 33729	
Title: Name: Address: City-St-Zip:	LONTCHAR, N 1 HSN DR) Delete ATALIE SBURG, FL 33729	Title: Name: Address: City-St-Zip:	AT (X) Change () Addition ATTINELLA, MICHAEL 1 HSN DR SAINT PETERSBURG, FL 33729	
Title: Name: Address: City-St-Zip:	T (DEGRAW, ER 152 WEST 57' NEW YORK, N	TH STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS (BLATT, GREG 152 W 47TH S NEW YORK, N	Т	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MOSSER, MIC 1 HSN DR) Delete HAEL JRG, FL 33729	Title: Name: Address: City-St-Zip:	AT (X) Change () Addition GASPARINI, BEN 1 HSN DR ST PETERSBURG, FL 33729	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	SD () Change (X) Addition WARNER, JAMES P 1 HSN DRIVE ST. PETERSBURG, FL 33729	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P. WARNER S 04/11/2008