2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F01000004329

1. Entity Name
VENTANA TELEVISION, INC.

Principal Place of Business	Mailing Address
1 HSN DRIVE	1 HSN DRIVE
SAINT PETERSBURG, FL 33729	ST PETERSBURG, FL 33729

40057189

01112006   Chg-P   CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip	Country

4. FEI Number
77-0581597 | Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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, 2006 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	Vice President, Broadcasting	☒ Change	☒ Addition
NAME	SCHMELING, JUDY		NAME	Noley Keener		
STREET ADDRESS	1 HSN DRIVE		STREET ADDRESS	1 HSN Drive		
CITY-ST-ZIP	ST PETERSBURG, FL 33729		CITY-ST-ZIP	St. Petersburg, FL 33729		
TITLE	VPT	☐ Delete	TITLE	Assistant Secretary	☐ Change	☒ Addition
NAME	ALLINELLA, MIKE		NAME	Michael Mosser		
STREET ADDRESS	1 HSN DRIVE		STREET ADDRESS	1 HSN Drive		
CITY-ST-ZIP	ST PETERSBURG, FL 33729		CITY-ST-ZIP	St. Petersburg, FL 33729		
TITLE	S	☐ Delete	TITLE	Assistant Treasurer	☐ Change	☒ Addition
NAME	ARMSTRONG, STEVE		NAME	Dennis Milam		
STREET ADDRESS	1 HSN DRIVE		STREET ADDRESS	1 HSN Drive		
CITY-ST-ZIP	ST PETERSBURG, FL 33729		CITY-ST-ZIP	St. Petersburg, FL 33729		
TITLE	DAS	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	BLATT, GREGG		NAME			
STREET ADDRESS	152 W 57TH STREET		STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP			
TITLE	D	☒ Delete	TITLE	Director	☒ Change	☐ Addition
NAME	KHOSROWSHAHI, DARA		NAME	Thomas McInerney		
STREET ADDRESS	152 W 57TH STREET		STREET ADDRESS	152 W. 57th Street		
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP	New York, NY 10019		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

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		77-0581597	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
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NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P **NAME** SCHMELING, JUDY **STREET ADDRESS** 1 HSN DRIVE **CITY-ST-ZIP** ST PETERSBURG, FL 33729	☐ Delete		**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE VPT **NAME** ALLINELLA, MIKE **STREET ADDRESS** 1 HSN DRIVE **CITY-ST-ZIP** ST PETERSBURG, FL 33729	☐ Delete		**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE S **NAME** ARMSTRONG, STEVE **STREET ADDRESS** 1 HSN DRIVE **CITY-ST-ZIP** ST PETERSBURG, FL 33729	☐ Delete		**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE DAS **NAME** BLATT, GREGG **STREET ADDRESS** 152 W 57TH STREET **CITY-ST-ZIP** NEW YORK, NY 10019	☐ Delete		**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE D **NAME** KHOSROWSHAHI, DARA **STREET ADDRESS** 152 W 57TH STREET **CITY-ST-ZIP** NEW YORK, NY 10019	☐ Delete		**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete		**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Non- Invoice Check Request

Request for payment **without Invoice**.

(Use this form when an Invoice is not available.)

Business Unit:	001
Date Check Needed:	**4/19/2006**
Date of Request:	4/11/2006
PO Number: *(If applicable)*	

Name of Vendor *(Required)*

1	Florida Department of State
	Second name (if needed):
2	RETURN CHECK TO SUSAN MILLER - DO NOT MAIL

Federal ID # is required (unless vendor has Fed ID on file with HSN).

Vendor Terms	Fed ID *(Required if not withholding)*
	77-0580852

Address 1 (To Send Check) *(Required)*:

Division of Corporations

Address 2:

P.O. Box 1500

City *(Required)*	State *(Req)*:	Zip *(Required)*:
Tallahassee	FL	32302

Contact Name (if Applicable)

Requested by:
Susan Miller

Approved by - *Signature*: *(Required)*
Type Approver's Full Name: (Required)
Jennifer Gensmer

Vendor e-mail Address:

Description of Payment *(Required)* (Attach the applicable backup, i.e. Receipts, etc.):

Corporation Annual Report

	Required		Dept #:				If Prepaid	Fill out ONLY if P.R.E.P.A.I.D.							Capital #:
Amount:		Accnt #: If Prepaid -See-		Bus Unit	Loc	Cost Ctr		Expense Accnt #:		Dept #:	Bus Unit	Loc	Cost Ctr	Month Expense to start	(Asset Mngmt)
$ 150.00				7201	01	001									
							*								
							*								
							*								
							*								
							*								
							*								
							*								
							*								

If Account number specified (to the left) is a PREPAID Account... Please furnish the appropriate Expense Account #, Dept. #, and date, in space provided (to the right), to amortize the prepayment.

$ 150. ← **Total** (Automatically calculated... Do not override this field.)

Separate Checks? **YES**

* = Required Entry (to the left)

Instructions

1) Submit this Check Request 10 days prior to date check is required.

2) Type form (using Excel), print, sign (by approver), **attach backup documentation**, and mail to " AP Accounting"

3) Finance will be unable to process your Check Request without the required fields "filled in":

Business Unit	Address to send check	Approved By (Typed)	Account # (8 digits)
Name	Requested By	Description of payment	Department # (10 digits)
Fed ID	Approved By (Signature)	Amount	

4) Fill out **Prepaid** information, if applicable.

5) Fill out full Asset Mngmt **Capital #** (including sequence number), for Fixed Asset payments.

Accounting Use:	Short Name		Vendor #:	
Invoice #:			Voucher #:	

Assigned by PeopleSoft