

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004329

Entity Name: VENTANA TELEVISION, INC.

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

1 HSN DRIVE  
SAINT PETERSBURG, FL 33729

## New Principal Place of Business:

## Current Mailing Address:

1 HSN DRIVE  
ST PETERSBURG, FL 33729

## New Mailing Address:

FEI Number: 77-0580852

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

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:

Title: P ( ) Delete  
Name: SCHMELING, JUDY  
Address: 1 HSN DRIVE  
City-St-Zip: ST PETERSBURG, FL 33729

Title: VPT ( ) Delete  
Name: ALLINELLA, MIKE  
Address: 1 HSN DRIVE  
City-St-Zip: ST PETERSBURG, FL 33729

Title: S ( ) Delete  
Name: WARNER, JAMES P  
Address: 1 HSN DRIVE  
City-St-Zip: ST PETERSBURG, FL 33729

Title: DIR ( ) Delete  
Name: BLATT, GREGG  
Address: 152 W 57TH STREET  
City-St-Zip: NEW YORK, NY 10019

Title: VP ( ) Delete  
Name: KEENER, NOLEY  
Address: 1 HSN DRIVE  
City-St-Zip: SAINT PETERSBURG, FL 33729

Title: DIR ( ) Delete  
Name: THOMAS, MCINERNEY  
Address: 555 WEST 18TH STREET  
City-St-Zip: NEW YORK, NY 10011

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPT (X) Change ( ) Addition  
Name: ATTINELLA, MICHAEL  
Address: 1 HSN DRIVE  
City-St-Zip: ST PETERSBURG, FL 33729

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR (X) Change ( ) Addition  
Name: BLATT, GREGG  
Address: 555 WEST 18TH STREET  
City-St-Zip: NEW YORK, NY 10011

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

04/29/2009

Electronic Signature of Signing Officer or Director

Date