2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001805

Entity Name: BALLARD DESIGNS, INC.

FILED Apr 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1670 DEFOOR AVE ATLANTA, GA 30318 **Current Mailing Address: New Mailing Address:** HSN LEGAL 1670 DEFOOR AVE ATLANTA, GA 30318 1 HSN DRIVE ST. PETERSBURG, FL 33729 FEI Number: 58-1671673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DR STE 4 WESTON, FL 33331 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: () Delete Title: (X) Change () Addition AL-FAYEZ, ROXANE AL-FAYEZ, ROXANE Name: Name: 5568 WEST CHESTER ROAD 5568 WEST CHESTER ROAD Address: Address: City-St-Zip: WEST CHESTER, OH 45069 City-St-Zip: WEST CHESTER, OH 45069 Title: **VPAS** Title: () Delete (X) Change () Addition IPPOLITO, MIKE SOYSTER, MATTHEW D Name: Name: 1670 DEFOOR AVE 1 HSN DRIVE Address: Address: ATLANTA, GA 30318 ST. PETERSBURG, FL 33729 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition PEKAREK, JAMES Name: Name: 5568 WEST CHESTER ROAD Address: Address: City-St-Zip: WEST CHESTER, OH 45069 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

Title:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW D. SOYSTER VPAS 04/16/2008

() Delete

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WANER, JAMES P

MARTIN, KENT

1670 DEFOOR AVE

ATLANTA, GA 30318

1670 DEFOOR AVE

ATLANTA, GA 30318

MOSSER, MICHAEL

1670 DEFOOR AVE

ATLANTA, GA 30318

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

(X) Change () Addition

(X) Change () Addition

(X) Change () Addition

WARNER, JAMES P

ROGALSKI, DAVID

GASPARINI, BEN

1 HSN DRIVE

ST. PETERSBURG, FL 33729

5568 WEST CHESTER RD.

WEST CHESTER, OH 45069

ST. PETERSBURG, FL 33729

1 HSN DRIVE

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