

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:40**

DOCUMENT # F94000004322 (3)

1. Corporation Name

HSN INTERACTIVE, INC.

Principal Place of Business

**P.O. BOX 8080
CLEARWATER FL 34618-8080**

Mailing Address

**P.O. BOX 8080
CLEARWATER FL 34618-8080**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1994

3a. Date of Last Report

2. Principal Place of Business

21 2501 118th Avenue No.

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 St. Petersburg, FL 33716

27 City & State

24 Zip Country

33716

29 Zip Country

33716

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **GENTRY, JEFFERSON L**
STREET ADDRESS **2501 118TH AVE., NORTH**
CITY - ST - ZIP **ST. PETERSBURG FL 33716**

TITLE **VD**
NAME **KERN, PETER M**
STREET ADDRESS **2501 118TH AVE., NORTH**
CITY - ST - ZIP **ST. PETERSBURG FL 33716**

TITLE **ST**
NAME **MCKEON, KEVIN J**
STREET ADDRESS **2501 118TH AVE., NORTH**
CITY - ST - ZIP **ST. PETERSBURG FL 33716**

TITLE **D**
NAME **HOGAN, GERALD F**
STREET ADDRESS **2501 118TH AVE., NORTH**
CITY - ST - ZIP **ST. PETERSBURG FL 33716**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify 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 12 or Block 13 if changed, or on an attachment with an original.

SIGNATURE:

H. Steven Holtzman, Asst. Sec.

3/24/95

(813) 572-8585