FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # F94000004322 (3)

1. Corporation Name
HSN INTERACTIVE, INC.

Principal Place of Business
2501 118TH AVENUE. NO.
ST. PETERSBURG FL 33716
US

Mailing Address
P.O. BOX 9090
CLEARWATER FL 34618-9090

3. Date Incorporated or Qualified: 06/19/1994
3a. Date of Last Report: 04/06/1995
4. FEI Number: 59-3267352 — Applied For / Not Applicable
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

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

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 _____ (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	AS	☐ DELETE
NAME	HOLTZMAN, STEVEN H	
STREET ADDRESS	2501 118TH AVENUE, NO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	~~V~~	XX DELETE
NAME	~~KERN, PETER M~~	
STREET ADDRESS	2501 118TH AVE., NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	AT	XX DELETE
NAME	~~RILEY, JOSEPH R~~	
STREET ADDRESS	2501 118TH AVENUE NO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	AT	☐ DELETE
NAME	LYON, RICHARD.	
STREET ADDRESS	2501 118TH AVENUE, NO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	100001828891 -05/20/96--01036--013 ***200.00	☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	AT	☐ Change ☒ Addition
3.2 NAME	Krall, Lynn	
3.3 STREET ADDRESS	2501 118th Avenue, North	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33716	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D/V	☐ Change XX Addition
5.2 NAME	Pollin, Mary Ellen	
5.3 STREET ADDRESS	2501 118th Avenue, North	
5.4 CITY-ST-ZIP	St. Petersburg, FL 33716	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: H. Steven Holtzman — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Assistant Secretary — 4/30/96 Date — (813) 572-8585 Daytime Phone #

CR2E034 (12/95)

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