

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F94000004323 (1)

1. Corporation Name
HSN DIRECT, INC.

Principal Place of Business
**P.O. BOX 9090
CLEARWATER FL 34618-9090**

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

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

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

26

4. FEI Number
59-3259692

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State
23 **St. Petersburg, FL 33716**

City & State

28

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip Country
24 **33716** 25

Zip Country
29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

TITLE **STD**
NAME **MCKEON, KEVIN J**
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☒ Addition

**AS
H. Steven Holtzman
2501 118th Avenue No.
St. Petersburg, FL 33716**

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 person 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, Asst. Sec.

3/24/95

(813) 572-8585