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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000002875 (1)

1. Corporation Name
HSN FULFILLMENT, INC.



Principal Place of Business
2501 118TH AVENUE NORTH ST.
ST PETERSBURG FL 33716

Mailing Address
2501 118TH AVENUE NORTH ST.
ST PETERSBURG FL 33716

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 9. Name and Address of Current Registered Agent

2a. Mailing Address

26 PO BOX 9090

27 Suite, Apt. #, etc.

28 City & State

CLEARWATER FL

29 Zip Country

30 34618-9090

3. Date Incorporated or Qualified

06/14/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3133321

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 607.1503, 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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD ☒ DELETE
NAME MCKEON, KEVIN J
STREET ADDRESS 2501 118TH AVENUE NO.
CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☐ DELETE
NAME POLLIN, MARY ELLEN
STREET ADDRESS 2501 118TH AVENUE NO.
CITY-ST-ZIP ST PETERSBURG FL 33716

TITLE P ☒ DELETE
NAME THATCHER, ROBERT
STREET ADDRESS 2501 118TH AVENUE NO.
CITY-ST-ZIP ST PETERSBURG FL

TITLE AS ☐ DELETE
NAME HOLTZMAN, H S
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 AT ☐ DELETE
NAME KRALL, LYNN E
STREET ADDRESS 2501 118TH AVENUE NO.
CITY-ST-ZIP ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STD ☐ Change ☒ Addition
1.2 NAME TROSPER, JED B.
1.3 STREET ADDRESS 2501 118TH AVE N
1.4 CITY-ST-ZIP ST PETERSBURG FL 33716

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE P ☐ Change ☒ Addition
3.2 NAME HOPKINS, CHARLES M.
3.3 STREET ADDRESS 2501 118TH AVE N
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 ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CR2E034 (9/96)