

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Feb 06 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000003969 (0)**  
 1. Corporation Name  
**HSN DIRECT INTERNATIONAL LIMITED CORPORATION**

Principal Place of Business PO BOX 9090 CLEARWATER FL 34618-9090	Mailing Address PO BOX 9090 CLEARWATER FL 34618-9090
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/05/1996</b>	
21		26		4. FEI Number <b>98-0161827</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BOHNE, CHRISTOPHER</b> 2501 118TH AVE N ST PETERSBURG FL 33716				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUARD, ROGER	1.2 NAME	
STREET ADDRESS	160 GREAT PORTLAND ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON EN	1.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMAN, BRENT	2.2 NAME	
STREET ADDRESS	160 GREAT PORTLAND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON EN	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOTT, VALERIE	3.2 NAME	
STREET ADDRESS	160 GREAT PORTLAND ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON EN	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIZ, MARK	4.2 NAME	
STREET ADDRESS	160 GREAT PORTLAND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON EN	4.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, KEVIN	5.2 NAME	
STREET ADDRESS	2501 118TH AVE N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	5.4 CITY-ST-ZIP	
TITLE	COO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWIFT, ROBERT	6.2 NAME	
STREET ADDRESS	2501 118TH AVE N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	6.4 CITY-ST-ZIP	

14. I 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: *Robert F. Swift* **ROBERT F. SWIFT** 1-20-98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0397879

CR2E034 (10/97)