

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90192 031 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F96000003969**

1. Corporation Name  
**HSN DIRECT INTERNATIONAL LIMITED CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 PO BOX 9090 PO BOX 9090  
 CLEARWATER FL 34618-9090 CLEARWATER FL 34618-9090

3. Date Incorporated or Qualified  
**08/05/1996**

2. Principal Place of Business 2a. Mailing Address  
 21 **1 HSN Drive** 26 **1 HSN Drive**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **Bldg. C** 27 **Bldg. C**  
 City & State City & State  
 23 **St. Petersburg, FL** 28 **St. Petersburg, FL**  
 Zip Zip Country Country  
 24 **33729** 25 **USA** 29 **33729** 30 **USA**

4. FEI Number Applied For  
**98-0161827** 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  
 7. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**BOHNE, CHRISTOPHER**  
**2501 118TH AVE N**  
**ST PETERSBURG FL 33716**

10. Name and Address of New Registered Agent  
 81 Name **Carol Gamel**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1 HSN Drive, Bldg. C**  
 83  
 84 City **St. Petersburg** FL 85 Zip Code **33729**

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 Carol Gamel **CAROL GAMEL** DATE **4/28/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DC	<input checked="" type="checkbox"/>
NAME	LUARD, ROGER	
STREET ADDRESS	160 GREAT PORTLAND ST	
CITY-ST-ZIP	LONDON EN	
TITLE	DC	<input type="checkbox"/>
NAME	HARMAN, BRENT	
STREET ADDRESS	160 GREAT PORTLAND ST	
CITY-ST-ZIP	LONDON EN	
TITLE	D	<input checked="" type="checkbox"/>
NAME	KNOTT, VALERIE	
STREET ADDRESS	160 GREAT PORTLAND ST	
CITY-ST-ZIP	LONDON EN	
TITLE	STD	<input type="checkbox"/>
NAME	LUIZ, MARK	
STREET ADDRESS	160 GREAT PORTLAND ST	
CITY-ST-ZIP	LONDON EN	
TITLE	CEO	<input checked="" type="checkbox"/>
NAME	HARRINGTON, KEVIN	
STREET ADDRESS	2501 118TH AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	COO	<input checked="" type="checkbox"/>
NAME	SWIFT, ROBERT	
STREET ADDRESS	2501 118TH AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Carol Gamel		
1.3 STREET ADDRESS	1 HSN Drive, Bldg. C		
1.4 CITY-ST-ZIP	St. Petersburg, FL 33729		
2.1 TITLE	D/COO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Michael O. Sullivan		
2.3 STREET ADDRESS	1 HSN Drive, Bldg. C		
2.4 CITY-ST-ZIP	St. Petersburg, FL 33729		
3.1 TITLE	Michael McMullen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	1 HSN Drive		
3.4 CITY-ST-ZIP	St. Petersburg, FL 33729		
4.1 TITLE	Michael Hopkins	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS	1 HSN Drive		
4.4 CITY-ST-ZIP	St. Petersburg, FL 33729		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE: Carol Gamel **CAROL GAMEL** DATE **4/28/99** 727-872-7232  
Signature, typed or printed name of officer, director, receiver or trustee. Date. D daytime Phone #

CR2E034 (11/98)