

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90043 007 ***150.00

DOCUMENT # F96000003969

1. Entity Name

HSN DIRECT INTERNATIONAL LIMITED CORPORATION

Principal Place of Business

Mailing Address

ONE HSN DR
BLDG C
ST PETERSBURG FL 33729

ONE HSN DR
BLDG C
ST PETERSBURG FL 33729-0001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

98-0161827

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAMEL, CAROL

ONE HSN

BLDG C

ST PETERSBURG FL 33729

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GAMEL, CAROL	
STREET ADDRESS	ONE HSN DR- BLDG C	
CITY-ST-ZIP	ST PETERSBURG FL 33729	
TITLE	DC	<input type="checkbox"/> Delete
NAME	HARMAN, BRENT	
STREET ADDRESS	160 GREAT PORTLAND ST	
CITY-ST-ZIP	LONDON EN	
TITLE	DCOO	<input type="checkbox"/> Delete
NAME	SULLIVAN, MICHAEL O	
STREET ADDRESS	ONE HSN DR- BLDG C	
CITY-ST-ZIP	ST PETERSBURG FL 33729	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LUIZ, MARK	
STREET ADDRESS	160 GREAT PORTLAND ST	
CITY-ST-ZIP	LONDON EN	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMULLEN, MICHAEL	
STREET ADDRESS	ONE HSN DR- BLDG C	
CITY-ST-ZIP	ST PETERSBURG FL 33729	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOPKINS, MICHAEL	
STREET ADDRESS	ONE HSN DR- BLDG C	
CITY-ST-ZIP	ST PETERSBURG FL 33729	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Erickson	
STREET ADDRESS	Liberty Media International	
CITY-ST-ZIP	9197 South Peoria St. Englewood CO 80113	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)