

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90324 004 ***150.00

DOCUMENT # F96000003969

1. Entity Name
HSN DIRECT INTERNATIONAL LIMITED CORPORATION

Principal Place of Business ONE HSN DR BLDG C ST PETERSBURG FL 33729	Mailing Address ONE HSN DR BLDG C ST PETERSBURG FL 33729
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number 98-0161827	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GAMEL, CAROL ONE HSN BLDG C ST PETERSBURG FL 33729	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DC <input checked="" type="checkbox"/> Delete	NAME HARMAN, BRENT STREET ADDRESS 160 GREAT PORTLAND ST CITY-ST-ZIP LONDON EN	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME VONDUSSA, CARL STREET ADDRESS 160 GREAT PORTLAND ST CITY-ST-ZIP LONDON, ENGLAND
TITLE DCOO <input checked="" type="checkbox"/> Delete	NAME SULLIVAN, MICHAEL O STREET ADDRESS ONE HSN DR- BLDG C CITY-ST-ZIP ST PETERSBURG FL 33729	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD <input type="checkbox"/> Delete	NAME LUIZ, MARK STREET ADDRESS 160 GREAT PORTLAND ST CITY-ST-ZIP LONDON EN	TITLE CDST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME LUIZ, MARK STREET ADDRESS 160 GREAT PORTLAND ST CITY-ST-ZIP LONDON, ENGLAND
TITLE D <input checked="" type="checkbox"/> Delete	NAME MCMULLEN, MICHAEL STREET ADDRESS ONE HSN DR- BLDG C CITY-ST-ZIP ST PETERSBURG FL 33729	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME JAMES LEHRBURGER STREET ADDRESS ONE HSN DR CITY-ST-ZIP ST PETERSBURG, FL 33729
TITLE D <input checked="" type="checkbox"/> Delete	NAME HOPKINS, MICHAEL STREET ADDRESS ONE HSN DR- BLDG C CITY-ST-ZIP ST PETERSBURG FL 33729	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME CHRIS CASSETT STREET ADDRESS ONE HSN DR CITY-ST-ZIP ST PETERSBURG, FL 33729

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: Carol Gamel CAROL GAMEL Date: 4/17/01 727 892 7005 Daytime Phone #

CR2E034 (10/00)