

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **98-0161827**

Applied For

Not Applicable

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, 2001 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 checked="" type="checkbox"/> Delete
NAME	HARMAN, BRENT	
STREET ADDRESS	160 GREAT PORTLAND ST	
CITY-ST-ZIP	LONDON EN	
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	STD	<input type="checkbox"/> Delete
NAME	LUIZ, MARK	
STREET ADDRESS	160 GREAT PORTLAND ST	
CITY-ST-ZIP	LONDON EN	
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	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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01 727 892 7005

Date

Daytime Phone #

CR2E034 (10/00)