_E NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

2000

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -2 AM 10:49

DOCUMENT # F97000004364

1. Corporation Name
USA BROADCASTING PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
152 WEST 57TH STREET 42ND FLOOR NEWYORK NY 10019 US	152 WEST 57TH STREET 42ND FLOOR NEWYORK NY 10019 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1997

2. Principal Place of Business	2a. Mailing Address
21 1230 6th Ave	26 1230 6th Ave
Suite, Apt. #, etc. 22 15th FL	Suite, Apt. #, etc. 27 15th FL
City & State 23 New York, NY	City & State 28 New York, NY
Zip 24 10020 Country 25 USA	Zip 29 10020 Country 30 USA

4. FEI Number 59-3458378 APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	ROSENBERG, HELEN	1.2 NAME	
STREET ADDRESS	2425 OLYMPIC BLVD.	1.3 STREET ADDRESS	8800 W. Sunset Blvd.
CITY-ST-ZIP	SANTA MONICA CA 90404	1.4 CITY-ST-ZIP	W. Hollywood, CA 90069
TITLE	A ☑ DELETE	2.1 TITLE	AT ☑ Change ☐ Addition
NAME	LYON, RICHARD	2.2 NAME	Ken Morgan
STREET ADDRESS	1 HSN DRIVE	2.3 STREET ADDRESS	C000003260226---4
CITY-ST-ZIP	ST. PETERSBURG FL 33729	2.4 CITY-ST-ZIP	-05/13/00--01117--006
TITLE	AS ☐ DELETE	3.1 TITLE	****150.00 ****150.00 ☐ Change ☐ Addition
NAME	HOLTZMAN, H. STEVEN	3.2 NAME	
STREET ADDRESS	1 HSN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33729	3.4 CITY-ST-ZIP	PD
TITLE	PD ☑ DELETE	4.1 TITLE	Feldman, Rick ☑ Change ☐ Addition
NAME	MILLER, JONATHAN	4.2 NAME	8800 W. Sunset Blvd
STREET ADDRESS	152 WEST 57TH ST. 42ND FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	4.4 CITY-ST-ZIP	Los Angeles, CA 90069
TITLE	VSD ☐ DELETE	5.1 TITLE	VSD ☑ Change ☐ Addition
NAME	GENACHOWSKI, JULIUSAN	5.2 NAME	Genachowski, Julius
STREET ADDRESS	152 WEST 57TH ST. 42ND FLOOR	5.3 STREET ADDRESS	1230 6th Ave 15th FL
CITY-ST-ZIP	NEW YORK NY 10019	5.4 CITY-ST-ZIP	New York, NY 10020
TITLE	VD ☑ DELETE	6.1 TITLE	Sommer, Charles ☑ Change ☐ Addition
NAME	BINZAK, DOUGLAS	6.2 NAME	
STREET ADDRESS	2425 OLYMPIC BLVD.	6.3 STREET ADDRESS	1230 6th Ave 15th FL
CITY-ST-ZIP	SANTA MONICA CA 90404	6.4 CITY-ST-ZIP	New York, NY 10020

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: _____ 4/27/00 (212) 413-6701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #