

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90184 025 ***150.00

DOCUMENT # **F98000005864**

1. Corporation Name
HSN HOLDINGS, INC.



Principal Place of Business
**1 HSN DRIVE
ST PETERSEURG FL 33729**

Mailing Address
**1 HSN DRIVE
ST PETERSBURG FL 33729**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1998

4. FEI Number

59-3491974

Applied For
☐ 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

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24
25

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29
30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL **85** Zip Code

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:

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

(NOTE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ DELETE
NAME **KAUFMAN, VICTOR A**
STREET ADDRESS **152 WEST 57TH STREET**
CITY-ST-ZIP **NEW YORK NY**

TITLE **P** ☒ DELETE
NAME **HELD, JAMES G**
STREET ADDRESS **1 HSN DRIVE**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **VSD** ☐ DELETE
NAME **GALLAGHER, JAMES G**
STREET ADDRESS **1 HSN DRIVE**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **VD** ☐ DELETE
NAME **TROSPER, JED B**
STREET ADDRESS **1 HSN DRIVE**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **VT** ☐ DELETE
NAME **ROSENBLATT, ROBERT**
STREET ADDRESS **1 HSN DRIVE**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **V** ☐ DELETE
NAME **FELDMAN, BRIAN**
STREET ADDRESS **1 HSN DRIVE**
CITY-ST-ZIP **ST PETERSBURG FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

[Signature]
Signature and typed or printed name of signing officer or director
Assistant Secretary

4/14/99
Date

5762-8585
Office Phone #

CR2E034 (1/98)

0425415