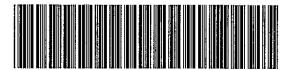
# -M01000001477

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(ON) Calabi India		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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## PARANET CORPORATION SERVICES, INC.

3761 Venture Drive, Suite 260 Duluth, Georgia 30096 770-497-9977 / 800-277-9977 Fax 770-813-0477 / fax 800-815-0477 E-Mail: Maggie@Paranetlegal.com

# TRANSMITTAL LETTER

March 1, 2004

RE: HSN Improvements LLC

TO: Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

FR: Maggie Ferdinand

Paranet Job No. 04-02-0435/mf

PLEASE FILE/SUBMIT THE FOLLOWING **CHANGE OF AGENT APPLICATION** ON BEHALF OF THE ABOVE COMPANY IN YOUR STATE.

### **UPON COMPLETION:**

FAX EVIDENCE TO ME AT (800) 815-0477

REGULAR MAIL (STAMPED ADDRESSED ENVELOPE PROVIDED)
CHECK NO. 3355 AMOUNT: \$25.00 ENCLOSED

IF YOU HAVE ANY QUESTIONS, PLEASE CALL US USING OUR TOLL FREE NUMBER (800) 277-9977.

THANK YOU FOR YOUR EXCELLENT SERVICE®

### STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: HSN IN	MPROVEMENTS LLC
2. The mailing address of the limited liability company	
1 HSN Drive, St. Petersburg, FL 33729	
6/29/01	M01000001477
3. Date of filing/registration in Florida	4. Document number
<ol> <li>The name of the registered agent and the registered of Florida Department of State;</li> </ol>	fice address as shown on the records of the
CT Corporation System	
Name	
1200 South Pine Island Road	<u> </u>
Addres	s CAMPA
Plantation, FL 33324	
City, State a	nd Zip
6. The name and address of the new registered agent and	d/or office:
NRAI Services, Inc.	10 Lt 28
Name	28
526 E. Park Avenue	
Florida street address (P.O.	Box NOT acceptable)
Tallahassee FL 3	2301
City, State and	d Zip
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it's hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	e Florida street address of the registered office entical. Or, in the case of a Florida limited
(Signature of a member)	<del></del>
(Signature of a memory)	
(Printed or typed name of signee)	<del></del>
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp. NRAI Services. Inc.  (Signature of Jackstered Agent)	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.
Division of Corporations, P.O. Box	6327. Tallahassee, FL 32314
Division of Corporations, 1.0. Doz	· VOM / 5 A REPORTED DO S A CHOIT

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**FILING FEE: \$25.00**