2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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Apr 05, 2004 8:00 am Secretary of State DOCUMENT # M98000000801 04-05-2004 90498 011 ****50.00 HSN REALTY LLC Principal Place of Business Mailing Address 1 HSN DRIVE 1 HSN DRIVE ST. PETERSBURG, FL 33729 ST. PETERSBURG, FL 33729 03312004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3491523 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301 IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE MGR USANLLIC NAME STREET ADDRESS 152 WEST 57TH STREET CITY-ST-ZIP NEW YORK, NY 10019 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP pplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the evolution of the execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information si indicated on this report is true and acculimited liability company or the receiver

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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