File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

INHSE10 R (12-98)

BUDJECT TO 8 3 400.00 EATE FEE	· <u>·</u>			•			
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED			
				on дтр 23 гг 5+00			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address				1a. Principal Place of Business Address 1 HSN DRIVE ST. PETERSBURG FL 33729			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000802							
HSN FULFILLMENT LLC 1 HSN DRIVE ST. PETERSBURG FL 33729							
2 Principal Place of Business 2a. Mailir		ng Address		3. Date Organized or Ou	alified 3a. S	tate of Formation	
Suite, Apl #, etc. Suite, Ap		ol #, etc.		07/22/1998	DE		
				4. FEI Number		Applied For	
City & State	City & St	tate		59~3491619		Not Applicable	
			,	5. Date of Last Report	6. Cer	tificate of Status Desired	
Zip Country	Zip	Count	try		\$8 75 #	Additional Fee Required	
7. Name and Address of Current Registered Agent			8. 1	Name and Address of New Registered Agent/Office			
			Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND PLANTATION FL 33324	,	Streel Address (F	P.O. Box Number is Not Acceptable)				
FLANIATION FL 55524	Suite, Apt #, et						
			City		Zip Co	ode	
9. Pursuant to the provisions of Sections 608.416	and 608.508	8. Florida Statutes, the a	bove-named limited	hability company submits th	FL in statement for	r the purpose of changing	
its registered office or registered agent, or both, in the as registered agent, and accept the obligations.							
SIGNATURE				JFAG .			
10. Title Managing Members/Managers		Business Street Address			City, State and Zip Code		
MGR USANI LLC, 15		152 WEST	152 WEST 57TH STREET		NEW YORK NY 10019		
ļ		}		4000	M28 <u>F</u>	:37 <u>04-</u> _5	
ì				~-	NS/NS/99 ****100	01068002 75 ****188.75	
İ				} '	<i>የመ</i> ቸጥ ያርዘን	1.21 — 4544-40-11-00-1-0	
					1	10	
· •		1			/\	Je-	
				Ì		-	
		<u> </u>				·	
11 I do hereby certify that the information supplied w							
indicated on this annual report is true and accurate limited liability company or the receiver or trustee er attachment with an address.							