APPROVED

## 2000 UNIFORM BUSINESS REPORT (UBR)

## M98000000802 DOCUMENT # 1. Entity Name 00 APR 30 AM 9: 24 HSN FULFILLMENT LLC SECRETARY OF STATE CALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1 HSN DRIVE 1 HSN DRIVE ST. PETERSBURG FL 33729 ST. PETERSBURG FL 33729-0001 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3491619 Not Applicable Żip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. - Addition MGR Change TITLE ■ Delete TITLE USANI LLC NAME 000003258520--0 152 WEST 57TH STREET STREET ADDRESS STREET ADDRESS NEW YORK NY 10019 -05/19/00--01009--008 CITY- 8T-ZIP CITY-ST-ZIP \*\*\*\*\*50.00 Delate TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIF Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP CJTY - 8T - 73P Addition ☐ Delete TITLE TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY- 2T- 7(P CITY-ST-ZIP Change Addition | TITLE ☐ Detete TITLE NAME NAME STREET ANDRESS STREET ADDRESS CITY - ST- 71P CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 report is true and accurate 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Momas Kuhn 4/26/00 212-314-730