2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

STREET ADDRESS

SIGNATURE:

SIGNATURE AND TYPED OF

Apr 05, 2004 8:00 am Secretary of State 04-05-2004 90498 009 ****50.00 DOCUMENT # M98000000802 HSN FULFILLMENT LLC 24034542 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 59-3491619 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. DO NOT WRITE 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) DATE Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGR TITLE USANI LLC NAME 152 WEST 57TH STREET STREET ADDRESS 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 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

11. I hereby certify that the information supplied with his 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 of trystocempowered to execute this report as required by Chapter 608, Florida Statutes.

NING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED