

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000802

Entity Name: HSN FULFILLMENT LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

1 HSN DRIVE
ST. PETERSBURG, FL 33729

New Principal Place of Business:

Current Mailing Address:

1 HSN DRIVE
ST. PETERSBURG, FL 33729

New Mailing Address:

FEI Number: 59-3491619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: USANI LLC
Address: 555 WEST 18TH STREET
City-St-Zip: NEW YORK, NY 10011

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WARNER, JAMES P
Address: 1 HSN DRIVE
City-St-Zip: ST. PETERSBURG, FL 33729

Title: MGR () Change (X) Addition
Name: ATTINELLA, MICHAEL
Address: 1 HSN DRIVE
City-St-Zip: ST. PETERSBURG, FL 33729

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES P. WARNER

MGR.

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date