## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M9800000803  1. Entity Name  HSN GENERAL PARTNER LLC							FILED				
TION GENERAL TANNELLES							OIFEB 13 AM 9:56				
Principal Place of Business Mailing Address						i	i				
1 HSN DRIVE ST. PETERSB		9	1 HSN DRIVE ST. PETERSBURG FL 33729				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal P	lace of Busin	ess	3. Mailing Address				I (BENDEN) (ND ISIDI IDAN DENI BENIK BENIK BENIK BENIK BENIK BENIK DENIK TONI TENBE NAK 1885 -				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	θ		City & State			4. FEIN	4. FEI Number Applied For Not Applicable				
Zip Country		Zip	Coun	try	5. Certi	ficate of Status Desired		00 Addi Required	tional		
	6. Name	and Address of Curr	rent Registered Agent			7. Nam	7. Name and Address of New Registered Agent				
						Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Street Addre	ess (P.O. Box N	lumber is Not Acceptable	)			
					City	City FL Zip Code			•		
8. The above	named entit	y submits this stateme	ent for the purpose of changing	its register	ed office or reg	istered agent,	or both, in the State of Flo	rida.			
SIGNATURE .											
GIGITATORIE .	Signature, typed	or printed name of registered	agent and title if applicable. (No	OTE: Registere	d Agent signature re	equired when reinstat	ng)	DATE			
			FILE   Make Check		FEE IS \$50. o Departme		- · ·	ž.			
		<u> </u>		10.			ADDITIONS	OUANIOEO			
9. MANAGING MEMBERS/MEMBERS  TIFLE MGR					E	<del></del>	ADDITIONS/		Change	Addition	
NAME	USANI LI	.c		NAM	\$E		•			_	
STREET ADDRESS CITY-ST-ZIP		t 57th Street RK NY 10019			EET ADDRESS '-ST-ZIP						
TITLE	INCW TO	-IN IN 10019	☐ Delete	TITL	E				Change	Addition	
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CITY-ST-ZIP				-	-ST-ZIP						
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STREET ADDRESS					EET ADDRESS (-ST-ZIP						
11. I hereby	l certify that th	e information supplied	- d with this filing does not qualify	for the exe	emption stated	in Section 119	07(3)(i), Florida Statutes.	I further certify t	hat the in	nformation	
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.  USAN1 LLC											
		SIGH.	ATUME SEON		ia)		4/7/n. 7.	27- <i>872</i>	L-10	000	
SIGNATURE: SIGNATURE AND TYPED PRINTIPD NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Device Prone *  By: James G. Gallagher Asst Socretary											