

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

W
11/19

DOCUMENT # M98000000987

1. Limited Liability Company's Name

HSN DIRECT LLC

2. Principal Office Address

1 HSN Drive

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33769

Country

USA

3. Mailing Office Address

1 HSN Drive

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33769

Country

USA

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

9/8/98

6. FEI Number

59-3491525

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

1200 S. Pine Island Road

City

Plantation

State

FL

Zip Code

33324

400003060824-0

-12/06/99-01001-002

****150.00 ****150.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

11/18/99

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	HSN Capital LLC (Member)	1 HSN Drive	St. Petersburg, FL 33729
	USAN1 LLC (Manager)	152 W. 57th Street	New York, NY 10019

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

H. Steven Holtzman
H. Steven Holtzman, Asst. Secretary

Date 11-17-99

Daytime Phone # (727) 872-7450

Typed or printed name of signing Managing Member/Manager