## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 05, 2004 8:00 am Secretary of State 04-05-2004 90498 008 \*\*\*\*50.00 DOCUMENT # M98000000987 1. Entity Name HSN DIRECT LLC Principal Place of Business Mailing Address 24034543 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 59-3491525 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, 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 STREET ADDRESS 152 WEST 57TH STREET CITY-ST-2IP NEW YORK, NY 10019 TITL F 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-2IP

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information may be same legal effect as if made under oath; that I am a managing member or manager of the wered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with the indicated on this report is true and accurate and that limited liability company or the receiver or trustee

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NA MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**FILED**