		e May 1, 1999 or l 00.00 LATE FEE.		l Liability	y Com	npany w	/ill be		FILE	D CE STATE		
		TY COMPANY 🦽	FLORIDA DEPARTMENT OF STATE Katherine Harris				SECHETARY OF STATE DIVISION OF CORPORATIONS					
<i>'</i>	annual f 199	Secretary of State DIVISION OF CORPORATIONS				99 APR 23 AM 8: 22						
FILING		ual Report \$100.00]									
\$ 188	.75 Ma	ike Check Payable T	o: FLORI	DA DEPA	RTMEN	IT OF STA						
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000001168												
INTERNET SHOPPING NETWORK LLC								1a. Principal Place of Business Address				
1 HSN DRIVE ST. PETERSBURG FL 33729								1 HSN DRIVE ST. PETERSBURG FL 33729				
								01, 121	21.0201.	0 12 0	3123	
2 Dringin	ng Address				2 Date Organiz	od os Osobiod	Tas com	of Formation				
z Piliki.	al Place of Bus	Za. Main	ng Audress			Date Organized or Qualific 10/12/1998		DE				
Suite, Apt. #, etc. Suite, A				of. #, etc.				4. FEI Number] DE	Applied For	
City & Sta	ate				58-2370	854	ļ	Not Applicable				
Zip Country Zip					lrγ		5. Date of Last F		6. Certificate of Status Desired			
2.0		Costaly	2.4		Oddin	. ,				S8 75 Addit	ional Fee Required	
	Agent		Name	Name and Address of New Registered Agent/Office				/Office				
C T (1200 PLAN				•	(P.O. Box Number is Not Acceptable) COOCHEP							
	City			FL Zip Code								
its registe:	red office or regi	sions of Sections 608.416 at istered agent, or both, in the accept the obligations.										
SIGNATU	RE	(Registered Agent Accepting Ap	ipe∍iti ontj. (N	IOIE Registeren A	geni signatu		renstangi		DATE _			
10 . Title				Business Street Address					City, State and Zip Code			
MGR	USANI	LLC,		152 W	EST .	57тн :	STRE	ET	NEW Y	ORK NY	10019	

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Fiorida Statutes. If urther certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

INHSE10 R (12-98)