

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018574 AF

**DOCUMENT # M98000001169**

1. Entity Name  
**HSN TRAVEL LLC**

**FILED**  
01 FEB 13 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**1 HSN DRIVE  
ST. PETERSBURG FL 33729**

Mailing Address  
**1 HSN DRIVE  
ST. PETERSBURG FL 33729**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3491521**  
Applied For   
Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS / MEMBERS**

**10. ADDITIONS / CHANGES**

TITLE  Delete  
NAME **MGR**  
STREET ADDRESS **USANI LLC**  
CITY-ST-ZIP **CARNEGIE HALL TOWER, 152 W. 57TH STREET  
NEW YORK NY 10019**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**300003718753--8**  
**-02/19/01--01117--011**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
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TITLE  Delete  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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.

SIGNATURE: **USANI LLC**  
**SIGNATURE REQUIRED**  
By: **James Callagher, Asst. Secretary**  
Date: **2/7/01** Daytime Phone #: **727-872-1000**

CR2E083 (11/00)