File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 99 APR 28 AM 8: 25 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **\$** 188.75 Name and Mailing Address
I Limited Liability Company **DOCUMENT # M98000001171** 1a. Principal Place of Business Address USANI SUB LLC 1 HSN DRIVE 1 HSN DRIVE ST. PETERSBURG FL 33729 ST. PETERSBURG FL 33729 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 2. Principal Place of Business 152 57th Street 152 57th Street 10/13/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3490972 Not Applicable New York, NY New York, NY. 5. Date of Last Report 6. Certificate of Status Desired Country 10019 \$8.75 Additional Fee Required 10019 USA USA 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite, Apt. #, etc. Zip Code City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 152 WEST 57TH STREET NEW YORK NY USANI LLC, MGR 500002870375----05/11/93--01006--003 ****197.50 ****197.50 11. I do 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 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 muster 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGE