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PARANET CORPORATION SERVICES, INC.

3761 Venture Drive, Suite 260
Duluth, Georgia 30096
770-497-9977 / 800-277-9977
Fax 770-813-0477 / fax 800-815-0477
E-Mail: Maggie@Paranetlegal.com

TRANSMITTAL LETTER

March 2, 2004

RE: HSN INTERACTIVE LLC

TO: Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

FR: Maggie Ferdinand

Paranet Job No. 04-02-0434/mf

PLEASE FILE/SUBMIT THE FOLLOWING **CHANGE OF AGENT APPLICATION** ON BEHALF OF THE ABOVE COMPANY IN YOUR STATE.

UPON COMPLETION:

FAX EVIDENCE TO ME AT (800) 815-0477

REGULAR MAIL (STAMPED ADDRESSED ENVELOPE PROVIDED)
CHECK NO <u>83357</u> AMOUNT: <u>\$25.00</u> ENCLOSED

IF YOU HAVE ANY QUESTIONS, PLEASE CALL US USING OUR TOLL FREE NUMBER (800) 277-9977.

THANK YOU FOR YOUR EXCELLENT SERVICE®

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited lia	ability company is	HSN INTERAC	TIVE LLC			
2. The mailing address of the	limited liability c	ompany is:				
1 HSN Drive, St. Petersburg, FL	. 33729	ter and the second		` 	,.	·
7/22/98		Į.	199000001051			
3. Date of filing/registration i	in Florida		Document num	ıber		<u> </u>
5. The name of the registered Florida Department of State	agent and the regi	stered office add	dress as shown o	n the recor	ds of the	;
<u>ст</u>	Corporation System	m		128.2		
		Name				
120	00 South Pine Islan	d Road Address	<u> </u>		<u>></u> 0	2
Pla	intation, FL 33324					<u> </u>
110	City	, State and Zip	· · · · ·			D II
6. The name and address of th						7
ND	Al Ot t				<u></u>	
<u>NK/</u>	Al Services, Inc.	Name	<u> </u>			<u> </u>
526	E. Park Avenue	Name		•		29
FI	orida street addre	ss (P.O. Box NO	T acceptable)		•	
Talla	ahassee	FL 32301	·		,	۔ '
	City,	State and Zip				
If the limited liability compan confirmed that after the chang and the business office of the liability company, it is hereby the members of the limited in the operating agreement of the	ge or changes are registered agent we confirmed that the ibility company or bimited liability of the confirmed that the bility of the confirmed that the confirmed th	nade, the Florida vill be identical. e change(s) was as otherwise procompany.	a street address of Or, in the case of were authorized	of the regis of a Florida by an affi	tered off limited	ice vote of n or
(Signature of a member or all in fized of	epresentative of a memi	per)				
(Printed or typed name of rignee)	7			e.		
I hereby accept the appointment comply with the provisions of and I am familiar with and accepted to the confirmation of the c	ent as registered of all statutes relative cept the obligation document is being the limited liabil.	ngent and agree ve to the proper ns of my position filed to merely t ity company has	to act in this cap and complete pe n as registered a reflect a change been notified in	pacity. I fu rformance gent as pr in the regi writing of	rther ag of my di ovided fo stered of this cha	ree to uties, or in fice nge.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00