


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000069574 1. Entity Name QVC RS NAPLES, INC.	
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Principal Place of Business 10801 CORKSEREW RD STE 102 ESTERO, FL 33928	Mailing Address 1200 WILSON DRIVE WEST CHESTER, PA 19380
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01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-2340864	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRIGGS, DOUGLAS 1200 WILSON DRIVE WEST CHESTER, PA 19380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS GRABELL, NEAL 1200 WILSON DRIVE WEST CHESTER, PA 19380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT THOR, GLENN M 1200 WILSON DR. MC 203 WEST CHESTER, PA 19380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS HAYES, LARRY 1200 WILSON DR. MC 203 WEST CHESTER, PA 19380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glenn M. Thor GLENN M. THOR 1-9-04 (484) 701-8283  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SUP/TREASURER Date Daytime Phone #