

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90120 008 \*\*\*150.00



**DOCUMENT # P01000069574**  
 1. Entity Name  
**QVC RS NAPLES, INC.**

Principal Place of Business      Mailing Address  
 10801 CORKSEREW RD      1200 WILSON DRIVE  
 STE 102      WEST CHESTER PA 19380  
 ESTERO FL 33928



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/04)

City & State      City & State

4. FEI Number      Applied For  
**52-2340864**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

**7. Name and Address of New Registered Agent**  
 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BRIGGS, DOUGLAS<br>1200 WILSON DRIVE<br>WEST CHESTER PA 19380 <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EVPS<br>GRABELL, NEAL<br>1200 WILSON DRIVE<br>WEST CHESTER PA 19380 <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVPT<br>THOR, GLENN M<br>1200 WILSON DR. MC 203<br>WEST CHESTER PA 19380 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPAS<br>HAYES, LARRY<br>1200 WILSON DR. MC 203<br>WEST CHESTER PA 19380 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | EVPS<br><br><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                |

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**      **3-29-05**      **484-701-8283**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #