2002 Uniform Business Report (UBR)

Apr 03, 2002 8:00 am Secretary of State DOCUMENT # P09978 1. Entity Name 04-03-2002 90004 038 ***150.00 HOME SHOPPING NETWORK, INC. Mailing Address Principal Place of Business 1 HSN DRIVE 1 HSN DRIVE ST PETERSBURG FL 33729 ST PETERSBURG FL 33729 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2649518 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Robert Rosenblatt Trosper. Jed B Street Address (P.O. Box Number is Not Acceptable) 1 HSN Drive 2501 118TH AVE. N. ST PETERSBURG FL 33716 St. Petersburg, FL St. Petersburg aubmits this systement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named ent Robert Rosenblatt, Vice President (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State \Box (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. > Change Addition TITLE ☐ Delete EVP & CFO TITLE KHOSROWSHAHI, DARA NAME NAME STREET ADDRESS 152 WEST 57TH STREET STREET ADDRESS **NEW YORK NY 10019** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE GALLAGHER, JAMES G NAME NAME STREET ADDRESS STREET ADDRESS 1 HSN DRIVE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33729 ☐ Delete TITLE ☐ Change ☐ Addition TITLE SVPG NAME NAME GENACHOWSKI, JULIUS STREET ADDRESS STREET ADDRESS 152 WEST 57 STREET CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10019** ☐ Change ☐ Addition **GCS** X Delete TITLE TITLE NAME NAME KUHN, THOMAS J STREET ADDRESS STREET ADDRESS 152 WEST 57 STREET CITY-ST-7IP CITY-ST-ZIP NEW YORK NY 10019 Change ☐ Addition **CFO** X Delete TITLE TITLE NAME NAME SILECK, MICHAEL P STREET ADDRESS STREET ADDRESS 152 WEST 57 STREET CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10019** ☐ Change X Addition Assistant Secretary ☐ Delete TITLE NAME NAME Christopher T. Gassett STREET ADDRESS STREET ADDRESS 1 HSN Drive CITY-ST-ZIP CITY-ST-ZIP St. Petersburg, FL 33729 13. 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 trultee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR t.

3/15/02

727-872-1000

Date

Daytime Phone #

CR2E034 (9/01)