## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P09978

## **FILED** Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90388 035 \*\*\*150.00

l	HOPPING NETWORK, INC.									
152 W. 57TH STREET		Mailing Address 1 HSN DRIVE ST PETERSBURG, FL 3	3729 US		400	057190				
2. Principal P	Place of Business	3. Mailing Address								
2. Principal Place of Business  Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112006	Chg-P	CR2E0	34 (11/05)		
City & Stat	е	City & State			4. FEI Number 59-2649	518		<del></del>	plied For t Applicable	
Zip	Country	Zip ·	Country		5. Certificate o	f Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered a	Agent		
NEW SERVICES INC			Name	Name						
	RVICES, INC. CUTIVE PARK DRIVE		Street A	ddress (i	P.O. Box Number	is Not Acceptal	ble)	-		
WESTON,	, FL 33331									
			City				FL	Zip Cod	9	
	named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registered office or	register	ed agent, or both	, in the State of I	Florida. I am	familiar with,	and accept	
u ie obligat	nons or registered again.									
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signatu							
				nus Lectinued	when reinstating)		DATE			
	E NOWIII FEE IS \$150.00	9. Election Campaig	gn Financing	\$ <b>5</b> .	00 May Be		DATE		-	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig	gn Financing	\$ <b>5</b> .			DATE			
		9. Election Campaig Trust Fund Contr	gn Financing	\$ <b>5</b> .	00 May Be ed to Fees	HANGES TO O		DIRECTOR	S IN 11	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport in the and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee employmened 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

MORGAN, KEN

SAINT PETERSBURG, FL 33729

1 HSN DR.

TITLE

STREET ADDRESS

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Assistant Treasurer

1 HSN Drive St. Petersburg, FL

Dennis Milam

4/20/06 727-872-1000
Date Daysine Proce P

33729

★ Change

Addition