

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90934 034 ***150.00

DOCUMENT # P09978

1. Entity Name
HOME SHOPPING NETWORK, INC.



Principal Place of Business
**1 HSN DRIVE
ST. PETERSBURG FL 33729
US**

Mailing Address
**1 HSN DRIVE
ST. PETERSBURG FL 33729
US**

2. Principal Place of Business
152 W. 57th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New York, NY 10019

City & State

Zip
10019

Country
USA

Zip

Country

4. FEI Number **59-2649518**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSENBLATT, ROBERT
1 HSN DRIVE
ST PETERSBURG FL 33729**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **EVP** ☐ Delete
NAME **KHOSROWSHAH, DARA**
STREET ADDRESS **152 WEST 57TH STREET**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS.S** ☒ Delete
NAME **GALLAGHER, JAMES O**
STREET ADDRESS **1 HSN DRIVE**
CITY-ST-ZIP **ST. PETERSBURG FL 33729**

TITLE ☒ Change ☐ Addition
NAME **Steve Armstrong**
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVPG** ☐ Delete
NAME **GENACHOWSKI, JULIUS**
STREET ADDRESS **152 WEST 57 STREET**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **GASSETT, CHRISTOPHER T**
STREET ADDRESS **1 HSN DRIVE**
CITY-ST-ZIP **ST PETERSBURG FL 33729**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Christopher T. Gassett, Asst. Sec. 3/26/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

727-872-1000

CP2E034 (10/02)