

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P11262****1. Entity Name**
USA NETWORKS, INC.**Principal Place of Business****152 WEST 57TH STREET
42ND FLOOR
NEW YORK NY 10019
US****Mailing Address****152 WEST 57TH STREET
42ND FLOOR
NEW YORK NY 10019
US****2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number 59-2712887**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324****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.**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State****10. Election Campaign Financing
Trust Fund Contribution.** ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****TITLE** **DC** ☐ Delete
NAME **DILLER, BARRY**
STREET ADDRESS **152 WEST 57TH STREET, 42ND FLOOR**
CITY-ST-ZIP **NEW YORK NY 10019****TITLE** **D** ☐ Delete
NAME **KAUFMAN, VICTOR**
STREET ADDRESS **152 WEST 57TH STREET, 42ND FLOOR**
CITY-ST-ZIP **NEW YORK NY 10019****TITLE** **VS** ☒ Delete
NAME **KUHN, THOMAS J.**
STREET ADDRESS **152 WEST 57TH STREET 42ND FLOOR**
CITY-ST-ZIP **NEW YORK NY 10019****TITLE** **VT** ☒ Delete
NAME **DURNEY, MICHAEL**
STREET ADDRESS **152 WEST 57TH STREET 42ND FLOOR**
CITY-ST-ZIP **NEW YORK NY 10019****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **VS** ☐ Change ☒ Addition
NAME **JULIUS GENACHOWSKI**
STREET ADDRESS **152 WEST 57th STREET 42ND FL**
CITY-ST-ZIP **NEW YORK, NY 10019****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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 trustee 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 19, 2000 8:00 am
Secretary of State

07-18-2000 90087 013 ***158.75

09-19-2000 90101 001 *2,200.00



DO NOT WRITE IN THIS SPACE

C-2 (Rev. 10/00)