

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P12925** (4)

1. Corporation Name

SILVER KING BROADCASTING OF TAMPA, INC.

Principal Place of Business

**12425 28TH ST N.
SUITE 300
ST PETERSBURG FL 33716
US**

Mailing Address

**1 HSN Drive
St. Petersburg,
FL 33729**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 1 HSN Drive		01/16/1987		03/13/1996	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 St. Petersburg, FL		59-2776456		Not Applicable	
24 Zip		29 33729		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Pinellas		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARRON, CHERYL			1.2 NAME			
STREET ADDRESS	12425 28TH ST N.			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL			1.4 CITY-ST-ZIP			
TITLE	PTD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	President and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GRANT, STEVEN H			2.2 NAME	Richard Lyon		
STREET ADDRESS	12425 28TH ST N.			2.3 STREET ADDRESS	1 HSN Drive		
CITY-ST-ZIP	ST. PETERSBURG FL			2.4 CITY-ST-ZIP	St. Petersburg, FL 33729		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Treasurer & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DRAYER, MICHAEL			3.2 NAME	Lynn Krall		
STREET ADDRESS	12425 28TH ST N STE 300			3.3 STREET ADDRESS	1 HSN Drive		
CITY-ST-ZIP	ST. PETERSBURG FL			3.4 CITY-ST-ZIP	St. Petersburg, FL 33729		
TITLE	V	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HERNANDEZ, LIA A			4.2 NAME	H. Steven Holtzman		
STREET ADDRESS	300 WEST MARKET STREET			4.3 STREET ADDRESS	1 HSN Drive		
CITY-ST-ZIP	NEWARK NJ			4.4 CITY-ST-ZIP	St. Petersburg, FL 33729		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CR2E034 (4/97)