

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 02 1997 8:00am  
Secretary of State

DOCUMENT # P17587 (7)  
1. Corporation Name  
HSN MAIL ORDER, INC.



Principal Place of Business  
2501 118TH AVENUE NORTH  
ST. PETERSBURG FL 33716  
US

Mailing Address  
P. O. BOX 8090  
CLEARWATER FL 34618-8090  
US

3. Date Incorporated or Qualified  
01/11/1988

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2857505	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	30 Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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	P NOVO, JAMES	1.1 TITLE	PD
NAME	NOVO, JAMES	1.2 NAME	TROSPER, JED B.
STREET ADDRESS	2501 118TH AVE N	1.3 STREET ADDRESS	2501 118TH AVE N
CITY-ST-ZIP	ST. PETERSBURG FL 33716	1.4 CITY-ST-ZIP	ST PETERSBURG FL 33716
TITLE	TDS	2.1 TITLE	T
NAME	MCKEON, KEVIN J	2.2 NAME	FELDMAN, BRIAN J.
STREET ADDRESS	2501 118TH AVE N	2.3 STREET ADDRESS	2501 118TH AVE N
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	ST PETERSBURG FL 33716
TITLE	AS	3.1 TITLE	S
NAME	HOLTZMAN, STEVEN H	3.2 NAME	GALLAGHER, JAMES G.
STREET ADDRESS	2501 118TH AVE N	3.3 STREET ADDRESS	2501 118TH AVE N
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	ST PETERSBURG FL 33716
TITLE	AT	4.1 TITLE	
NAME	KRALL, LYNN	4.2 NAME	
STREET ADDRESS	2501 118TH AVE N	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	POLLIN, MARY ELLEN	5.2 NAME	
STREET ADDRESS	2501 118TH AVE N	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	5.4 CITY-ST-ZIP	
TITLE	AT	6.1 TITLE	
NAME	LYON, RICHARD	6.2 NAME	
STREET ADDRESS	2501 118TH AVENUE NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	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 charged, or on an attachment with an address.

CR2E034 (9/96)