

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P36284** (8)

1. Corporation Name
HSN DIRECT, INC.



Principal Place of Business
**2501 118TH AVENUE, NO.
ST. PETERSBURG FL 33716
US**

Mailing Address
**P O BOX 9090
CLEARWATER FL 34618-090
US**

3. Date Incorporated or Qualified 11/13/1991	3a. Date of Last Report 04/06/1995
4. FEI Number 59-3057858	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

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, etc.)	8000001815959
83. City	-05/10/96--01003--040
84. City	***200.00
85. Zip Code	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 reappointing)

DATE

OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WANDLER, LES	
STREET ADDRESS	2501 118TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	SPEER, ROY M.	
STREET ADDRESS	2501 118TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WALTERS, ELIZABETH A	
STREET ADDRESS	2501 118TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KERN, PETER M.	
STREET ADDRESS	2501 118TH AVENUE, NO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELDMAN, BRIAN J	
STREET ADDRESS	2501 118TH AVENUE, NO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	RILEY, JOSEPH R	
STREET ADDRESS	2501 118TH AVENUE, NO.	
CITY-ST-ZIP	ST. PETERSBURG FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kevin J. McKeon	
1.3 STREET ADDRESS	2501 118th Avenue, North	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33716	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mary Ellen Pollin	
2.3 STREET ADDRESS	2501 118th Avenue, North	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33716	
3.1 TITLE	Waters, Elizabeth	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Barry S. Augenbraun	
4.3 STREET ADDRESS	2501 118th Avenue, North	
4.4 CITY-ST-ZIP	St. Petersburg, FL 33716	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Holtzman, H. Steven	
5.3 STREET ADDRESS	2501 118th Avenue, North	
5.4 CITY-ST-ZIP	St. Petersburg, FL 33716	
6.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Lynn Krall	
6.3 STREET ADDRESS	2501 118th Avenue, North	
6.4 CITY-ST-ZIP	St. Petersburg, FL 33716	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

(813) 592-

CR2E034 (12/95)