

5-2-97 B-6079 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 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

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 34618-9090  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

11/13/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3057858

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | PSTD                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | MCKEON, KEVIN J         |  |
| STREET ADDRESS | 2501 118TH AVENUE NORTH |  |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33716 |  |
| TITLE          | CEO                     | <input type="checkbox"/> DELETE            |
| NAME           | POLLIN, MARY ELLEN      |  |
| STREET ADDRESS | 2501 118TH AVENUE NORTH |  |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33716 |  |
| TITLE          | AS                      | <input type="checkbox"/> DELETE            |
| NAME           | WATERS, ELIZABETH A     |  |
| STREET ADDRESS | 2501 118TH AVENUE NORTH |  |
| CITY-ST-ZIP    | ST. PETERSBURG FL       |  |
| TITLE          | AS                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | AUGENBRUAN, BARRY S     |  |
| STREET ADDRESS | 2501 118TH AVENUE, NO.  |  |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33716 |  |
| 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 type="checkbox"/> DELETE            |
| NAME           | KRALL, LYNN             |  |
| STREET ADDRESS | 2501 118TH AVENUE, NO.  |  |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33716 |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                        |  |
|--------------------|------------------------|--|
| 1.1 TITLE          | PD                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | TROSPER, JED B.        |  |
| 1.3 STREET ADDRESS | 2501 118TH AVE N       |  |
| 1.4 CITY-ST-ZIP    | ST PETERSBURG FL 33716 |  |
| 2.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                        |  |
| 2.3 STREET ADDRESS |                        |  |
| 2.4 CITY-ST-ZIP    |                        |  |
| 3.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                        |  |
| 3.3 STREET ADDRESS |                        |  |
| 3.4 CITY-ST-ZIP    |                        |  |
| 4.1 TITLE          | S                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | GALLAGHER, JAMES G.    |  |
| 4.3 STREET ADDRESS | 2501 118TH AVE N.      |  |
| 4.4 CITY-ST-ZIP    | ST PETERSBURG FL 33716 |  |
| 5.1 TITLE          | TD                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                        |  |
| 5.3 STREET ADDRESS |                        |  |
| 5.4 CITY-ST-ZIP    |                        |  |
| 6.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                        |  |
| 6.3 STREET ADDRESS |                        |  |
| 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 or on an attachment with an address.

CR2E034 (9/96)