


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000004057 1. Entity Name QVC ST. LUCIE, INC.	
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Principal Place of Business 300 NW PEACOCK BLVD PORT SAINT LUCIE, FL 34986	Mailing Address 1200 WILSON DRIVE WEST CHESTER, PA 19380
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 23-2988393	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD GRABELL, NEAL S 1200 WILSON DRIVE WEST CHESTER, PA 19380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT THOR, GLEN M STUDIO PARK WEST CHESTER, PA 19380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HUNTER, JOHN STUDIO PARK WEST CHESTER, PA 19380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPO DOWNS, THOMAS STUDIO PARK WEST CHESTER, PA 19380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRIGGS, DOUGLAS S STUDIO PARK WEST CHESTER, PA 19380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000007673
01/20/04-80032-020 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Glenn M Thor* GLENN M THOR, 1-9-04 (484) 701-8283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #