

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

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P11262 (3)**

1. Corporation Name  
**SILVER KING COMMUNICATIONS, INC.**



Principal Place of Business 12425 28TH ST N. STE 300 ST PETERSBURG FL 33716 US	Mailing Address 12425 28TH ST N. STE 300 ST PETERSBURG FL 33716-1826 US
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2. Principal Place of Business <b>21 2501 118th Ave. N.</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26 P.O. Box 9090</b> Suite, Apt. #, etc. <b>27</b>	3. Date Incorporated or Qualified <b>08/28/1986</b>	3a. Date of Last Report <b>03/13/1996</b>
City & State <b>23 St. Petersburg, FL</b>	City & State <b>28 Clearwater, FL</b>	4. FEI Number <b>59-2712887</b>	Applied For Not Applicable
Zip <b>24 33716</b>	Country <b>25 USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>29 34618-9090</b>	Country <b>30 USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81 Name	10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D/C/CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DILLER, BARRY</b>		1.2 NAME <b>DILLER, BARRY</b>	
STREET ADDRESS <b>12425 28TH ST., N. STE 300</b>		1.3 STREET ADDRESS <b>2501 118th Avenue, N</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL</b>		1.4 CITY-ST-ZIP <b>St. Petersburg, FL 33716</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>D/VC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>AFRIAT-HERNANDEZ, LIA</b>		2.2 NAME <b>HELD, JAMES G.</b>	
STREET ADDRESS <b>12425 28TH N., STE. 3000</b>		2.3 STREET ADDRESS <b>2501 118th Avenue, N</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL</b>		2.4 CITY-ST-ZIP <b>St. Petersburg, FL 33716</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>D/Ofc of the Chairman</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CENTORINO, JOSEPH</b>		3.2 NAME <b>KAUFMAN, VICTOR</b>	
STREET ADDRESS <b>12425 28TH ST. N. STE 300</b>		3.3 STREET ADDRESS <b>2501 118th Avenue, N</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL</b>		3.4 CITY-ST-ZIP <b>St. Petersburg, FL 33716</b>	
TITLE <b>VTD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>V/GC/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GRANT, STEVEN H</b>		4.2 NAME <b>GALLAGHER, JAMES G.</b>	
STREET ADDRESS <b>12425 29TH ST., N., STE. 3000</b>		4.3 STREET ADDRESS <b>2501 118th Avenue, N</b>	
CITY-ST-ZIP <b>ST PETERSBURG FL</b>		4.4 CITY-ST-ZIP <b>St. Petersburg, FL 33716</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>V/CFO/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HALFAKER, JOAN E</b>		5.2 NAME <b>TROSPER, JED B.</b>	
STREET ADDRESS <b>12425 28TH ST., N., STE. 3000</b>		5.3 STREET ADDRESS <b>2501 118th Avenue, N</b>	
CITY-ST-ZIP <b>ST PETERSBURG FL</b>		5.4 CITY-ST-ZIP <b>St. Petersburg, FL 33716</b>	
TITLE <b>VS</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DRAYER, MICHAEL</b>		6.2 NAME <b>POLLIN, MARY ELLEN</b>	
STREET ADDRESS <b>12425 28TH ST., N., STE 3000</b>		6.3 STREET ADDRESS <b>2501 118th Avenue, N</b>	
CITY-ST-ZIP <b>ST PETERSBURG FL</b>		6.4 CITY-ST-ZIP <b>St. Petersburg, FL 33716</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, changed or not, as an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)