

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90006 019 ***558.75

22200000

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P11262
 1. Corporation Name
USA NETWORKS, INC.



Principal Place of Business 152 WEST 57TH STREET 42ND FLOOR NEW YORK NY 10019 US	Mailing Address 152 WEST 57TH STREET 42ND FLOOR NEW YORK NY 10019 US
--	--

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 08/28/1986	4. FEI Number 59-2712887	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	DILLER, BARRY	
STREET ADDRESS	152 WEST 57TH STREET, 42ND FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HELD, JAMES G	
STREET ADDRESS	1 HSN DRIVE	
CITY-ST-ZIP	ST. PETERSBURG FL 33729	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAUGMAN, VICTOR	
STREET ADDRESS	152 WEST 57TH STREET, 42ND FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	KUHN, THOMAS J.	
STREET ADDRESS	152 WEST 57TH STREET 42ND FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	DURNEY, MICHAEL	
STREET ADDRESS	152 WEST 57TH STREET 42ND FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KHOSROWSHAHI, DARA	
STREET ADDRESS	152 WEST 57TH STREET 42ND FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	D KAUFMAN, VICTOR
3.3 STREET ADDRESS	152 WEST 57TH STREET, 42ND FLOOR
3.4 CITY-ST-ZIP	NEW YORK, NY 10019
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input 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 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 changed, or on an attachment with an address.

SIGNATURE: *Thomas J. Kuhn* **Thomas J. Kuhn** 9/13/99 212-314-7300

CR2E034 (5/99)