

1.) CORPORATION NAME:

HSN, Inc.

DUE DATE: **2/28/2011**

SCC ID NO: **F1781477**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300,000,000
PREFER	25,000,000
PREFJR	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 HSN DR

CITY/ST/ZIP: ST PETERSBURG, FL 33729-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MINDY GROSSMAN
TITLE: PRESIDENT
ADDRESS: 1 HSN DR
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33729-

OFFICER

DIRECTOR

NAME: GREGORY J HENCHEL
TITLE: EXEC VP/GC/SEC
ADDRESS: 1 HSN DR
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33729-

OFFICER

DIRECTOR

NAME: JUDY SCHELMING
TITLE: EXEC VP/CFO/T
ADDRESS: 1 HSN DR
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33729-

OFFICER

DIRECTOR

NAME: MICHAEL ATTINELLA
TITLE: SVP/CONT ASST T
ADDRESS: 1 HSN DR
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33729-

OFFICER

DIRECTOR

NAME: GREGORY BLATT
TITLE: DIRECTOR
ADDRESS: C/O 1 HSN DRIVE
CITY/ST/ZIP/CO: ST. PETERSBURG, FL 33729-

OFFICER

DIRECTOR

OFFICER DIRECTOR

NAME: PATRICK BOUSQUET-CHAVANNE
TITLE: DIRECTOR
ADDRESS: C/O 1 HSN DRIVE
CITY/ST/ZIP/CO: ST. PETERSBURG, FL 33729-

OFFICER DIRECTOR

NAME: MICHAEL BOYD
TITLE: DIRECTOR
ADDRESS: C/O 1 HSN DRIVE
CITY/ST/ZIP/CO: ST. PETERSBURG, FL 33729-

OFFICER DIRECTOR

NAME: WILLIAM COSTELLO
TITLE: DIRECTOR
ADDRESS: C/O 1 HSN DRIVE
CITY/ST/ZIP/CO: ST. PETERSBURG, FL 33729-

OFFICER DIRECTOR

NAME: JAMES FOLLO
TITLE: DIRECTOR
ADDRESS: C/O 1 HSN DRIVE
CITY/ST/ZIP/CO: ST. PETERSBURG, FL 33729-

OFFICER DIRECTOR

NAME: STEPHANIE KUGELMAN
TITLE: DIRECTOR
ADDRESS: C/O 1 HSN DRIVE
CITY/ST/ZIP/CO: ST. PETERSBURG, FL 33729-

OFFICER DIRECTOR

NAME: ARTHUR C MARTINEZ
TITLE: DIRECTOR
ADDRESS: 1 HSN DR
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33729-

OFFICER DIRECTOR

NAME: THOMAS MCINERNEY
TITLE: DIRECTOR
ADDRESS: C/O 1 HSN DRIVE
CITY/ST/ZIP/CO: ST. PETERSBURG, FL 33729-

OFFICER DIRECTOR

NAME: JOHN MORSE
TITLE: DIRECTOR
ADDRESS: C/O 1 HSN DRIVE
CITY/ST/ZIP/CO: ST. PETERSBURG, FL 33729-

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ GREGORY J HENCHEL</u>	<u>GREGORY J HENCHEL, EXEC</u>	<u>2/24/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VP/GC/SEC PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.