


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000005957
1. Entity Name
VIACOM RADIO INC.



Principal Place of Business Mailing Address
1515 BROADWAY **1515 BROADWAY**
NEW YORK, NY 10036 **NEW YORK, NY 10036**

DO NOT WRITE IN THIS SPACE



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
20-0368570 Not Applicable

5. Certificate of Status Desired **\$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 **\$5.00 May Be Added to Fees**

000000127795
04/26/04-80013-035 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME HOLLANDER, JOEL
STREET ADDRESS 1515 BROADWAY
CITY-ST-ZIP NEW YORK, NY 10036

TITLE VSD
NAME FRICKLAS, MICHAEL D
STREET ADDRESS 1515 BROADWAY
CITY-ST-ZIP NEW YORK, NY 10036

TITLE VTD
NAME FREEDLINE, ROBERT G
STREET ADDRESS 1515 BROADWAY
CITY-ST-ZIP NEW YORK, NY 10036

TITLE VAS
NAME FUERST, JANE R
STREET ADDRESS 1515 BROADWAY
CITY-ST-ZIP NEW YORK, NY 10036

TITLE D
NAME GORDON, SUSAN C
STREET ADDRESS 1515 BROADWAY
CITY-ST-ZIP NEW YORK, NY 10036

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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: *Jane R. Fuerst* **Jane R. Fuerst, Asst. Secy.** 3/22/04 212 250 6847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #