

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000006486

**Entity Name:** CBS STUDIOS INC.**Current Principal Place of Business:**51 W 52ND STREET  
NEW YORK, NY 10019**Current Mailing Address:**C/O ADRIENNE HARRINGTON  
51 W 52ND STREET (19-13)  
NEW YORK, NY 10019**FEI Number:** 20-3656897**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title            PRESIDENT  
Name           STAPF, DAVID  
Address        4024 RADFORD AVENUE  
City-State-Zip: STUDIO CITY CA 91604

Title            DV  
Name           IANNIELLO, JOSEPH R  
Address        51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title            VS  
Name           STRAKA, ANGELINE C  
Address        51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title            VP, T  
Name           HILL, KENNETH  
Address        51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title            VCFO  
Name           TAUB, BRUCE C  
Address        51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title            CCEO  
Name           MOONVES, LESLIE  
Address        51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title            VAS  
Name           TANZI, LISA M  
Address        51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title            D, VP, C, CAO  
Name           LIDING, LAWRENCE  
Address        51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ERIC J. SOBCZAK**ASSISTANT SECRETARY** 03/19/2014\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP, GC, AS  
Name ANSHELL, JONATHAN H.  
Address 4024 RADFORD AVENUE  
City-State-Zip: STUDIO CITY CA 91604

Title ASST. SECRETARY  
Name KOCZKO, MICHAEL A.  
Address 51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title AS  
Name SOBCZAK, ERIC J.  
Address 20 STANWIX STREET  
City-State-Zip: PITTSBURGH PA 15222