

2018 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	EVP, CFO
Name	RUBIN, BRYON
Address	51 W 52ND STREET
City-State-Zip:	NEW YORK NY 10019

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

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

Title	EVP, GENERAL COUNSEL, SECRETARY
Name	ANSCHALL, JONATHAN H.
Address	51 W 52ND STREET
City-State-Zip:	NEW YORK NY 10019

Title	D, SVP, C, CHIEF ACCOUNTING OFFICER
Name	LIDING, LAWRENCE
Address	51 W 52ND STREET
City-State-Zip:	NEW YORK NY 10019

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

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

Continues on page 2

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** 02/14/2018_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title D, EVP, ASST. SECRETARY
Name TU, LAWRENCE P.
Address 51 W 52ND STREET
City-State-Zip: NEW YORK NY 10019

Title TREASURER
Name JAMES, C. MORRISON
Address 51 W 52ND STREET
City-State-Zip: NEW YORK NY 10019