

2015 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 VCFO
Name TAUB, BRUCE C
Address 51 W 52ND STREET
City-State-Zip: NEW YORK NY 10019

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

Title VP, TREASURER
Name HILL, KENNETH
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

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

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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** 03/02/2015_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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

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