

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000000274

Entity Name: CBS INTERACTIVE MEDIA INC.**Current Principal Place of Business:**51 WEST 52ND STREET
NEW YORK, NY 10019**Current Mailing Address:**C/O ADRIENNE HARRINGTON
51 WEST 52ND STREET (19-13)
NEW YORK, NY 10019 US**FEI Number:** 13-4086579**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, CEO
Name	RYAN , TOM
Address	51 WEST 52ND STREET
City-State-Zip:	NEW YORK NY 10019

Title	EVP, CFO
Name	WRIGHT, ELIZABETH
Address	51 WEST 52ND STREET
City-State-Zip:	NEW YORK NY 10019

Title	EVP, DIRECTOR
Name	CHOPRA, NAVEEN
Address	51 WEST 52ND STREET
City-State-Zip:	NEW YORK NY 10019

Title	SVP
Name	JONES, RICHARD M
Address	51 WEST 52ND STREET
City-State-Zip:	NEW YORK NY 10019

Title	SVP
Name	WAUK, ALISON
Address	51 WEST 52ND STREET
City-State-Zip:	NEW YORK NY 10019

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

Title	VP, ASST. SECRETARY
Name	KNAPP, THOMAS
Address	51 WEST 52ND STREET
City-State-Zip:	NEW YORK NY 10019

Title	EVP, SECRETARY, DIRECTOR
Name	D'ALIMONTE, CHRISTA A
Address	51 WEST 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**ASST. SECRETARY****04/24/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP, ASST. SECRETARY
Name SHEN, JACKIE
Address 51 WEST 52ND STREET
City-State-Zip: NEW YORK NY 10019

Title ASST. SECRETARY
Name BEHUNIAK, JULIE
Address 51 WEST 52ND STREET
City-State-Zip: NEW YORK NY 10019

Title ASST. SECRETARY
Name GREENE, MINDY H
Address 51 WEST 52ND STREET
City-State-Zip: NEW YORK NY 10019

Title ASST. SECRETARY
Name KOEN, KENNETH F
Address 51 WEST 52ND STREET
City-State-Zip: NEW YORK NY 10019

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

Title VP, ASST. SECRETARY
Name ABATZIS NASI, ALICE
Address 51 WEST 52ND STREET
City-State-Zip: NEW YORK NY 10019

Title ASST. SECRETARY
Name FONTANA, CHRISTOPHER
Address 51 WEST 52ND STREET
City-State-Zip: NEW YORK NY 10019

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

Title ASST. SECRETARY
Name LEVITT, MALLORY
Address 51 WEST 52ND STREET
City-State-Zip: NEW YORK NY 10019

Title ASST. SECRETARY
Name WAN, DANIEL
Address 51 WEST 52ND STREET
City-State-Zip: NEW YORK NY 10019