

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 819380

1. Entity Name

CBS BROADCASTING INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90428 046 ***150.00

Principal Place of Business

Mailing Address

C/O CLARE A. MCMORROW
51 WEST 52ND STREET
NEW YORK NY 10019

C/O CLARE A. MCMORROW
51 WEST 52ND STREET
NEW YORK NY 10019-6119

2. Principal Place of Business

C/O C. McMorrow-Castro

3. Mailing Address

C/O C. McMorrow-Castro

Suite, Apt. #, etc.

51 W. 52 ST.

Suite, Apt. #, etc.

51 W. 52 ST.

City & State

NEW YORK, NY

City & State

NEW YORK, NY

Zip

10019

Country

U.S.A.

Zip

10019

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-0590730

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCEO	<input checked="" type="checkbox"/> Delete
NAME	KARMAZIN, MEL	
STREET ADDRESS	40 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRISKMAN, LOUIS J	
STREET ADDRESS	11 STANWIX ST	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, FREDRIC G	
STREET ADDRESS	11 STANWIX ST	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MCMORROW, CLARE A.	
STREET ADDRESS	51 W 52 ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOONVES, LESLIE	
STREET ADDRESS	7800 BEVERLY BLVD	
CITY-ST-ZIP	LOS ANGELES CA 90036	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	STRAKA, ANGELINE C	
STREET ADDRESS	51 WEST 52ND STREET	
CITY-ST-ZIP	NEW YORK NY 10019	

TITLE	DCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARMAZIN, MEL A.	
STREET ADDRESS	51 W. 52 ST.	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRISKMAN, LOUIS J.	
STREET ADDRESS	51 W. 52 ST.	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYNOLDS, FREDRIC G	
STREET ADDRESS	51 W. 52 ST.	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MC MORROW-CASTRO, CLARE	
STREET ADDRESS	51 W. 52 ST.	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clare McMorrow-Castro CLARE MCMORROW-CASTRO 4/24/00 212-975-4415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)