

ACCOUNT NO. : 072100000032

REFERENCE: 790606 4319220

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: August 8, 2000

ORDER TIME: 9:30 AM

ORDER NO. : 790606-080

CUSTOMER NO: 4319220

CUSTOMER: Ms. Carol Menniti

Viacom Inc. 1515 Broadway

51-17

New York, NY 10036

500003353405--3

Patricia Pyrito

CHANGE OF AGENT

NAME: CBS BROADCASTING INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

ACURIO 14 JARSSAHALLAT DEPARTMENT OF STATES

00 VNC 11 VN 10: r5

BECEIVED

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617	7.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws	of the State of New York
submits the following statement in order to change its	registered office or registered agent, or both, in
the State of Florida.	
1. The name of the corporation is: CBS BROADCASTING	INC.
2. The mailing address of the corporation is:	a McMorrow-Castro 51 Swest 52nd Street
New York, NY 10019	
3. Date of incorporation/qualification: 03/02/1966	Document number: 819380
4. The name and address of the current registered agen	
	_
CT Corporation System	
1200 South Pine Island Road	
Plantation, FL 33324	- GAT
5. The name and address of the new registered agent ar	nd office: (P. O. Box Not Acceptable) PH 2: 49
Corporation Service Company	FF ORST
1201 Hays Street	
Tallahassee, Florida 32301	
The street address of its registered office and the stre	et address of the business office of its registered
agent, as changed, will be identical.	-
Such change was authorized by resolution duly adopt authorized by the board.	ed by its board of directors or by an officer so
She Shirt	Show
(Signature of an officer, chairman or vice chairman of the bo	pard) (Date)
Ilene W. Stack, Assistant Secretary (Printed or typed name and title)	
Having been named as registered agent and to accept s corporation, I hereby accept the appointment as registe I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a registered agent.	ered agent and agree to act in this capacity. utes relative to the proper and complete
Corporation Service Company By: Qual Dolor	8/10/2000
By: (Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Carol K. Dolor	Asst. Vice President
(Typed or Printed Name)	(Capacity)
* * * FILING FE	E: \$35.00 * * *

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