

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90019 049 \*\*\*150.00

04/2010

**DOCUMENT # 819380**

1. Entity Name

**CBS BROADCASTING INC.**

Principal Place of Business

% C MCMORROW-CASTRO  
 51 W 52 ST  
 NEW YORK NY 10019

Mailing Address

% C MCMORROW-CASTRO  
 51 W 52 ST  
 NEW YORK NY 10019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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, 2001 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** ☐ Delete  
 NAME **KARMAZIN, MEL A**  
 STREET ADDRESS **51 W 52 ST**  
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **CHCEB** ☒ Change ☐ Addition  
 NAME **Mel A. Karmazin**  
 STREET ADDRESS **1515 Broadway**  
 CITY-ST-ZIP **New York, NY 10036**

TITLE **D** ☐ Delete  
 NAME **BRISKMAN, LOUIS J**  
 STREET ADDRESS **51 W 52 ST**  
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **DEVP** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **REYNOLDS, FREDRIC G**  
 STREET ADDRESS **51 W 52 ST**  
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **AS** ☒ Delete  
 NAME **MCMORROW-CASTRO, CLARE**  
 STREET ADDRESS **51 W 52 ST**  
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **AS** ☐ Change ☒ Addition  
 NAME **Clare W. Stock**  
 STREET ADDRESS **1515 Broadway**  
 CITY-ST-ZIP **New York, NY 10036**

TITLE **VP** ☒ Delete  
 NAME **MOONVES, LESLIE**  
 STREET ADDRESS **7800 BEVERLY BLVD**  
 CITY-ST-ZIP **LOS ANGELES CA 90036**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPS** ☒ Delete  
 NAME **STRAKA, ANGELINE C**  
 STREET ADDRESS **51 WEST 52ND STREET**  
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **DEVPS** ☐ Change ☒ Addition  
 NAME **Michael D. Frickles**  
 STREET ADDRESS **1515 Broadway**  
 CITY-ST-ZIP **New York, NY 10036**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)