


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90176 015 \*\*\*150.00

<b>DOCUMENT # 819380</b> 1. Entity Name <b>CBS BROADCASTING INC.</b>					
Principal Place of Business <b>C/O MICHAEL D. FRICKLAS 51 W 52 ST NEW YORK, NY 10019</b>			Mailing Address <b>C/O MICHAEL D. FRICKLAS 1515 BROADWAY NEW YORK, NY 10036</b>		
2. Principal Place of Business <b>1515 Broadway</b>			3. Mailing Address 		
Suite, Apt. #, etc. <b>c/o Michael D. Fricklas</b>			Suite, Apt. #, etc. 		
City & State <b>New York, NY</b>			City & State 		
Zip <b>10036</b>		Country <b>USA</b>		Zip 	
Country 		4. FEI Number <b>13-0590730</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT <b>FREEDLINE, ROBERT G</b> <b>1515 BROADWAY</b> <b>NEW YORK, NY 10036</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <b>GORDON, SUSAN V</b> <b>1515 BROADWAY</b> <b>NEW YORK, NY 10036</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP <b>FRICKLAS, MICHAEL D</b> <b>1515 BROADWAY</b> <b>NEW YORK, NY 10036</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <b>FUERST, JANE R</b> <b>1515 BROADWAY</b> <b>NEW YORK, NY 10036</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR <b>MOONVES, LESLIE</b> <b>5555 MELROSE AVENUE</b> <b>LOS ANGELES, CA 90038</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Jane R. Fuerst</u> <b>Jane R. Fuerst, Asst. Secy.</b> <u>3/19/04</u> <u>212 258 6847</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					