


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90025 006 ***150.00

DOCUMENT # 819380 1. Entity Name CBS BROADCASTING INC.					
Principal Place of Business 1515 BROADWAY C/O MICHAEL FRICKLAS NEW YORK, NY 10019			Mailing Address C/O MICHAEL D. FRICKLAS 1515 BROADWAY NEW YORK, NY 10036		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-0590730	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT FREEDLINE, ROBERT G 1515 BROADWAY NEW YORK, NY 10036	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KENNETH HILL 1515 BROADWAY NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GORDON, SUSAN C 1515 BROADWAY NEW YORK, NY 10036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD FRICKLAS, MICHAEL D 1515 BROADWAY NEW YORK, NY 10036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/S/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FUERST, JANE R 1515 BROADWAY NEW YORK, NY 10036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR MOONVES, LESLIE 5555 MELROSE AVENUE LOS ANGELES, CA 90038	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1515 BROADWAY NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.					
SIGNATURE: <i>Jane R. Fuerst</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Jane R. Fuerst, Asst. Secy.		
			4/11/2005 212 258-6680 Date Daytime Phone #		