CR2E034 (9/01)

FILED

2002 Uniform Business Report (UBR)

changed, or on an attachment with

SIGNATURE:

Apr 03, 2002 8:00 am Secretary of State F00000002517 **DOCUMENT #** 1. Entity Name 04-03-2002 90177 011 ***150.00 VIACOM SERVICES INC. Principal Place of Business Mailing Address 1515 BROADWAY C/O MICHAEL D. FRICKLAS NEW YORK NY 10036 1515 BROADWAY NEW YORK NY 10036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-4112829 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DEVS TITLE TITLE Change . ☐ Addition ☐ Delete FRICKLAS, MICHAEL D NAME NAME 1515 Broodway 1515 BROADWAY.-5年子 STREET ADDRESS STREET ADDRESS **NEW YORK NY 10036** CITY-ST-ZIP CITY-ST-ZIP TITLE DEVP TITLE ☐ Addition Delete Change REYNOLDS, FREDRIC NAME NAME 1515 BROADWAY STREET ADDRESS STREET ADDRESS **NEW YORK NY 10036** CITY-ST-ZIP CITY-ST-ZIP TITLE DAS Delete TITI F Change Addition STACK, ILENE W NAME NAME 1515 BROADWAQY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10036** CITY-ST-ZIP VAS ☐ Delete TITLE Change ☐ Addition TITLE MORRIL, MARK C NAME NAME 1515 BROADWAY, 51:17 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10036** CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 60°, Florida Statutes; and that my name appears in Block 11 or Block 12 if