FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90383 039 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

F00000002517

DOCUMENT #

| 1. Entity Name VIACOM SERVI | | 000002017 | | | | |
|--|---------|---|---------|---|--|--|
| Principal Place of Bus 1515 BROADWAY NEW YORK NY 10036 | siness | Mailing Address C/O MICHAEL D. FRICKLA: 1515 BROADWAY NEW YORK NY 10036 | S | • | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | · | | |
| Zip | Country | Zip | Country | | | |

6. Name and Address of Current Registered Agent

| - 1 18 2 8 4 7 8 2 8 2 8 2 8 2 8 2 8 2 8 8 | |
|--|--|

4. FEI Number Applied For 13-4112829 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

☐ CHECK HERE IF MAKING CHANGES

Fee Required 7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City

| 8. T | ne above named entity submits this statemer | nt for the purpose of changing its re | egistered office or register | ed agent, or both, in the Sta | ate of Florida. I am familiar with, and | accept |
|------|---|---------------------------------------|------------------------------|-------------------------------|---|--------|
| ţŀ | e obligations of registered agent. | | | | | |

Name

SIGNATURE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition DEVS NAME FRICKLAS, MICHAEL D NAME STREET ADDRESS STREET ADDRESS 1515 BROADWAY CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10036** TITLE Delete TITLE Change : Addition AS NAME NAME ROSENGBERG, KATHERINE STREET ADDRESS STREET ADDRESS 1515 BROADWAY CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10036 TITLE ☐ Change TITLE ☐ Addition Delete VAS NAME NAME MORRIL, MARK C STREET ADDRESS 1515 BROADWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10036 TITLE ☐ Change ☐ Delete TITLE ★ Addition Reedline NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE 🔽 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete □ Change TITLE TITLE Addition 🔀 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 40 e.K

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.

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statute changed, or on an attachment with an address, with all other like empowered

Jane R. Fuerst, Assistant Secretary 212-258-6847 04/ 1 /03