2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2004 08:00 AM Secretary of State

DOCUM	MENT	# F030	00000	5958
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1. Entity Name

VIACOM RADIO SALES COMPANY



Principal Place of Business

1515 BROADWAY NEW YORK, NY 10036 Mailing Address

1515 BROADWAY NEW YORK, NY 10036



03222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 20-0368591

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pations of registered agent.	urpose of changing its registered of	office or r	egistered agent, or bo	oth, in the State of Florida. Tam familiar w	ith, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable, (NOTE: Registered Ag	gent signature required when renatating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financin Trust Fund Contribution.	9 🗆	\$5.00 May Be Added to Fees	Ü00000127843 04/26/04-80013-025 1	50.60	
10.	OFFICERS AND DIREC	TOAS			<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO HOLLANDER, JOEL 1515 BROADWAY NEW YORK, NY 10036					,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FRICKLAS, MICHAEL D 1515 BROADWAY NEW YORK, NY 10036		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FREEDLINE, ROBERT G 1515 BROADWAY NEW YORK, NY 10036						
NAME STREET ADDRESS CITY-ST-ZIP	VAS FUERST, JANE R 1515 BROADWAY NEW YORK, NY 10036		IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, SUSAN C 1515 BROADWAY NEW YORK, NY 10036						

12. It hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules, 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.

CICMATURE.

TITLE
NAME
STREET ADDRESS
ORY-ST-ZIP

SCONATURE AND TYPED OR PROCED NAME OF SIGNING O

Jane R. Furst, Asst

. Asst. Jew

3/22/04 212 258 684

Daytime Phone i