

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006486

Entity Name: CBS STUDIOS INC.

FILED  
Feb 25, 2008  
Secretary of State

## Current Principal Place of Business:

51 WEST 52ND STREET  
NEW YORK, NY 10019

## New Principal Place of Business:

## Current Mailing Address:

C/O ADRIENNE HARRINGTON  
51 WEST 52ND STREET  
NEW YORK, NY 10019

## New Mailing Address:

FEI Number: 20-3656897

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DV ( ) Delete  
Name: BRISKMAN, LOUIS J  
Address: 51 WEST 52ND STREET  
City-St-Zip: NEW YORK, NY 10019

Title: DV ( ) Delete  
Name: REYNOLDS, FREDRIC G  
Address: 51 WEST 52ND STREET  
City-St-Zip: NEW YORK, NY 10019

Title: DT ( ) Delete  
Name: IANNIELLO, JOSEPH R  
Address: 51 WEST 52ND STREET  
City-St-Zip: NEW YORK, NY 10019

Title: P ( ) Delete  
Name: MOONVES, LESLIE  
Address: 51 W 52ND STREET  
City-St-Zip: NEW YORK, NY 10019

Title: VS ( ) Delete  
Name: STRAKA, ANGELINE C  
Address: 51 WEST 52ND STREET  
City-St-Zip: NEW YORK, NY 10019

Title: AS ( ) Delete  
Name: HALLER, JOANN  
Address: 11 STANWIX STREET  
City-St-Zip: PITTSBURGH, PA 15222

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PCEO (X) Change ( ) Addition  
Name: MOONVES, LESLIE  
Address: 51 W 52ND STREET  
City-St-Zip: NEW YORK, NY 10019

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AS (X) Change ( ) Addition  
Name: HALLER, JO ANN  
Address: 11 STANWIX STREET  
City-St-Zip: PITTSBURGH, PA 15222

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO ANN HALLER

AS

02/25/2008

Electronic Signature of Signing Officer or Director

Date