

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006860

FILED
Apr 22, 2010
Secretary of State

Entity Name: VIACOM INTERNATIONAL INC.

Current Principal Place of Business:

1515 BROADWAY
C/O MICHAEL D. FRICKLAS
NEW YORK, NY 10036

New Principal Place of Business:

Current Mailing Address:

1515 BROADWAY
C/O MICHAEL D. FRICKLAS
NEW YORK, NY 10036

New Mailing Address:

FEI Number: 20-3696882

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: CFOD
Name: DOOLEY, THOMAS
Address: 1515 BROADWAY
City-St-Zip: NEW YORK, NY 10036

Title: DSVP
Name: FRICKLAS, MICHAEL D
Address: 1515 BROADWAY
City-St-Zip: NEW YORK, NY 10036

Title: D
Name: BARGE, JAMES W
Address: 1515 BROADWAY
City-St-Zip: NEW YORK, NY 10036

Title: AS
Name: FUERST, JANE R
Address: 1515 BROADWAY
City-St-Zip: NEW YORK, NY 10036

Title: P
Name: DAUMAN, PHILLIPE
Address: 1515 BROADWAY
City-St-Zip: NEW YORK, NY 10036

Title: SVPT
Name: NELSON, GEORGE S TOBY
Address: 1515 BROADWAY
City-St-Zip: NEW YORK, NY

I hereby 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 all other like empowered.

SIGNATURE: JANR R. FUERST

AS

04/22/2010

Electronic Signature of Signing Officer or Director

Date