2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007189

Entity Name: CBS OUTERNET INC.

FILED Feb 22, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
183 SHERMAN ST FAIRFIELD, CT 06824				51 W 52ND STREET NEW YORK, NY 10019			
Current Mailing Address:				New Mailing Address:			
183 SHERMAN ST FAIRFIELD, CT 06824				C/O ADRIENNE HARRINGTON 51 W 52ND STREET NEW YORK, NY 10019			
FEI Number:	04-3531204	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certifica	te of Status Desired ()
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address of	New Reg	istered Agent:
1201 HAYS TALLAHAS The above in the State	named entity si		rpose o	f changing it	ts registered o	office or r	egistered agent, or both,
SIGNATUR		c Signature of Registered Agen	<u> </u>				 Date
Election Carr		Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	C () I FAILING, BRUCE 183 SHERMAN S FAIRFIELD, CT	ST		Title: Name: Address: City-St-Zip:	P (X CARGILL, VIR 183 SHERMAN FAIRFIELD, C	N ST	() Addition
Title: Name: Address: City-St-Zip:	DP () I CARGILL, VIRGI 1110 HARBOR D SOUTHPORT, C)R		Title: Name: Address: City-St-Zip:	DT (XIANNIELLO, JO 51 W 52ND ST NEW YORK, N	DSEPH R FREET	() Addition
Title: Name: Address: City-St-Zip:	DV () I BIVONA, DOUG 8 DRIFTWOOD I TRUMBULL, CT	Delete _N		Title: Name: Address: City-St-Zip:	DCFO (X REYNOLDS, F 51 W 52ND ST NEW YORK, N	REDRIC G	() Addition
Title: Name: Address: City-St-Zip:	S () I BECKER, TODD 82 REVERE DR RODGEFIELD, C	Delete CT 06877		Title: Name: Address: City-St-Zip:	DV (X BRISKMAN, LO 51 W 52ND ST NEW YORK, N	TREET	() Addition
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VS (STRAKA, ANG 51 W 52ND ST NEW YORK, N	TREET	(X) Addition
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	AS (HALLER, JO A 11 STANWIX S PITTSBURGH,	STREET	

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 02/22/2008