

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UI	P WAIT MAIL			
(Business Entity Name)				
	(Document Number)			
Certified Copies	Certificates of Status			
Special Instruction	s to Filing Officer:			

Office Use Only





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ACCOUNT	NO.	:	I200	JUU	טטטי	T 72

REFERENCE : 012767 4319220

AUTHORIZATION :

COST LIMIT :

ORDER DATE: February 12, 2014

ORDER TIME : 4:53 PM

ORDER NO. : 012767-010

CUSTOMER NO: 4319220

FOREIGN FILINGS

NAME: VIACOM INTERNATIONAL STUDIOS

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

COVER LETTER

	Filing Section of Corpo					
SUBJECT:		n Internat	ional S	tudio	s Inc	
SUBJECT:			· · · · · · · · · · · · · · · · · · ·		include suffix	
Dear Sir or M	adam:					
"Certificate or	f Existence,"		of Good Sta	ınding" a	and check are su	act Business in Florida," bmitted to register the
Please return a	-	dence concerni	ng this matt	er to the	following:	
			Name o	Person		
Viacom	Inc.					
			Firm/Co	npany		
1515 Br	oadway	1				
New Yo	rk/New	York 112	Add :06	ess		
			City/State	and Zip	ode	
james.pa	ız@viac	om.com				
		E-mail address	(to be used	for futu	re annual report	notification)
For further inf	formation co	ncerning this m	atter, please	call:		
James F	^o az		_{at (} 212	, 84	-6-7045 Daytime Teleph	
Name	of Person		Area	Code &	Daytime Teleph	ione Number
New F Divisi Cliftor 2661 F Tallah	Filing Section on of Corpor n Building Executive Cenassee, FL 32	rations enter Circle			MAILING A New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7
⊐ \$70.00 Fili	ng Fee C	\$78.75 Filing Certificate o			5 Filing Fee & ied Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of c	orporation; must include "INCORPORATED	"," "COMPANY," "CORPORATION,"
	Corp," "Inc," "Co," or "Corp.")	· · · · · · · · · · · · · · · · · · ·
		," "COMPANY," "CORPORATION,"
	•	e adopted for the purpose of transacting business in Florida)
Delaware	∍	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
11/21/20	13	perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
,	(Date first transacted business	in Florida, if prior to registration)
4545 Door		1502, F.S., to determine penalty liability)
1515 Broa	adway, New York, NY 100	· · · · · · · · · · · · · · · · · · ·
45455	(Principal office ad	•
1515 Broa	idway, New York, NY 1003	
	. (Current mailing ad	dress)
Developm	ent and production of new fo	oreign language original programming
(Purpose(s) of corporation authorized in home state or c	oreign language original programming ountry to be carried out in state of Florida)
	•	
Name and stree	and address of Florida registered agent: (P.	
Name:	Corporation Service Comp	any
ffice Address:	1201 Hays Street	
	Tallahassee	, Florida 32301 (Zip code)
		· · ·

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

> Sue G. Knight
> Assistant Vice President (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Please see attached Exhibit A. Chairman: __ Vice Chairman: Director: _ Address: **B. OFFICERS** Please see attached Exhibit A. President: Vice President: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes

a third degree felony as provided for in s.817.155, F.S.

Jane R. Fuerst, Assistant Secretary

EXHIBIT A

Viacom International Studios Inc.

Directors:

Thomas E. Dooley Michael D. Fricklas James W. Barge

1515 Broadway, New York, New York 10036 1515 Broadway, New York, New York 10036

1515 Broadway, New York, New York 10036

Principal Officers:

Robert Bakish

President

1515 Broadway

New York, New York 10036

Michael D. Fricklas

Executive Vice President

1515 Broadway

and Secretary

New York, New York 10036

George S. (Toby) Nelson

Senior Vice President

1515 Broadway

and Treasurer

New York, New York 10036

Jane R. Fuerst

Assistant Secretary

1515 Broadway

New York, New York 10036

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VIACOM INTERNATIONAL STUDIOS INC."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND

IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR

AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF

FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIACOM INTERNATIONAL STUDIOS INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

5436251 8300

140170342

AUTHENTY CATION: 1131218

DATE: 02-12-14

You may verify this certificate online at corp.delaware.gov/authver.shtml