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**Mar 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005856 (9)
1. Corporation Name
VIACOM INC.



Principal Place of Business
**1515 BROADWAY
NEW YORK NY 10036**

Mailing Address
**C/O PHILIPPE P. DAUMAN
1515 BROADWAY
NEW YORK NY 10036-8901**

3. Date Incorporated or Qualified
11/14/1994

3a. Date of Last Report
02/29/1996

4. FEI Number
04-2949533

Applied For
 Yes Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET, SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	REDSTONE, SUMNER M	
STREET ADDRESS	1515 BROADWAY NEW YORK NY 10036	
CITY - ST - ZIP	NEW YORK NY 10036	
TITLE	DCD	<input type="checkbox"/> DELETE
NAME	DAUMAN, PHILIPPE P	
STREET ADDRESS	1515 BROADWAY NEW YORK NY 10036	
CITY - ST - ZIP	NEW YORK NY 10036	
TITLE	DCD	<input type="checkbox"/> DELETE
NAME	DOOLEY, THOMAS E	
STREET ADDRESS	1515 BROADWAY NEW YORK NY 10036	
CITY - ST - ZIP	NEW YORK NY 10036	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABRAMS, GEORGE S	
STREET ADDRESS	1 COURT STREET, SUITE 1100 BOSTON MA 02108	
CITY - ST - ZIP	BOSTON MA 02108	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, GEORGE D JR.	
STREET ADDRESS	ONE BLOKBUSTER PLAZA FT. LAUDERDALE FL 33301	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	STACK, ILENE W	
STREET ADDRESS	1515 BROADWAY NEW YORK NY 10036	
CITY - ST - ZIP	NEW YORK NY 10036	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	100002123981
4.3 STREET ADDRESS	-03/25/97--01090--012
4.4 CITY - ST - ZIP	***165.00
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MILLER, KEN
5.3 STREET ADDRESS	9101 EAST PRENTICE AVENUE ENGLEWOOD, CO 80111
5.4 CITY - ST - ZIP	ENGLEWOOD, CO 80111
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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; the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ilene W. Stack* **Ilene W. Stack, Assistant Secretary** Date: **3/17/97** 212-258-6874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
0008303

CR2E034 (9/96)