

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

005244

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005856

1. Corporation Name
VIACOM INC.

99 FEB -5 PM 1:53

FILED

SECRETARY OF STATE



Principal Place of Business 1515 BROADWAY NEW YORK NY 10036		Mailing Address C/O PHILIPPE P. DAUMAN 1515 BROADWAY NEW YORK NY 10036	
2. Principal Place of Business	2a. Mailing Address	26. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
21. Suite, Apt. #, etc.	26. C/O MICHAEL D. FRICKLAS	27. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
22. City & State	28. City & State	28. City & State	28. City & State
23. Zip	29. Zip	30. Country	30. Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/14/1994	Applied For Not Applicable
4. FEI Number 04-2949533	\$8.75 Additional Fee Required
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET, SUITE 105
TALLAHASSEE FL 32301**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City

000002769540-2
-02/09/99-01059-012
****150.00****150.00

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD [] DELETE	11 TITLE	[] Change [] Addition
NAME	REDSTONE, SUMNER M	12 NAME	
STREET ADDRESS	1515 BROADWAY	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036	14 CITY-ST-ZIP	
TITLE	DCD [] DELETE	21 TITLE	<input checked="" type="checkbox"/> Change [] Addition
NAME	DAUMAN, PHILIPPE P	22 NAME	
STREET ADDRESS	1515 BROADWAY	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036	24 CITY-ST-ZIP	
TITLE	DCD [] DELETE	31 TITLE	<input checked="" type="checkbox"/> Change [] Addition
NAME	DOOLEY, THOMAS E	32 NAME	
STREET ADDRESS	1515 BROADWAY	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036	34 CITY-ST-ZIP	
TITLE	D [X] DELETE	41 TITLE	[] Change [] Addition
NAME	ABRAMS, GEORGE S	42 NAME	
STREET ADDRESS	1 COURT STREET, SUITE 1100	43 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02108	44 CITY-ST-ZIP	
TITLE	D [X] DELETE	51 TITLE	[] Change [X] Addition
NAME	MILLER, KEN	52 NAME	
STREET ADDRESS	9101 EAST PRENTICE AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	54 CITY-ST-ZIP	
TITLE	AS [] DELETE	61 TITLE	[] Change [] Addition
NAME	STACK, ILENE W	62 NAME	
STREET ADDRESS	1515 BROADWAY	63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036	64 CITY-ST-ZIP	

EVPD

EVPD

AS
LIOTTA, MICHAEL A
1515 BROADWAY
NEW YORK NY 10036



14. I 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 or 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, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL A. LIOTTA

1/29/99 212-846-5955
Date Daytime Phone #

CR2E034 (11/98)