


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000005856**

1. Entity Name  
**VIACOM INC.**



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

Mailing Address  
**% MICHAEL D. FRICKLAS  
 1515 BROADWAY  
 NEW YORK, NY 10036**

**DO NOT WRITE IN THIS SPACE**



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>04-2949533</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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

1600000127791  
 04/26/04-80013-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO REDSTONE, SUMNER M 1515 BROADWAY NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCO KARMAZIN, MEL A 1515 BROADWAY NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FUERST, JANE R 1515 BROADWAY NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS FRICKLAS, MICHAEL D 1515 BROADWAY NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEVP BRESSLER, RICHARD J 1515 BROADWAY NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT FREEDLINE, ROBERT G 1515 BROADWAY NEW YORK, NY 10036

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jane R. Fuerst Jane R. Fuerst, Asst. Secy. 3/22/04 212 258- 6847  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #