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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000004550

1. Corporation Name

VIACOM INTERNATIONAL INC.

Principal Place of Business

C/O P. DAUMAN  
1515 BROADWAY  
NEW YORK NY 10036

Mailing Address

C/O P. DAUMAN  
1515 BROADWAY  
NEW YORK NY 10036

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26 C/O MICHAEL D. FRICKLAS

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

81 Name

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

83

84 City

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

REDSTONE, SUMNER M

STREET ADDRESS

1515 BROADWAY

CITY-STATE-ZIP

NEW YORK NY 10036

TITLE

DVS

NAME

FRICKLAS, MICHAEL D

STREET ADDRESS

1515 BROADWAY

CITY-STATE-ZIP

NEW YORK NY 10036

TITLE

AS

NAME

STACK, ILENE W

STREET ADDRESS

1515 BROADWAY

CITY-STATE-ZIP

NEW YORK NY 10036

TITLE

SVCF

NAME

SMITH, GEORGE S JR

STREET ADDRESS

1515 BROADWAY

CITY-STATE-ZIP

NEW YORK NY 10036

TITLE

D

NAME

DAUMAN, PHILIPPE P

STREET ADDRESS

1515 BROADWAY

CITY-STATE-ZIP

NEW YORK NY 10036

TITLE

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NAME

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13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

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31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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:

*Michael A. Liotta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MICHAEL A. LIOTTA

1/29/99

212-846-5955

Date

Daytime Phone #

0005261

CR2E034 (11/98)