

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**  
 03-06-2000 90101 046 \*\*\*150.00

**DOCUMENT # F96000004550**

1. Entity Name  
**VIACOM INTERNATIONAL INC.**

Principal Place of Business      Mailing Address  
**P. DAUMAN**      **% MICHAEL D. FRICKLAS**  
**BROADWAY**      **1515 BROADWAY**  
**YORK NY 10036**      **NEW YORK NY 10036-8901**

**60034105**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**1515 Broadway**      Suite, Apt. #, etc.  
 Suite, Apt. #, etc.  
 City & State      City & State  
**New York, NY**  
 Zip      Country      Zip      Country  
**10036**      **USA**

4. FEI Number      **13-3844753**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired      ☐      **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.      ☐      **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing      ☐      **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P REDSTONE, SUMNER M 1515 BROADWAY NEW YORK NY 10036</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS FRICKLAS, MICHAEL D 1515 BROADWAY NEW YORK NY 10036</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS STACK, ILENE W 1515 BROADWAY NEW YORK NY 10036</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVCD SMITH, GEORGE S JR 1515 BROADWAY NEW YORK NY 10036</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPD DAUMAN, PHILIPPE P 1515 BROADWAY NEW YORK NY 10036</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS LIOTTA, MICHAEL A 1515 BROADWAY NEW YORK NY 10036</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Ilene W. Stack*      **Ilene W. Stack, Ass't. Secty.**      **2/7/00**      **212-258-6874**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)