




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F98000001683			
1. Entity Name VIACOM OUTDOOR INC.			
Principal Place of Business C/O MICHAEL D FRICKLAS 1515 BROADWAY NEW YORK, NY 10036	Mailing Address C/O 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 86-0736400	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		1000000127788 04/26/04-20013-002 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FUERST, JANE R 1515 BROADWAY NEW YORK, NY 10036		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP FRICKLAS, MICHAEL D 1515 BROADWAY NEW YORK, NY 10036		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTR FREEDLINE, ROBERT G 1515 BROADWAY NEW YORK, NY 10036		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCO KELLY, WALLY C 2502 NORTH BLACK CANYON HIGHWAY PHOENIX, AZ 85009		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GORDON, SUSAN C 2502 NORTH BLACK CANYON HIGHWAY PHOENIX, AZ 85009		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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, Asst. Secy.		Date 3/22/04	Daytime Phone # 212 258 6847