

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819380

Entity Name: CBS BROADCASTING INC.**Current Principal Place of Business:**1515 BROADWAY
NEW YORK, NY 10036**Current Mailing Address:**C/O ASHLEY CHAFFIN
51 W 52ND STREET (19-13)
NEW YORK, NY 10019 US**FEI Number:** 13-0590730**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title ASST. SECRETARY
Name KOCZKO, MICHAEL A.
Address 51 W 52ND STREET
City-State-Zip: NEW YORK NY 10019Title EVP, COO
Name RUBIN, BRYON
Address 51 W 52ND STREET
City-State-Zip: NEW YORK NY 10019Title EVP, GENERAL TAX COUNSEL
Name JONES, RICHARD M
Address 51 W 52ND STREET
City-State-Zip: NEW YORK NY 10019Title ASST. SECRETARY
Name SOBCZAK, ERIC J.
Address 20 STANWIX STREET
City-State-Zip: PITTSBURGH PA 15222Title TREASURER
Name MORRISON, JAMES C
Address 51 W 52ND STREET
City-State-Zip: NEW YORK NY 10019Title EVP, CFO
Name GRAY, ERIC
Address 51 W 52ND STREET
City-State-Zip: NEW YORK NY 10019Title PRESIDENT
Name CHEEKS, GEORGE
Address 51 W 52ND STREET
City-State-Zip: NEW YORK NY 10019Title DIRECTOR
Name CHOPRA, NAVEEN
Address 51 W 52ND STREET
City-State-Zip: NEW YORK NY 10019**Continues on page 2**

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ERIC J. SOBCZAK

ASST. SECRETARY

04/24/2023

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	D'ALIMONTE, CHRISTA A
Address	51 W 52ND STREET
City-State-Zip:	NEW YORK NY 10019