

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000005576

**Entity Name:** CBS TELEVISION STATIONS INC.

**Current Principal Place of Business:**

51 W 52ND STREET  
NEW YORK, NY 10019

**FILED**  
**Feb 11, 2013**  
**Secretary of State**  
**CC3793358060**

**Current Mailing Address:**

C/O ADRIENNE HARRINGTON  
51 W 52ND STREET (19-13)  
NEW YORK, NY 10019

**FEI Number: 25-1783727**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 VCFO  
Name SCARINGELLA, MICHELE  
Address 524 W 57TH STREET  
City-State-Zip: NEW YORK NY 10019

Title DVAS  
Name BRISKMAN, LOUIS J  
Address 51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title DV  
Name IANNIELLO, JOSEPH R  
Address 51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title P  
Name DUNN, PETER  
Address 524 W 57TH STREET  
City-State-Zip: NEW YORK NY 10019

Title VS  
Name STRAKA, ANGELINE C  
Address 51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title VAS  
Name TANZI, LISA M  
Address 51 W 52ND STREET  
City-State-Zip: NEW YORK NY 10019

Title VP, GC, AS  
Name ANSCHELL, JONATHAN H.  
Address 4024 RADFORD AVENUE  
City-State-Zip: STUDIO CITY CA 91604

Title D, VP, CAO  
Name LIDING, LAWRENCE  
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**

**ASSISANT SECRETARY**

**02/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title AS  
Name SOBCZAK, ERIC J.  
Address 20 STANWIX STREET  
City-State-Zip: PITTSBURGH PA 15222