2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007189

Entity Name: CBS OUTERNET INC.

Current Principal Place of Business:

51 W 52ND STREET NEW YORK, NY 10019

Current Mailing Address:

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

FEI Number: 04-3531204

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US FILED Feb 08, 2013 Secretary of State CC4089873153

Certificate of Status Desired: No

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

Officer/Director Detail :

Oncendre			
Title	Р	Title	DV
Name	AMENT, RICHARD	Name	IANNIELLO, JOSEPH R
Address	405 LEXINGTON AVE	Address	51 W 52ND STREET
City-State-Zip:	NEW YORK NY 10174	City-State-Zip:	NEW YORK NY 10019
Title	VCFO	Title	DVAS
Name	NOWAK, RAYMOND	Name	BRISKMAN, LOUIS J
Address	51 W 52ND STREET	Address	51 W 52ND STREET
City-State-Zip:	NEW YORK NY 10019	City-State-Zip:	NEW YORK NY 10019
		T '0 -	N/A C
Title	VS	Title	VAS
Title Name	VS STRAKA, ANGELINE C	Name	VAS TANZI, LISA M
			-
Name	STRAKA, ANGELINE C	Name	TANZI, LISA M
Name Address	STRAKA, ANGELINE C 51 W 52ND STREET	Name Address	TANZI, LISA M 51 W 52ND STREET
Name Address City-State-Zip:	STRAKA, ANGELINE C 51 W 52ND STREET NEW YORK NY 10019	Name Address City-State-Zip:	TANZI, LISA M 51 W 52ND STREET NEW YORK NY 10019
Name Address City-State-Zip: Title	STRAKA, ANGELINE C 51 W 52ND STREET NEW YORK NY 10019 VP, T	Name Address City-State-Zip: Title	TANZI, LISA M 51 W 52ND STREET NEW YORK NY 10019 D, VP, CAO
Name Address City-State-Zip: Title Name	STRAKA, ANGELINE C 51 W 52ND STREET NEW YORK NY 10019 VP, T HILL, KENNETH	Name Address City-State-Zip: Title Name	TANZI, LISA M 51 W 52ND STREET NEW YORK NY 10019 D, VP, CAO LIDING, LAWRENCE

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

ASSISTANT SECRETARY 02/08/2013

Electronic Signature of Signing Officer/Director Detail

Date

Date

Officer/Director Detail Continued :

Title	VP, GC, AS	Title	ASSISTANT SECRETARY
Name	SAUER, RICHARD	Name	SOBCZAK, ERIC J.
Address	405 LEXINGTON AVENUE	Address	20 STANWIX STREET
City-State-Zip:	NEW YORK NY 10174	City-State-Zip:	PITTSBURGH PA 15222

Title	CEO
Name	KELLY, WALLY C.
Address	405 LEXINGTON AVENUE

City-State-Zip: NEW YORK NY 10174