

1.) CORPORATION NAME:

**CBS Collegiate Sports Properties Inc.**

DUE DATE: **8/31/2011**

SCC ID NO: **F1390436**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O ADRIENNE HARRINGTON  
51 W 52ND ST (19-13)

CITY/ST/ZIP: NEW YORK, NY 10019-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	ANGELINE C STRAKA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/S		
ADDRESS:	51 W 52ND ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	JOSEPH R IANNIELLO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	51 W 52ND ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	RAYMOND NOWAK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/CFO		
ADDRESS:	405 LEXINGTON AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10174-		
NAME:	LOUIS J. BRISKMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/AS		
ADDRESS:	51 W 52ND STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	THOMAS S SHILEN JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/CAO		
ADDRESS:	51 W 52ND ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		

NAME: RICHARD SAUER TITLE: EVP/GC/AS ADDRESS: 405 LEXINGTON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10174-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: WALLY C KELLY TITLE: P/CEO ADDRESS: 405 LEXINGTON AVE CITY/ST/ZIP/CO: NEW YORK, NY 10174-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: LISA M. TANZI TITLE: VP/AS ADDRESS: 51 W 52ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: THEODORE G. SIRY TITLE: EVP/Controlr/AS ADDRESS: 405 LEXINGTON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10174-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MICHAEL A. KOCZKO TITLE: ASST SECRETARY ADDRESS: 51 W 52ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ERIC J. SOBCZAK TITLE: ASST SECRETARY ADDRESS: 20 STANWIX STREET CITY/ST/ZIP/CO: PITTSBURGH, PA 15222-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: J. KENNETH HILL TITLE: SVP/Treasurer ADDRESS: 51 W 52ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ ERIC J. SOBCZAK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ERIC J. SOBCZAK, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
6/17/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	