



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |             |                                                       |                                           |             |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------|-------------------------------------------|-------------|--------------|
| 1. Certificate ID No.<br><u>127554</u>                                                                                                                     |             | 2. Name of Corporation<br>MTV Networks On Campus Inc. |                                           |             |              |
| 3. Street Address Principal Business Office<br>1515 Broadway                                                                                               |             |                                                       | City<br>New York                          | State<br>NY | Zip<br>10036 |
| 4. Business Phone No.<br>212-846-6000                                                                                                                      |             | 5. State of Incorporation<br>Delaware                 |                                           |             |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island                                                                                |             |                                                       |                                           |             |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                                       |                                           |             |              |
| President Name<br>Martin Ross                                                                                                                              |             |                                                       | Vice President Name<br>Jacques Tortoroli  |             |              |
| Street Address<br>1515 Broadway                                                                                                                            |             |                                                       | Street Address<br>1515 Broadway           |             |              |
| City<br>New York                                                                                                                                           | State<br>NY | Zip<br>10036                                          | City<br>New York                          | State<br>NY | Zip<br>10036 |
| Secretary Name<br>Michael Fricklas                                                                                                                         |             |                                                       | Treasurer Name<br>George S. (Toby) Nelson |             |              |
| Street Address<br>1515 Broadway                                                                                                                            |             |                                                       | Street Address<br>1515 Broadway           |             |              |
| City<br>New York                                                                                                                                           | State<br>NY | Zip<br>10036                                          | City<br>New York                          | State<br>NY | Zip<br>10036 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                                       |                                           |             |              |
| Director Name<br>Thomas E. Dooley                                                                                                                          |             |                                                       | Director Name<br>James W. Barge           |             |              |
| Street Address<br>1515 Broadway                                                                                                                            |             |                                                       | Street Address<br>1515 Broadway           |             |              |
| City<br>New York                                                                                                                                           | State<br>NY | Zip<br>10036                                          | City<br>New York                          | State<br>NY | Zip<br>10036 |
| Director Name<br>Michael Fricklas                                                                                                                          |             |                                                       | Director Name                             |             |              |
| Street Address<br>1515 Broadway                                                                                                                            |             |                                                       | Street Address                            |             |              |
| City<br>New York                                                                                                                                           | State<br>NY | Zip<br>10036                                          | City                                      | State       | Zip          |
| 9. SHARES AUTHORIZED                                                                                                                                       |             |                                                       |                                           |             |              |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                                        |             |                                                       |                                           |             |              |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED                                                                                                             |             |                                                       |                                           |             |              |
| Number of Shares                                                                                                                                           |             | Class/Series                                          |                                           | Par Value   |              |
| 100                                                                                                                                                        |             | Common                                                |                                           | \$0.01      |              |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |             |                                                       |                                           |             |              |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <u>OCT 04 2010</u> |
| Check No.                       | <u>127966</u>      |
| By:                             | <u>12:00</u>       |
| FOR SECRETARY OF STATE USE ONLY |                    |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Jane R. Fuerst 8/25/2010  
Signature Date  
Jane R. Fuerst  
Print or Type Name  
Assistant Secretary  
Title