FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

washington, D.C. 20.

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden 0.5 hours per response:

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

11130100	uon 1(b).			1 110							t Company Act		л 1954			,-		
		Reporting Person* MNER M					lame ar OM IN				ling Symbol					p of Reporting plicable)	g Person(s) to Is	ssuer
KEDSI	ONE SC	OWINER IVI									-			X	Direc		X 10% C	
(Last)	(F OADWAY	irst) (Middle)		Date of Earliest Transaction (Month/Day/Year) /07/2005						X	Officer (give title below) Chairman & CEO					
1313 DK	OADWAI																	
(Street) NEW YORK NY 10036				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv Line)	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person					
(City) (State) (Zip)												X		n filed by Mor	e than One Rep			
		Tab	le I - I	Non-Deriv	ative	e Sec	urities	s Acc	auir	ed.	Disposed o	of. or E	3enefi	cially (Owne	ed		
1. Title of S	Security (Ins		2	2. Transaction Date (Month/Day/Ye	ı 2 ear) i	2A. Deer Execution		3. Tra Co	ınsacı de (In	tion	4. Securities A Of (D) (Instr. 3,	cquired	(A) or Dis		5. Am Secur Bene Owne	ount of rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
								Co	de	v	Amount	(A) or (D)	Price			rted action(s) . 3 and 4)		(Instr. 4)
Class B c	ommon sto	ck		01/07/200	5			Г			1,442,223(1)	D	\$35.5	5074 ⁽²⁾	98	,005,531	I	By NAIRI, Inc. ⁽³⁾
Class B c	ommon sto	ck													1	10,080	D	
Class B c	ommon sto	ck														264	I	By 401(k)
Class B c	ommon sto	ck														200	I	By Spouse
		Ta	able I								sposed of, s, convertil				vned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	version xercise (Month/Day/Year) if (Notive)				action (Instr.			es d			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deriv Secu (Inst		tive derivative ty Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	e rcisab	Expiration Date	Title	Amoun or Numbe of Shares	r				
		Reporting Person* MNER M									-							
(Last)		(First)	(1	Middle)		-												

1. Name and Address of REDSTONE SU		
(Last)	(First)	(Middle)
1515 BROADWAY		
(Street)		
NEW YORK	NY	10036
(City)	(State)	(Zip)
1. Name and Address of NAIRI INC	Reporting Person*	
(Last)	(First)	(Middle)
200 ELM STREET		
(Street)		
DEDHAM	MA	02026
(City)	(State)	(Zip)

1. Name and Address of Reporting Person* NATIONAL AMUSEMENTS INC /MD/						
(Last) 200 ELM STRE	(First) EET	(Middle)				
(Street)			_			
DEDHAM	MA	02026				
(City)	(State)	(Zip)	_			

Explanation of Responses:

- 1. Shares sold to Viacom pursuant to a previously disclosed agreement among NAIRI, Inc. (NAIRI), National Amusements Inc. (NAI) and Viacom Inc. pursuant to which NAIRI and NAI participate in Viacom's stock purchase program on a pro-rata basis.
- 2. Calculated in accordance with the terms of the agreement referred to in footnote 1.
- 3. These securities are owned directly by NAIRI, but may also be deemed to be beneficially owned by (1) NAIRI's parent corporation, NAI, and (2) Sumner M. Redstone, who is the controlling stockholder of NAI.

Remarks:

By: /s/ Michael D. Fricklas, 01/11/2005 Attorney-in-Fact

By: /s/ Richard J. Sherman, 01/11/2005

Vice President

By: /s/ Richard J. Sherman, 01/11/2005 Vice President

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.