


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F0600000629 1. Entity Name THE CARNEGIE HALL SOCIETY, INC.	
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FILED
08 FEB -5 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 881 SEVENTH AVE. NEW YORK, NY 10019	Mailing Address 881 SEVENTH AVE. NEW YORK, NY 10019
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



REINSTATEMENT 099 (1/07) **02-08**

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: 1/24/2008

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 — Paid balance #61.25
 After January 1, 2008, Fee will be \$297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WEILL, SANFORD I 881 SEVENTH AVE. NEW YORK, NY 10019	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600113403656 12/26/07--01038--007 **\$236.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JACOBS, KLAUS 881 SEVENTH AVE. NEW YORK, NY 10019	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600113403656 01/08/08--01005--001 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLINSON, CLIVE 881 SEVENTH AVE. NEW YORK, NY 10019	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$32/5	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATLAGA, RICHARD 881 SEVENTH AVE. NEW YORK, NY 10019	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLALKIN, KENNETH 881 SEVENTH AVE. NEW YORK, NY 10019	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Theodore Ethelias, Controller Date: 12/14/07 Daytime Phone #: 2129039600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR