

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F06000000629	
1. Entity Name THE CARNEGIE HALL SOCIETY, INC.	



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

FILED
08 FEB -5 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 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 <i>[Signature]</i>	DATE 1/24/2008

FILE NOW!!! FEE IS \$236.25 - Paid After January 1, 2008, Fee will be \$297.50	balance \$61.25	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE C NAME WEILL, SANFORD I STREET ADDRESS 881 SEVENTH AVE. CITY-ST-ZIP NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600113403656 12/26/07--01038--007 **236.25
TITLE VT NAME JACOBS, KLAUS STREET ADDRESS 881 SEVENTH AVE. CITY-ST-ZIP NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600113403656 01/08/08--01005--001 **61.25
TITLE D NAME GILLINSON, CLIVE STREET ADDRESS 881 SEVENTH AVE. CITY-ST-ZIP NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$72/5
TITLE D NAME MATLAGA, RICHARD STREET ADDRESS 881 SEVENTH AVE. CITY-ST-ZIP NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME BLALKIN, KENNETH STREET ADDRESS 881 SEVENTH AVE. CITY-ST-ZIP NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Theodore E. Phillips, Controller</i>	Date 12/14/07 Daytime Phone # 2129039600