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Chy Sinle Zhy	2301 Phone 904-222-1092 ION(8) NAME	7000001899250 -01/26/9601054026 *****35.00 *****35.00
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CR2E031 (1-89)

APPLICATION BY POSSION COSSOSATION FOR AUTHORIZATION TO TRANSACT SUSINIFIES IN A TORON

IN COMPLIANCE WITH SECTION 617,1503, FLORIDA STATUTES, THE FOLLOWING IS SUB-MITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. __CLOSE ENCOUNTERS WITH MUSIC, INC.

(Name of corporation: the word "II	NCORPORATED, "COMPANY," or "CORPORATION" or
instead of a natural person or partne	t in language, as will clearly indicate that it is a corporation ership if not so contained in the name at present.)
2. NEW YORK	
•	the law of which it is incorporated)
3. June 9, 1995	4. Perpetual
(Date of Incorporation)	(Duration)
5. <u>14-178-3014</u>	
(Federal Employ	/er identification number, if applicable)
8The Corporation will begin	to transact business in Florida upon approval.
(Date first transacted business in Flo	ride.
7. 801 Dougway Road, Spencerton	NV 12165
Curre	nt mailing address)
(00.10)	
8 Presentation of concerts fer	aturing performances of classical music.
(Brief description of the nature of the	business in which it is engaged in the state of Florida)
•	
9. Names and addresses of officers	and or directors:
A Stoodson	
A. <u>Directors:</u>	
A	t,
Address:	
Vice Chairman	
Director:	·
Address:	
	
Director:	
Address:	

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you may attack	n an addendi	um to the appli	cation listing a	dditional	officers and/	<i>l</i> or
		• • •	_			
						•
Name:	DR. RUE	EN KLEI	V			-
ffice Address: ,	1000 E.	ISLAND	BLVD. #	1902		-
•	WILLIAM	<u>s ISLAN</u>	<u>△</u> ,Flo	rida _	33160	_
					ZIP Code	
				_		
ng been name	d as register	ed agent and tr	accept servi	ce of pro	cess for the s	NDOV9
xoravon az une j ed anent end e	Nace Designi Orac to act in	sted in this app this capacity.	ilitation, i mere	to come	or me improve No with the	UIIDIK
of all statutes re	elative to the	proper and co	notrea etelam	nance d	my duties, a	nd I
with and accep	at the obligat	ions of my pos	ition as registe	ered age	nt.	
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		Ville	·Klow	C M		
stered agent's	signature:	<u> </u>	10/11	cet)		
		DP. PUR	ULKLEIN	E/	DRINA CH	AIRHEA
			Type Name and	Title of C	fficer)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
		·				
ned is a certific	ate of exister	nce duly auther	nticated, not m	ora than	90 days prio	r to
this application	to the Depa	riment of State	, by the Secre	tery of S	tata or other (official
tody of corpora	ate records in	n the jurisdiction	n under the la	w of which	th it is incorpo	orated.
2 1	1/2	•				
www 1	UNIMIIA					
	June June					
of Chairman,	Vice Chairm	an, or any offic	er listed in nur	nber 9 o	the applicati	on)
of Chairman,	Vice Chairm	an, or any offic	er listed in nur	nber 9 o	f the applicati	on)
of Chairman,			er listed in nur	nber 9 o	f the applicati	on)
	you may attack and Street as Name: fice Address: stered agent's ng been name oration at the p id agent and a of all statutes re with and accept stered agent's	you may attach an addend and Street address of Flo Name: DR. RUE fice Address: 1000 E. WILLIAM stered agent's acceptance ing been named as register oration at the place designate of all statutes relative to the with and accept the obligat stered agent's signature:	you may attach an addendum to the applications of Florida registers. I and Street address of Florida registers. Name: DR. RURN KLEN Flice Address: 1000 E. 15LAND WILLIAMS 15LAN Itered agent's acceptance: Ing been named as registered agent and to contion at the place designated in this capacity. In all statutes relative to the proper and cowith and accept the obligations of my possible agent acceptance.	you may attach an addendum to the application listing a and Street address of Florida registered agent: Name: \[\textit{DR. RURN KLEIN BLVD. } \textit{Elong BLVD. } \textit{Elong BLVD. } \] Rice Address: \[\textit{Inov E. ISLAND BLVD. } \textit{Elong BLVD. } \textit{Elong BLVD. } \textit{Elong BLVD. } \] Itered agent's acceptance: Ing been named as registered agent and to accept service oration at the place designated in this application, I here of all statutes relative to the proper and complete perform with and accept the obligations of my position as registered agent's signature: \[LULIN KLEIN KL	you may attach an addendum to the application listing additional and Street address of Florida registered agent: Name: \[\text{Name: } \text{DR. RURIN KLEIN } \] Flice Address: \[\text{1000 E. } \text{15LAND BLVD. } \text{1900.} \] \[\text{WILLIAMS } \text{15LAND } \] \[\text{Rorida } \] Itered agent's acceptance: Ing been named as registered agent and to accept service of proporation at the place designated in this application, I hereby accept agent and agree to act in this capacity. I futher agree to comport all statutes relative to the proper and complete performance of with and accept the obligations of my position as registered agent and to accept the obligations of my position as registered agent and complete performance of with and accept the obligations of my position as registered agent and to accept the obligations of my position as registered agent and complete performance of with and accept the obligations of my position as registered agent and to accept the obligations of my position as registered agent and to accept the obligations of my position as registered agent and to accept the obligations of my position as registered agent and to accept the obligations of my position as registered agent and to accept the obligations of my position as registered agent and to accept the obligations of my position as registered agent and to accept the obligations of my position as registered agent and to accept the obligations of my position as registered agent and to accept the obligations of my position as registered agent and to accept the obligations of my position as registered agent and to accept the obligations of my position as registered agent and to accept the obligations of my position as registered agent and to accept the obligation and the position as registered agent and to accept the obligation and the position as registered agent and to accept	you may attach an addendum to the application listing additional officers and and Street address of Florida registered agent: Name: \[\Delta \in \text{PURN} \] \[\Delta \text{PURN} \] \[\Delt

Item 9

The NAMES and ADDRESSES of the following officers and directors are as follows:

	NAMES	BUSINESS ADDRESSES		
President:	Frederick Beinecke	998 Fifth Avenue New York, NY 10128		
Vice President:	James Giddens	Two Sutton Place South New York, NY 10011		
Vice President and Treasurer:	Charles Lieber	801 Dougway Road Spencertown, NY 12165		
Vice President and Secretary:	Hannah Hanani	801 Dougway Road Spencertown, NY 12165		
Board of Directors:	Frederick Beinecke	998 Fifth Avenue New York, NY 10128		
	James Giddens	Two Sutton Place South New York, NY 10011		
	Charles Lieber	801 Dougway Road Spencertown, NY 12165		
	Hannah Hanani	801 Dougway Road Spencertown, NY 12165		
	Nancy Fitzpatrick	801 Dougway Road Spencertown, NY 12165		
	Aso Tavitian	84 Pecksland Road Greenwich, CT 06831		
	Arthur Ginsberg	245 East 93rd Street New York, NY 10128		
	Judith Grunberg	801 Dougway Road Spencertown, NY 12165		
	Reid White	801 Dougway Road Spencertown, NY 12165		

State of New York Department of State

I hereby certify, that the certificate of incorporation of CLOSE ENCOUNTERS WITH NUSIC, INC. was filed on 06/09/1995, as a Not-for-Profit corporation and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

> Witness my hand and the official seal of the Department of State at the City of Albany, this 22nd day of December one thousand nine hundred and

> > wils F. Treacholl

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