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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000449 (6)**

1. Corporation Name

CLOSE ENCOUNTERS WITH MUSIC, INC.

Principal Place of Business

Mailing Address

**801 DOUGWAY RD
SPENCERTOWN NY 12165**

**801 DOUGWAY RD
SPENCERTOWN NY 12165**



3. Date Incorporated or Qualified **01/26/1996** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 14-1783014	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLEIN, RUBIN DR
1000 E ISLAND BLVD #1902
WILLIAMS ISLAND FL 33160**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **DR. RUBIN KLEIN** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEINECKE, FREDERICK	1.2 NAME	
STREET ADDRESS	998 5TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10128	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIDDENS, JAMES	2.2 NAME	
STREET ADDRESS	2 SUTTON PL S	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10011	2.4 CITY-ST-ZIP	
TITLE	DVT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBER, CHARLES	3.2 NAME	
STREET ADDRESS	801 DOUGWAY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPENCERTOWN NY 12165	3.4 CITY-ST-ZIP	
TITLE	DVS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANANI, HANNAH	4.2 NAME	
STREET ADDRESS	801 DOUGWAY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPENCERTOWN NY 12165	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZPATRICK, NANCY	5.2 NAME	
STREET ADDRESS	801 DOUGWAY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPENCERTOWN NY 12165	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUNBERG, JUDITH	6.2 NAME	
STREET ADDRESS	801 DOUGWAY RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPENCERTOWN NY 12165	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)