


**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90145 016 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
---	---	---

**DOCUMENT # F96000000449**

1. Corporation Name

**CLOSE ENCOUNTERS WITH MUSIC, INC.**

Principal Place of Business

801 DOUGWAY RD  
SPENCERTOWN NY 12165

Mailing Address

801 DOUGWAY RD  
SPENCERTOWN NY 12165

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/26/1996
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	14-1783014
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
KLEIN, RUBIN DR 1000 E ISLAND BLVD #1902 WILLIAMS ISLAND FL 33160		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution <input type="checkbox"/>

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	
		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

Signature, typed or printed name of registered agent, and title if applicable.

(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	P
NAME	BEINECKE, FREDERICK	1.2 NAME	Fontaine, Betty
STREET ADDRESS	998 5TH AVE	1.3 STREET ADDRESS	965 Fifth Ave.
CITY-ST-ZIP	NEW YORK NY 10128	1.4 CITY-ST-ZIP	New York, NY 10021
TITLE	DV	2.1 TITLE	D
NAME	GIDDENS, JAMES	2.2 NAME	Kuller, Stuart
STREET ADDRESS	2 SUTTON PL S	2.3 STREET ADDRESS	137 Great Barrington Rd.
CITY-ST-ZIP	NEW YORK NY 10011	2.4 CITY-ST-ZIP	W. Stockbridge, MA 01266
TITLE	DVT	3.1 TITLE	D
NAME	LIEBER, CHARLES	3.2 NAME	Rosenberg, Jerome
STREET ADDRESS	801 DOUGWAY RD	3.3 STREET ADDRESS	200 E. 66th St Apt B203
CITY-ST-ZIP	SPENCERTOWN NY 12165	3.4 CITY-ST-ZIP	New York, NY 10021
TITLE	DVS	4.1 TITLE	
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	
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	
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 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 with all other like empowered.

SIGNATURE:

*Hannah Hanani*  
 HANNAH HANANI

5/12/99

800 843-0778

518 392-6677

CR2E037 (1/98)