FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005604 (4)

1. Corporation Name

CZECH-AMERICAN SUMMER MUSIC INSTITUTE, INC.

Principal Place of Business	Mailing Address
2305 HAMPSHIRE WAY TALLAHASSEE FL 32308	2305 HAMPSHIRE WAY TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3215999 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

KUBIK, LADISLAV
2305 HAMPSHIRE WAY
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Ladislav Kubik — LADISLAV KUBIK — 4/29/95
Signature, typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KUBIK, LADISLAV	12 NAME	
STREET ADDRESS	2305 HAMPSHIRE WAY	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	KITE-POWELL, JEFFERY	22 NAME	
STREET ADDRESS	4460 CHARLES SAMUEL DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, ROBERT	32 NAME	
STREET ADDRESS	2394 E FENWICK CT	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CROFT, JAMES,	42 NAME	
STREET ADDRESS	1922 SHARON DR	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304	44 CITY-ST-ZIP	
TITLE	DST	51 TITLE	☐ Change ☐ Addition
NAME	KUBIK, NATALIE	52 NAME	
STREET ADDRESS	2305 HAMSHIRE WAY	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Ladislav Kubik — LADISLAV KUBIK — (904) 668-5767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #