

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000005604

1. Entity Name
CZECH-AMERICAN SUMMER MUSIC INSTITUTE, INC.



Principal Place of Business
2305 HAMPSHIRE WAY
TALLAHASSEE, FL 32309

Mailing Address
2305 HAMPSHIRE WAY
TALLAHASSEE, FL 32309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3215999

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUBIK, LADISLAV
2305 HAMPSHIRE WAY
TALLAHASSEE, FL 32309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME KUBIK, LADISLAV
STREET ADDRESS 2305 HAMPSHIRE WAY
CITY-ST-ZIP TALLAHASSEE, FL 32308

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

1000035848351
05/11/04-01011--019 **\$61.25

TITLE VPD
NAME CROFT, J
STREET ADDRESS 1922 SHARON DR
CITY-ST-ZIP TALLAHASSEE, FL 32304

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME GEORGIEV, L
STREET ADDRESS 2210 MENDOZA AVE
CITY-ST-ZIP TALLAHASSEE, FL 32304

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME SOBKOWSKA, J
STREET ADDRESS 2305 HAMPSHIRE WAY
CITY-ST-ZIP TALLAHASSEE, FL 32308

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

668-5767

Date

Daytime Phone #