



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000005604 1. Entity Name CZECH-AMERICAN SUMMER MUSIC INSTITUTE, INC.						FILED 05 MAY 13 PM 1:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA 			
Principal Place of Business 2305 HAMPSHIRE WAY TALLAHASSEE, FL 32309				Mailing Address 2305 HAMPSHIRE WAY TALLAHASSEE, FL 32309					
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
4. FEI Number 59-3215999						Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>						\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KUBIK, LADISLAV 2305 HAMPSHIRE WAY TALLAHASSEE, FL 32309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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 <i>Ladislav Kubik</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<i>LADISLAV KUBIK</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>				DATE <i>5/13/05</i>	
Filing Fee is \$61.25 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD KUBIK, LADISLAV 2305 HAMPSHIRE WAY TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300054669913 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/17/05--01035--012 **\$61.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CROFT, J 1922 SHARON DR TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGIEV, L 2210 MENDOZA AVE TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOBKOWSKA, J 2305 HAMPSHIRE WAY TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Ladislav Kubik</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<i>LADISLAV KUBIK</i> <small>Date</small>				<i>05/13/05 (850)9807043</i> <small>Daytime Phone #</small>	