2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2009
Secretary of State

DOCUMENT# N93000005604

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

Current Principal Place of Business:

2305 HAMPSHIRE WAY
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

2305 HAMPSHIRE WAY
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-3215999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KUBIK, LADISLAV
2305 HAMPSHIRE WAY
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KUBIK, LADISLAV
Address: 2305 HAMPSHIRE WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPD ( ) Delete
Name: CROFT, J
Address: 1922 SHARON DR
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete
Name: HUNDLEY, SHAWN
Address: 2914 BATTLE MOUNTAIN RD
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: SOBKOWSKA, J
Address: 2305 HAMPSHIRE WAY
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HUNDLEY, SHAWN
Address: 1200 FLORAL SPRINGS BLVD, UNIT 5208
City-St-Zip: PORT ORANGE, FL 32129

Title: D (X) Change ( ) Addition
Name: SOBKOWSKA, JOANNA
Address: 1212 CARSON DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LADISLAV KUBIK PROF 05/15/2009

Electronic Signature of Signing Officer or Director — Date