

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90001 050 ****61.25

DOCUMENT # F02.000006062
1. Entity Name
Committee for Accuracy in
Middle East Reporting in America, Inc.



DO NOT WRITE IN THIS SPACE

50053151

2. Principal Place of Business
214 Lincoln Street
Suite, Apt. #, etc.
415

3. Mailing Address
PO Box 35040
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Allston, MA
City & State
Boston, MA

Zip
02134 Country
USA Zip
02135 Country
USA

4. FEI Number
52-1332702 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Carole Besman
Street Address (P.O. Box Number is Not Acceptable)
175 Bradley Place

City Palm Beach FL Zip Code
33480

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FEE IS \$61.25
Initial or Amended UBR**

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

| | |
|-------------------|---|
| TITLE <u>P</u> | <u>President & Executive Director</u> NAME <u>Andrea Levin</u> STREET ADDRESS <u>PO Box 35040</u> CITY-ST-ZIP <u>Boston, MA 02135</u> |
| TITLE <u>C</u> | <u>Chairman</u> NAME <u>Joshua Katzen</u> STREET ADDRESS <u>PO Box 35040</u> CITY-ST-ZIP <u>Boston, MA 02135</u> |
| TITLE <u>C</u> | <u>Chairman Regional Advisory Boards</u> NAME <u>Leonard Wisse</u> STREET ADDRESS <u>PO Box 35040</u> CITY-ST-ZIP <u>Boston, MA 02135</u> |
| TITLE <u>T</u> | <u>Treasurer</u> NAME <u>Carol Greenwald</u> STREET ADDRESS <u>PO Box 35040</u> CITY-ST-ZIP <u>Boston, MA 02135</u> |
| TITLE <u>S</u> | <u>Secretary</u> NAME <u>Charles Cramer</u> STREET ADDRESS <u>PO Box 35040</u> CITY-ST-ZIP <u>BOSTON, MA 02135</u> |
| TITLE | <u>General Counsel</u> NAME <u>David Wolf, Esq.</u> STREET ADDRESS <u>PO Box 35040</u> CITY-ST-ZIP <u>Boston, MA 02135</u> |

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 5/23/05 617-789-3672

CR2E037B (12/02)