

**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**

3. Mailing Address

**PO Box 35040**

Suite, Apt. #, etc.

**415**

Suite, Apt. #, etc.

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

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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

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

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

TITLE	
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CITY-ST-ZIP	

**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)