

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90018 038 \*\*\*\*\*61.25

DOCUMENT # F02000006062

1. Entity Name

COMMITTEE FOR ACCURACY IN MIDDLE EAST  
REPORTING IN AMERICA, INC.



Principal Place of Business

Mailing Address

214 LINCOLN STREET  
415  
ALLSTON MA 02134  
US

P.O. BOX 35040  
BOSTON MA 02135

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

PO Box 35040

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Allston, MA

Zip

Country

Zip

Country

02134

USA

4. FEI Number

52-1332702

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

BESMAN, CAROLE  
175 BRADLEY PL.  
PALM BEACH FL 33480

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

3/21/07

FILE NOW: FEE IS \$61.25  
Due By May 1, 2007

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PED  
LEVIN, ANDREA  
P.O. BOX 35040  
BOSTON MA 02135 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
C  
KATZEN, JOSHUA  
P.O. BOX 35040  
BOSTON MA 02135 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
C  
Eli Hertz  
24 Greenway South  
Forest Hills, NY 11375 ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
C  
WISSE, LEONARD  
P.O. BOX 35040  
BOSTON MA 02135 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
GC  
WOLF, DAVID ESQ  
P.O. BOX 35040  
BOSTON MA 02135 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
T  
GREENWALD, CAROL  
PO BOX 35040  
BOSTON MA 02135 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
S  
CRAMER, CHARLES  
PO BOX 35040  
BOSTON MA 02135 ☐ 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 exemptions contained in Section 119, 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

3/21/07 617-789-3672