

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000074612

1. Entity Name
BEZALEL EDITIONS LIMITED, INC.



Principal Place of Business

C/O SUSAN GRUNDY
1858 RINGLING BLVD.
SARASOTA, FL 34236

Mailing Address

C/O SUSAN GRUNDY
1858 RINGLING BLVD.
SARASOTA, FL 34236



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0446268

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRUNDY, SUSAN
1858 RINGLING BLVD
SARASOTA, FL 34236

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IN THIS SPACE**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LEVINSON, MEREDITH
STREET ADDRESS 5724 HEATHER HOLLOW DRIVE
CITY-ST-ZIP DAYTON, OH 45415

TITLE D
NAME GREENBERG, LAUREN B
STREET ADDRESS 1511 ALLSTON WAY
CITY-ST-ZIP BERKELEY, CA 94703

TITLE D
NAME GREENBERG, SETH M
STREET ADDRESS 1511 ALLSTON WAY
CITY-ST-ZIP BERKELEY, CA 94703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000217475
02/07/05-80026-006 150.00

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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)(f), 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 607, 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

2/2/05 (941) 953-7441
Date Daytime Phone #