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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

NONPROFIT CORPORATION ANNUAL REPORT 1996
FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000003491
 1. Corporation Name
FARM AID, INC.

Principal Place of Business: **334 BROADWAY, SUITE 5, CAMBRIDGE MA 02139**
 Mailing Address: **334 BROADWAY, SUITE 5, CAMBRIDGE, MA 02139**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **07/30/1993**
 3a. Date of Last Report: **08/14/1995**
 4. FEI Number: **36-3383233**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
HENDERSHOT, TAMARA
919 4TH STREET
MIAMI BEACH, FL 33139

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NELSON, WILLIE		1.2 NAME	
STREET ADDRESS: 36 MILL PLAIN ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP: DANBURY, CT 06811		1.4 CITY-ST-ZIP	
TITLE: SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NELSON, LANA		2.2 NAME	
STREET ADDRESS: 14509 FITZHUGH		2.3 STREET ADDRESS	
CITY-ST-ZIP: AUSTIN, TX 78746		2.4 CITY-ST-ZIP	
TITLE: TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ENGLISH, PAUL		3.2 NAME	
STREET ADDRESS: 2609 OAK POINT DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP: GARLAND, TX 75042		3.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LEE, BUDDY		4.2 NAME	
STREET ADDRESS: 38 MUSIC SQUARE EAST, SUITE 300		4.3 STREET ADDRESS	
CITY-ST-ZIP: NASHVILLE, TN 37203		4.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MELLENCAMP, JOHN		5.2 NAME	
STREET ADDRESS: C/O CAROL PETERS, LEFT BANK MGT		5.3 STREET ADDRESS	
CITY-ST-ZIP: 6255 SUNSET BLVD. 21st FL HOLLYWOOD, CA 90028		5.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROTHBAUM, MARK		6.2 NAME	
STREET ADDRESS: 36 MILL PLAIN ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP: DANBURY, CT 06811		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **LANA NELSON** **8/11/96** **617-354-2922**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

SIF FL32389F

**FARM AID, INC.
ATTACHMENT TO ANNUAL REPORT**

**DECEMBER 31, 1995
EIN # 36-3383233**

Page 1. Number 13. Addition to Officers and Directors:

Title	D
Name	Young, Neil
Street Address	c/o Lookout Entertainment 506 Santa Monica Blvd.
City-St-Zip	Santa Monica, CA 90401