

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 15, 2009  
Secretary of State**

DOCUMENT# F93000003491

Entity Name: FARM AID, INC.

**Current Principal Place of Business:**

11 WARD STREET  
SUITE 200  
SOMERVILLE, MA 02143

**New Principal Place of Business:**

**Current Mailing Address:**

11 WARD STREET  
SUITE 200  
SOMERVILLE, MA 02143

**New Mailing Address:**

FEI Number: 36-3383233      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HENDERSHOT, TAMARA  
919 4TH STREET  
MIAMI BEACH, FL 33139      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD      ( ) Delete  
Name: NELSON, WILLIE  
Address: % ROTHBAUM & ASSOCIATES 36 MILL PLAIN RD  
City-St-Zip: DANBURY, CT 06811

Title: SD      ( ) Delete  
Name: NELSON, LANA  
Address: 14509 FITZHUGH  
City-St-Zip: AUSTIN, TX 78746

Title: TD      ( ) Delete  
Name: ENGLISH, PAUL  
Address: 6607 GLENHURST DR  
City-St-Zip: DALLAS, TX 75240

Title: D      ( ) Delete  
Name: YOUNG, NEIL  
Address: C/O LOOKOUT ENTERTAINMENT 2644 30TH ST  
City-St-Zip: SANTA MONICA, CA 90405

Title: D      ( ) Delete  
Name: MELLENCAMP, JOHN  
Address: C/O HOFFMAN ENT 362 5TH AVE, STE 804  
City-St-Zip: NEW YORK, NY 10001

Title: D      ( ) Delete  
Name: ROTHBAUM, MARK  
Address: 36 MILL PLAIN ROAD  
City-St-Zip: DANBURY, CT 06811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: YOUNG, NEIL  
Address: C/O LOOKOUT MANAGEMENT 2644 30TH ST  
City-St-Zip: SANTA MONICA, CA 90405

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA A. DOBBINS, CPA

CPA

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date