

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003491

Entity Name: FARM AID, INC.

Current Principal Place of Business:

501 CAMBRIDGE STREET
THIRD FLOOR
CAMBRIDGE, MA 02141

Current Mailing Address:

501 CAMBRIDGE STREET
THIRD FLOOR
CAMBRIDGE, MA 02141

FEI Number: 36-3383233

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

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

Title SD
Name NELSON, LANA
Address 14509 FITZHUGH
City-State-Zip: AUSTIN TX 78746

Title TD
Name ENGLISH, PAUL
Address 6607 GLENHURST DR
City-State-Zip: DALLAS TX 75240

Title D
Name YOUNG, NEIL
Address C/O LOOKOUT ENTERTAINMENT,
1460 4TH ST
City-State-Zip: SANTA MONICA CA 90401

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

Title D
Name ROTHBAUM, MARK
Address 36 MILL PLAIN ROAD
City-State-Zip: DANBURY CT 06811

Title DIRECTOR
Name ANDERSON, DAVID
Address 915 LAUDER DRIVE
City-State-Zip: BRIARCLIFF TX 78669

Title DIRECTOR
Name KATZ, JOEL
Address 3290 NORTHSIDE PKWY, STE 400
City-State-Zip: ATLANTA GA 30327

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I hereby 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 all other like empowered.

SIGNATURE: PAUL ENGLISH _____

TREASURER

04/05/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SHRIVER, EVELYN
Address 635 WEST IRIS DRIVE
City-State-Zip: NASHVILLE TN 37204

Title DIRECTOR
Name MATTHEWS, DAVE
Address 321 E. MAIN STREET, STE 500
City-State-Zip: CHARLOTTESVILLE VA 22902

Title DIRECTOR
Name FIELDS, RICHARD
Address 745 FIFTH AVE, 18TH FLOOR
City-State-Zip: NEW YORK NY 10151