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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003491 (8)

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 02139-1842



3. Date Incorporated or Qualified 07/30/1993
3a. Date of Last Report 09/10/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	36-3383233	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	
NAME	NELSON, WILLIE	1.2 NAME	D EVELYN SHRIVER
STREET ADDRESS	36 MILL PLAIN ROAD	1.3 STREET ADDRESS	1313 16th Avenue S
CITY-ST-ZIP	DANBURY CT 06811	1.4 CITY-ST-ZIP	Nashville, TN 37212
TITLE	SD	2.1 TITLE	D
NAME	NELSON, LANA	2.2 NAME	Joel Katz
STREET ADDRESS	14509 FITZHUGH	2.3 STREET ADDRESS	3423 Piedmont Rd. NE
CITY-ST-ZIP	AUSTIN TX 78748	2.4 CITY-ST-ZIP	Atlanta, GA 30305
TITLE	TD	3.1 TITLE	D
NAME	ENGLISH, PAUL	3.2 NAME	Neil Young
STREET ADDRESS	2809 OAK POINT DRIVE	3.3 STREET ADDRESS	506 Santa Monica Blvd.
CITY-ST-ZIP	GARLAND TX 75042	3.4 CITY-ST-ZIP	Santa Monica, CA 90401
TITLE	D	4.1 TITLE	
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	5.1 TITLE	
NAME	MELLENCAMP, JOHN	5.2 NAME	
STREET ADDRESS	6255 SUNSET BLVD., 21ST FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD CA 90028	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2, 1997 617-354-2922

CR2E034 (9/96)