

FILE NOW: FILING FEE IS \$61.25

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Jul 26, 1999 8:00 am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000003491

1. Corporation Name  
FARM AID, INC.

Principal Place of Business  
334 BROADWAY  
SUITE 1  
CAMBRIDGE MA 02139

Mailing Address  
334 BROADWAY  
SUITE 1  
CAMBRIDGE MA 02139



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/30/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	36-3383233
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HENDERSHOT, TAMARA 919 4TH STREET MIAMI BEACH, FL 33139		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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, WILLIE	1.2 NAME	JOEL KATZ
STREET ADDRESS	36 MILL PLAIN ROAD	1.3 STREET ADDRESS	3423 PIEDMONT RD, NE, SUITE 200
CITY-ST-ZIP	DANBURY CT 06811	1.4 CITY-ST-ZIP	ATLANTA, GA 30305
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, LANA	2.2 NAME	EVELYN SHRIVER
STREET ADDRESS	14509 FITZHUGH	2.3 STREET ADDRESS	1906 ACKLEN AVENUE
CITY-ST-ZIP	AUSTIN TX 78746	2.4 CITY-ST-ZIP	NASHVILLE, TN 37212
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGLISH, PAUL	3.2 NAME	DAVID ANDERSON
STREET ADDRESS	2609 OAK POINT DRIVE	3.3 STREET ADDRESS	7609 WEST LOVERS LANE
CITY-ST-ZIP	GARLAND TX 75042	3.4 CITY-ST-ZIP	UNIVERSITY PARK, TX 75225
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, NEIL	4.2 NAME	C/O ELLIOT ROBERTS, 1460 4th Street
STREET ADDRESS	C/O ELLIOT ROBERTS, 2644 30TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90401	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLENCAMP, JOHN	5.2 NAME	C/O HOFFMAN ENTERTAINMENT, 20 West 55th St, 11th Fl
STREET ADDRESS	6255 SUNSET BLVD., 21ST FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD CA 90028	5.4 CITY-ST-ZIP	New York, NY 10019
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 7/16/99 DAYTIME PHONE #: 972-5302106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)