

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90006 020 ****61.25

0018649

DOCUMENT # F93000003491

1. Entity Name

FARM AID, INC.

(Handwritten initials)

Principal Place of Business

**11 WARD STREET
 SUITE 200
 SOMERVILLE MA 02143**

Mailing Address

**11 WARD STREET
 SUITE 200
 SOMERVILLE MA 02143**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3383233**

Applied For
 Not Applicable



DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CD	NELSON, WILLIE	36 MILL PLAIN ROAD	DANBURY CT 06811	<input type="checkbox"/>
SD	NELSON, LANA	14509 FITZHUGH	AUSTIN TX 78746	<input type="checkbox"/>
TD	ENGLISH, PAUL	2609 OAK POINT DRIVE	GARLAND TX 75042	<input type="checkbox"/>
D	YOUNG, NEIL	C/O ELLIOT ROBERTS 1460 4TH ST	SANTA MONICA CA 90401	<input type="checkbox"/>
D	MELLENCAMP, JOHN	C/O HOFFMAN ENT 20 W 55TH ST 11TH FL	NEW YORK NY 10019	<input type="checkbox"/>
D	ROTHBAUM, MARK	36 MILL PLAIN ROAD	DANBURY CT 06811	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<i>o/o Rothbaum; Garner</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Katz, Joel	3723 Piedmont Rd, NE 2nd Flr.	Atlanta, GA 30305	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Shriver Evelyn	1906 Arklen Ave.	Nashville, TN 37212	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Anderson, David	7609 West Lovers Lane	University Park, TX 75225	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

CR2E037 (5/01)