

DOCUMENT # F93000003491

1- Entity Name

FARM AID, INC.

FILED

02 MAY 21 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
11 WARD STREET SUITE 200 SOMERVILLE MA 02143	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		
Zip	Country	Zip	Country

4. FEI Number	Applied For
36:3383233	NOT APPLICABLE

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$8.75

6. Name and Address of Current Registered Agent

HENDERSHOT, TAMARA
919 4TH STREET
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent


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 

300005678109--0
-05/04/02--01082--011
*****61.25 DATE *****61.25

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contributions \$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	CD <input type="checkbox"/> Delete NELSON, WILLIE % ROTHBAUM & GARNER, 36 Mill Plain Rd. DANBURY CT 06811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete NELSON, LANA 14509 FITZHUGH AUSTIN TX 78746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete ENGLISH, PAUL 2609 OAK POINT DRIVE 6607 Glenhurst Dr. DALLAS TX 75242 Dallas, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete YOUNG, NEIL % Lookout Entertainment C/O ELLIOT ROBERTS-1400 4TH ST-2644 30th St. SANTA MONICA CA 90401 90405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MELLENCAMP, JOHN C/O HOFFMAN ENT 20 W 55TH ST 11TH FL NEW YORK NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROTHBAUM, MARK 36 MILL PLAIN ROAD DANBURY CT 06811

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Katz, Joel 3290 N. Side Parkway, Suite 400 Atlanta, GA 30327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Shriver, Evelyn - % Bandit Records 24 Music Square East Nashville, TN 37203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Anderson, David 7609 W. Lovers Lane University Park, TX 75225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Matthews, Dave P.O. Box 1911, 3305 Lobban Place Charlottesville, VA 22903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Willie Nelson Date: 5-15-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR