

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003491

FILED
Apr 15, 2009
Secretary of State

Entity Name: FARM AID, INC.

Current Principal Place of Business:

11 WARD STREET
SUITE 200
SOMERVILLE, MA 02143

New Principal Place of Business:

Current Mailing Address:

11 WARD STREET
SUITE 200
SOMERVILLE, MA 02143

New Mailing Address:

FEI Number: 36-3383233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

Title: SD () Delete
Name: NELSON, LANA
Address: 14509 FITZHUGH
City-St-Zip: AUSTIN, TX 78746

Title: TD () Delete
Name: ENGLISH, PAUL
Address: 6607 GLENHURST DR
City-St-Zip: DALLAS, TX 75240

Title: D () Delete
Name: YOUNG, NEIL
Address: C/O LOOKOUT ENTERTAINMENT 2644 30TH ST
City-St-Zip: SANTA MONICA, CA 90405

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

Title: D () Delete
Name: ROTHBAUM, MARK
Address: 36 MILL PLAIN ROAD
City-St-Zip: DANBURY, CT 06811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: YOUNG, NEIL
Address: C/O LOOKOUT MANAGEMENT 2644 30TH ST
City-St-Zip: SANTA MONICA, CA 90405

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEBRA A. DOBBINS, CPA

CPA

04/15/2009

Electronic Signature of Signing Officer or Director

Date