

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 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 # **G02135** (3)

1. Corporation Name
EXECUSOFT, INC.



Principal Place of Business 4250 NW CORAL RIDGE DR. CORAL SPRINGS FL 33065 US	Mailing Address 4250 NW CORAL RIDGE DR. CORAL SPRINGS FL 33065-7616 US
---	--

3. Date Incorporated or Qualified 10/01/1982	3a. Date of Last Report 06/10/1996
4. FEI Number 59-2447808	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent	
FEIG, LAWRENCE 9305 W SAMPLE CORAL SPRINGS FL 33065	

10. Name and Address of New Registered Agent	
81 Name Larry Feig	82 Street Address (P.O. Box Number is Not Acceptable) 4250 Coral Ridge Drive
83	84 City Coral Springs FL
85 Zip Code 33065	

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, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P FEIG, LARRY	1.2 NAME	Please see attached documents for additions and changes.
STREET ADDRESS	5166 NW 81 AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CD BIANCO, JOSEPH	2.2 NAME	
STREET ADDRESS	110 E. 59TH ST, 18TH FL	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10022	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V VEACH, KELLIS	3.2 NAME	
STREET ADDRESS	110 E. 59TH ST, 18TH FL	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10022	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VSD NEWMAN, ELLIOT	4.2 NAME	
STREET ADDRESS	1401 UNIVERSITY DR., STE 305	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL 33071	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V DAHLTORP, TIMOTHY 1 3 FRANC	5.2 NAME	
STREET ADDRESS	IS J. CLARKE CIR	5.3 STREET ADDRESS	
CITY - ST - ZIP	BETHEL CT 06801	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

600002159726 -04/30/97--01015--000 ***165.00

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 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **April 21, 1997** Daytime Phone: # _____

CR2E034 (9/96)

EXECUSOFT, INC.
OFFICERS

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
Alvin Teller	Chairman & CEO	Red Ant Entertainment 9720 Wilshire Blvd. Los Angeles, CA 90212
Anil Narang	President	Alliance Entertainment Corp. 110 East 59 th Street New York, New York 10022
Elliot B. Newman	Senior Executive V.P/ Secretary	Alliance Entertainment Corp. 4250 Coral Ridge Drive Coral Springs, Florida 33065
Timothy Dahltorp	Executive V.P./Treasurer	CD One Stop 13 Francis J. Clarke Circle Bethel, CT 06801
Kellis Veach	Vice President	Alliance Entertainment Corp. 110 East 59 th Street New York, New York 10022
Christopher J. Joyce	Vice President/Assistant Secretary	Alliance Entertainment Corp. 110 East 59 th Street New York, New York 10022

EXECUSOFT, INC.
DIRECTORS

<u>Name</u>	<u>Business Address</u>
Alvin Teller	Red Ant Entertainment 9720 Wilshire Blvd. Los Angeles, CA 90212
Joseph Bianco	Alliance Entertainment Corp. 110 East 59 th Street New York, New York 10022
Anil Narang	Alliance Entertainment Corp. 110 East 59 th Street New York, New York 10022
Elliot B. Newman	Alliance Entertainment Corp. 4250 Coral Ridge Drive Coral Springs, Florida 33065