

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25278 (3)

1. Corporation Name

J.E. SEAGRAM CORP.



Principal Place of Business

Mailing Address

**800 THIRD AVE.
NEW YORK NY 10022-7601**

**800 THIRD AVE.
NEW YORK NY 10022-7601**

3. Date Incorporated or Qualified **07/24/1989** 3a. Date of Last Report **02/14/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 22-2361785		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 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 title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SEVD <input type="checkbox"/> DELETE	1.1 TITLE	President & CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANNER, STEPHEN E	1.2 NAME	Edgar Bronfman, Jr.
STREET ADDRESS	375 PARK AVE	1.3 STREET ADDRESS	375 Park Avenue
CITY-ST-ZIP	NEW YORK NY 10152	1.4 CITY-ST-ZIP	New York, NY 10152
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALADINO, DANIEL R	2.2 NAME	
STREET ADDRESS	375 PARK AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10152	2.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIAMBUSSO, ANN M	3.2 NAME	
STREET ADDRESS	800 THIRD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10152	3.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSWALD, JEANANNE K	4.2 NAME	
STREET ADDRESS	375 PARK AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10152	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSCEMI, PAUL	5.2 NAME	
STREET ADDRESS	800 THIRD AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	5.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	A/Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRONFMAN, EDGAR JR	6.2 NAME	George E. Bushnell, III
STREET ADDRESS	375 PARK AVE	6.3 STREET ADDRESS	800 Third Avenue
CITY-ST-ZIP	NEW YORK NY 10152	6.4 CITY-ST-ZIP	New York, NY 10022

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

2/1/96

Date

(212) 572-7000

Daytime Phone #

CR2E034 (12/95)