2001 UNIFORM BUSINESS REPORT (UBR) **FILED** May 04, 2001 8:00 am Secretary of State DOCUMENT # F9500005480 1. Entity Name ATLANTA BRAVES SPRING TRAINING CORP. 05-04-2001 90045 048 ***150.00 Principal Place of Business Mailing Address % MARIE WHITE ONE CNN CENTER 547513 75 ROCKEFELLER PLAZA BOX 105366 ATLANTA GA 30348-5366 NEW YORK NY 10019 2. Principal Place of Business 3. Mailing Address 75 ROCKEFELLER PLAZA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. C/O JANICE CANNON Applied For 4. FEI Number City & State City & State 58-2211354 NEW YORK, NY Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 10019 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVENUE TALLAHASSEE FL 32301 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE KASTEN, STAN NAME NAME STREET ADDRESS STREET ADDRESS ONE CNN CENTER CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30348-5366 Change ☐ Addition TITLE DVPT Delete TITLE NAME PACE, WAYNE H NAME STREET ADDRESS STREET ADDRESS ONE CNN CENTER ATLANTA GA 30348-5366 CITY-ST-ZIP CITY-ST-ZIP **Change** ■ Addition TITLE DVPS TITLE **X** Delete SAMS, LOWER S. NAME VELCOFF, ANDREW J NAME ONE CHI CENTER STREET ADDRESS STREET ADDRESS ONE CNN CENTER CITY-ST-ZIP atlanuta. BA 30348 CITY-ST-ZIP ATLANTA GA 30348-5366 **Change** ☐ Addition Delete TITLE NAME CHRISTIE, WARREN A NAME srockefeller plz STREET ADDRESS STREET ADDRESS 1271 AVENUE OF THE AMERICAS CITY-ST-ZIE CITY-ST-ZIP NEW YORK NY 10020 ☐ Change Addition TITLE VΡ □ Delete TITLE HAYS, SPENCER B NAME NAME STREET ADDRESS STREET ADDRESS 75 ROCKEFELLER PLAZA CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10019** ☐ Change ☐ Addition Delete TITLE TITLE WHITE, MARIE N NAME NAME STREET ADDRESS STREET ADDRESS 75 ROCKEFELLER PLAZA CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10019**

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS W. MCENERNEY, VP 04/30/01

Daytime Phone #