
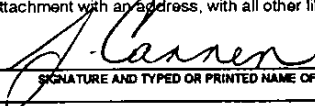


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90252 028 \*\*\*158.75

<b>DOCUMENT # F95000005480</b>					
1. Entity Name ATLANTA BRAVES SPRING TRAINING CORP.					
Principal Place of Business ONE CNN CENTER BOX 105366 ATLANTA, GA 30348-5366			Mailing Address C/O JANICE CANNON ONE TIME WARNER CENTER 14TH FL NEW YORK, NY 10019		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KASTEN, STAN		NAME		
STREET ADDRESS	ONE CNN CENTER		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 303485366		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOLOMON, JAMES M		NAME		
STREET ADDRESS	ONE TIME WARNER CENTER		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAMS, LOUISE S		NAME		
STREET ADDRESS	ONE CNN CENTER		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30348		CITY-ST-ZIP		
TITLE	DCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGUIRK, TERENCE G		NAME		
STREET ADDRESS	ONE CNN CENTER		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30348		CITY-ST-ZIP		
TITLE	SVP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYS, SPENCER B		NAME	SVP	
STREET ADDRESS	ONE TIME WARNER CENTER		STREET ADDRESS	KAMBOUR, ANNALIESE S	
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP	ONE TIME WARNER CENTER	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		
NAME	CANNON, JANICE		NAME		
STREET ADDRESS	ONE TIME WARNER CENTER		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		JANICE CANNON		4/25/2006 212-484-6503	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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04252006 Chg-P CR2E034 (11/05)

4. FEI Number 58-2211354 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required