## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 19, 2002 8:00 am Secretary of State

DOCUMENT #  1. Entity Name							05-19-2002 90074 034 ***150.00		
836063 ATLAI		AL LEAGUE BA	SEBALL CLUB,	INC.	:				
	DO NO	T WRITE	IN THIS	SPAC	E				
Principal Place of Business     ONE CNN CENTER			3. Mailing Address % JANICE CANNON						
Suite, Apt. #, etc. BOX 105366			Suite, Apt. #, etc. 75 ROCKEFELLER PLAZA				DO NOT WRITE IN THIS SPACE		
City & State ATLANTA, GA			City & State NEW YORK, NY				FEI Number 1251243	Applied For Not Applicable	
Zip 30348	US	ountry A	Zip 10019	Cour	itry			\$8.75 Additional Fee Required	
		4		7. Name and Address of Current Registered Agent					
	DO	NAT 18/	DITE		Name CT CORPC	RATIO	RATION SYSTEM		
	NOT W			Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD.					
	IN	THIS SP	ACE	14.	1200 300 1	II FIN	E ISLAND RD.		
					City		EI.	Zip Code	
8. The above named entity submits this statement for the purpose of changing its re-						LÁNTATION FL 33324			
o. The above	e named enuty suc	omus unis statement for	the purpose of changing	g its registeri	od office or regis	stered ag	gent, or both, in the State of Florida.		
SIGNATURE					•				
	Signature, typed or prin	ted name of registered agent ar	nd title if applicable. (	(NOTE: Registere	d Agent signature requ	ired when re	einstating) DATE		
/Spa gritoria pur brook) Amended				flay 1, Fee i nded UBR i	a is \$550]00 10. Election Campaign Financing \$5.00 May Re				
11.		OFFICERS AND D		yable to be	sharringent of 3	late			
TITLE	DSVP								
NAME STREET ADDRESS	AARON, HE ONE CNN C			1 1000000					
CITY-ST-ZIP	ATLANTA,		STREET AODRESS						
TITLE	DPS	TITLE				<del></del>			
NAME	KASTEN, STAN			NAME	NAME.				
STREET ADDRESS CITY-ST-ZIP	ONE CHI CENTER				T ADDRESS				
TITLE	ATLANTA, GA 30348				ST-ZIP				
NAME	SAMS, LOUISE S				ritter of the second			14	
STREET ADDRESS					T ADDRESS		DO NOT WOU		
CITY-ST-ZIP	ATLANTA, GA 30348				ST-ZIF	DO NOT WRITE			
TITLE	VPT				IN THIS SPACE				
NAME STREET ADDRESS	PACE, WAYNE H								
CiTY-ST-ZIF	ONE CHILCENTER				T ADDRESS ST-ZIP				
TITLE	ATLANTA, GA 30348				1				
NAME	CANNON, JANICE						en e		
	75 ROCKEFELLER PLAZA				T AODRESS				
NEW YORK, NY 10019					ST-ZIP		* * * * * * * * * * * * * * * * * * * *		
TITLE	AT	IANGEON C		. TITLE NAME	, A				
NAME Street adoress	SOLOMON, JAMES M 75 ROCKEFELLER PLAZA				T +DNDCcc				
	ł ·				T ADDRESS ST-ZIP				
13. Thereby of indicated of the cor	certify that the infor on this report or si poration or the rec	mation supplied with the		for the exen	nption stated in S	Section 1 e same k 607, Flor	19.07(3)(i), Florida Statutes, I further certi egal effect as if made under oath; that I ar rida Statutes; and that my name appears	fy that the information in an officer or director in Block 11 or on an	

JANICE CANNON 4/29/02

Date

Daytime Phone ≱

FL210 - 2/26/2002 C T System Online

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR