

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90324 018 ***158.75

DOCUMENT # 836063

1. Entity Name
ATLANTA NATIONAL LEAGUE BASEBALL CLUB, INC.



Principal Place of Business

**ONE CNN CENTER
BOX 105366
ATLANTA, GA 30348 US**

Mailing Address

**% JANICE CANNON
75 ROCKEFELLER PLAZA
NEW YORK, NY 10019 US**

2. Principal Place of Business

3. Mailing Address **C/O JANICE CANNON
ONE TIME WARNER CENTER**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14TH FL., LEGAL DEPT

City & State

City & State

NEW YORK, NY

Zip

Country

Zip
10019

Country

04282004

Chg-P

CR2E034 (10/03)

4. FEI Number

58-1251243

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS KASTEN, STAN ONE CNN CENTER ATLANTA, GA 303485366 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DSVP AARON, HENRY L ONE CNN CENTER ATLANTA, GA 303485366 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT MILLER, VICTORIA 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SAMS, LOUISE S ONE CNN CENTER ATLANTA, GA 30348 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS CANNON, JANICE 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT SOLOMON, JAMES M 75 ROCKEFELLER PLAZA NEW YORK, NY 10019 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT MILLER, VICTORIA ONE CNN CENTER ATLANTA, GA 30348 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS CANNON, JANICE ONE TIME WARNER CENTER NEW YORK, NY 10019 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT SOLOMON, JAMES M. ONE TIME WARNER CENTER NEW YORK, NY 10019 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James M. Solomon* **JAMES M. SOLOMON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

Daytime Phone #