## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #836063**

1. Entity Name

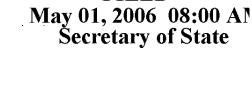
ATLÁNTA NATIONAL LEAGUE BASEBALL CLUB, INC.



Principal Place of Business

ONE CNN CENTER BOX 105366 ATLANTA, GA 30348 US Mailing Address

C/O JANICE CANNON, ONE TIME WARNER CTR. 14TH FLR, LEGAL DEPT. NEW YORK, NY 10019 US



FILED



04252006

No Chg-P

CR2E034 (11/05)

4. FEI Number 58-1251243

Applied For Not Applicable

5. Certificate of Status Desired

\$8.

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered o	ffice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOYE Registered Age	nt signaturi	e required when reinstating)	DATE
		Election Campaign Financing     Trust Fund Contribution.	, <sub>□</sub>	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DPS KASTEN, STAN ONE CNN CENTER ATLANTA, GA 303485366				Macagarrana
TITLE NAME STREET ADDRESS CITY+ST-ZIP	DSVP AARON, HENRY L ONE CNN CENTER ATLANTA, GA 303485366				000000553800 05/15/06-80066-013 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MILLER, VICTORIA ONE CNN CENTER ATLANTA, GA 30348			DO	NOT WRITE
TITLE NAME STREET AODRESS CITY-ST-ZIP	VP SAMS, LOUISE S ONE CNN CENTER ATLANTA, GA 30348			IN '	THIS SPACE
TITLE Name Street address City-St-Zip	AS CANNON, JANICE ONE TIME WARNER CENTER NEW YORK, NY 10019				
TITLE NAME STREET ARDRESS	AT SOLOMON, JAMES M ONE TIME WARNER CENTER				

12. I hereby certify that the information supplied with this filling 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:

NEW YORK, NY 10019

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE CANNON 04/25/06

212-484-6503

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Daytme Phone #