


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 836063 1. Entity Name ATLANTA NATIONAL LEAGUE BASEBALL CLUB, INC.	
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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
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04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1251243	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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**

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 _____ [NOTE: Registered Agent signature required when reinstating] _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP AARON, HENRY L ONE CNN CENTER ATLANTA, GA 303485366
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MILLER, VICTORIA ONE CNN CENTER ATLANTA, GA 30348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAMS, LOUISE S ONE CNN CENTER ATLANTA, GA 30348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CANNON, JANICE ONE TIME WARNER CENTER NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SOLOMON, JAMES M ONE TIME WARNER CENTER NEW YORK, NY 10019

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05/15/06-80066-013 158.75

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:  JANICE CANNON 04/25/06 212-484-6503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #