


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90212 033 \*\*\*150.00

<b>DOCUMENT # 836063</b> 1. Entity Name <b>ATLANTA NATIONAL LEAGUE BASEBALL CLUB, INC.</b>					
Principal Place of Business <b>ONE CNN CENTER BOX 105366 ATLANTA, GA 30348 US</b>			Mailing Address <b>12300 LIBERTY BLVD ENGLEWOOD, CO 80112 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>58-1251243</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PS KASTEN, STAN ONE CNN CENTER ATLANTA, GA 30303</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President John Schuerholz One CNN Center Atlanta, GA 30348</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DSVP AARON, HENRY L ONE CNN CENTER ATLANTA, GA 30303</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VT MILLER, VICTORIA ONE CNN CENTER ATLANTA, GA 30303</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer Chip Moore One CNN Center Atlanta, GA 30348</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP SAMS, LOUISE S ONE CNN CENTER ATLANTA, GA 30303</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President Tim Lenneman 12300 Liberty Blvd Englewood, CO 80112</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ROSENTHALER, ALBERT 12300 LIBERTY BLVD ENGLEWOOD, CO 80112</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MAFFEI, GREG 12300 LIBERTY BLVD ENGLEWOOD, CO 80112</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		Tim Lenneman/VP _____		4-21-08 _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	