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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F95000005480

1. Corporation Name

ATLANTA BRAVES SPRING TRAINING CORP.

Principal Place of Business Mailing Address					•		illi gide i idii	i esi (esi	
ONE CNN CENT		% MARIE WHITE	-						
BOX 105366	Ln	75 ROCKEFELLER PLAZA				, , , , , , , , , , , , , , , , , , ,			
ATLANTA GA 30348-5366 NEW YORK NY 10019						DO NOT WRITE IN THIS SPACE			
		·				3. Date Incorporated or Qualifed			
		2. Moiling Address				11/08/1995 4. FEI Number	Annlii	ed For	
ļ -	ace of Business	2a. Mailing Address				58-2211354		applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$6	3.75 Add		
22		27				E Contiferts of Status Desired	Fee Requ		
City & State		City & State				6. Election Campaign Financing	5.00 ма	av Be	
23		28				, , , , , , , , , , , , , , , , , , , ,	Added to F	, ,	
Zip	Country	Zip Country				8. This corporation owes the current year Intangible			
24	25	293	0			Personal Property Tax.		No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent					
				81	Name				
NRAI SERVICES, INC.				82	Street Adr	dress (P.O. Box Number is Not Acceptable)			
526 E. PARK AVENUE			L						
TALLAHASSEE FL 32301				83				1	
				84 City 85 Zi			Zip Cod	de	
					•	FL ~~	<u> </u>		
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at office or registered agent, or both, in the State of Florida. Such change was authorized 						rporation submits this statement for the purpose of chan- tion's hoard of directors. I hereby accept the appointmen	ging its reg nt as regis	gistered	
agent. I ar	n familiar with, and accept the obligat	ions of, Section 607.0505, Florid	ia Statu	ites.	no oorpora	2001.0 2001.2 0. 2000.00.00.00.00.00.00.00.00.00.00.00.00	ŭ		
SIGNATURE									
	Signature, typed or printed name of registered agen		<u> </u>	Agent	signature requi	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DI	BECTOR'	S IN 12	
12.	OFFICERS AN	D DIRECTORS	13.	15			Change	Addition	
TITLE	_			1.1 TITLE				_	
NAME	KASTEN, STAN		1.2 NAME		4DDDE90				
STREET ADDRESS	ONE CNN CENTER		1.3 STREET ADDRESS					Ì	
CITY-ST-ZIP	ATLANTA GA 30348-5366		1.4 CITY-ST-ZIP		-ZIP	П	Change	Addition	
TITLE	DVPT DELETE			2.1 TITLE					
NAME	PACE, WAYNE H			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS		l				
CITY-ST-ZIP	ATLANTA GA 30348-5366		_	2. 4 CITY-ST-ZIP 3.1 TITLE			Change	Addition	
TITLE	_					<u> </u>	Jilai igo		
NAME	VELCOFF, ANDREW J			3.2 NAME				ļ	
STREET ADDRESS	ONE CNN CENTER		3.3 STI	3.3 STREET ADDRESS					
CITY-ST-ZIP	ATLANTA GA 30348-5366		-	3.4. CITY-ST-ZIP			Change	Addition	
TITLE	VP DELETE			4.1 TITLE		Li	Juange	☐ Yaqaaqıı (
NAME	CHRISTIE, WARREN A		4. 2 NA					Ì	
STREET ADDRESS	1271 AVENUE OF THE AMERICAS			4.3 STREET ADDRESS					
CITY-ST-ZIP	NEW YORK NY 10020		_	4.4 CITY-ST-ZIP		——————————————————————————————————————	<u> </u>	Addition	
TITLE	**			5.1 TITLE			Change		
NAME	HAYS, SPENCER B		5.2 NA			•			
STREET ADDRESS				5.3 STREET ADDRESS				Į	
CITY-ST-ZIP	NEW YORK NY 10019			5.4 CITY-ST-ZIP			<u></u>		
TITLE	A3		6.1 TIT				Change	☐ Addition	
NAME	WHITE, MARIE N		6.2 NA	ME					

NEW YORK NY 10019 14. 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 annual report or suppliemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-\$T-ZIP

SIGNATURE:

75 ROCKEFELLER PLAZA

STREET ADDRESS

OFFICER OR DIRECTOR