

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000005480**

1. Entity Name

ATLANTA BRAVES SPRING TRAINING CORP.**FILED****May 31, 2000 8:00 am**
Secretary of State

05-31-2000 90227 044 ***150.00

Principal Place of Business

Mailing Address

**ONE CNN CENTER
BOX 105366
ATLANTA GA 30348-5366****% MARIE WHITE
75 ROCKEFELLER PLAZA
NEW YORK NY 10019-6908**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2211354

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	KASTEN, STAN	ONE CNN CENTER	ATLANTA GA 30348-5366				
DVPT	PACE, WAYNE H	ONE CNN CENTER	ATLANTA GA 30348-5366				
DVPS	VELCOFF, ANDREW J	ONE CNN CENTER	ATLANTA GA 30348-5366				
VP	CHRISTIE, WARREN A	1271 AVENUE OF THE AMERICAS	NEW YORK NY 10020				
VP	HAYS, SPENCER B	75 ROCKEFELLER PLAZA	NEW YORK NY 10019				
AS	WHITE, MARIE N	75 ROCKEFELLER PLAZA	NEW YORK NY 10019				

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marie White* **MARIE N. WHITE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/11/00

Date

212.484.7596

Daytime Phone #