2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90045 048 ***150.00

DOCUMENT # F95000005480

1. Entity Name

ATLANTA BRAVES SPRING TRAINING CORP.

547513

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ONE CNN CENTER BOX 105366 ATLANTA GA 30348-5366	% MARIE WHITE 75 ROCKEFELLER PLAZA NEW YORK NY 10019

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	75 ROCKEFELLER PLAZA Suite, Apt. #, etc. C/O JANICE CANNON
City & State	City & State NEW YORK, NY
Zip / Country	Zip / Country 10019 / USA

4. FEI Number 58-2211354 ☐ Applied For ☐ Not Applicable

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

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, 2001 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	PD KASTEN, STAN ONE CNN CENTER ATLANTA GA 30348-5366	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPT PACE, WAYNE H ONE CNN CENTER ATLANTA GA 30348-5366	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPS VELCOFF, ANDREW J ONE CNN CENTER ATLANTA GA 30348-5366	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SAMS, LOUISE S. ONE CNN CENTER ATLANTA, GA 30348	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHRISTIE, WARREN A 1271 AVENUE OF THE AMERICAS NEW YORK NY 10020	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCENERNEY, THOMAS W. 75 ROCKEFELLER PLZ NEW YORK, N.Y. 10019	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAYS, SPENCER B 75 ROCKEFELLER PLAZA NEW YORK NY 10019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS WHITE, MARIE N 75 ROCKEFELLER PLAZA NEW YORK NY 10019	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: Thomas W. McEnerney THOMAS W. MCENERNEY, VP 04/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #