

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90074 041 ***150.00

DOCUMENT #

1. Entity Name

F95000005480

ATLANTA BRAVES SPRING TRAINING CORP.

DO NOT WRITE IN THIS SPACE

657920

2. Principal Place of Business
ONE CNN CENTER

3. Mailing Address
% JANICE CANNON

Suite, Apt. #, etc.
BOX 105366

Suite, Apt. #, etc.
75 ROCKEFELLER PLAZA

City & State
ATLANTA, GA

City & State
NEW YORK, NY

4. FEI Number
58-2211354

Applied For
Not Applicable

Zip
30348

Country
USA

Zip
10019

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
526 E. PARK AVENUE

City
TALLAHASSEE

FL Zip Code
32301

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's 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
DP	KASTEN, STAN	ONE CNN CENTER	ATLANTA, GA 30348
VP	HAYS, SPENCER B	75 ROCKEFELLER PLAZA	NEW YORK, NY 10019
AT	SOLOMON, JAMES M	75 ROCKEFELLER PLAZA	NEW YORK, NY 10019

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE 

JAMES M. SOLOMON

4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)