

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90324 016 \*\*\*158.75

**DOCUMENT # F95000005480**

1. Entity Name  
**ATLANTA BRAVES SPRING TRAINING CORP.**



Principal Place of Business  
**ONE CNN CENTER  
BOX 105366  
ATLANTA, GA 30348-5366**

Mailing Address  
**75 ROCKEFELLER PLAZA  
C/O JANICE CANNON  
NEW YORK, NY 10019**

**54046690**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

04282004 Chg-P CR2E034 (10/03)

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**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
KASTEN, STAN  
ONE CNN CENTER  
ATLANTA, GA 303485366**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VPT  
MILLER, VICTORIA  
75 ROCKEFELLER PLAZA  
NEW YORK, NY 10019**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VPS  
SAMS, LOUISE S  
ONE CNN CENTER  
ATLANTA, GA 30348**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DCEO  
MCGUIRK, TERENCE G  
ONE CNN CENTER  
ATLANTA, GA 30348**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SVP  
HAYS, SPENCER B  
75 ROCKEFELLER PLAZA  
NEW YORK, NY 10019**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**AS  
CANNON, JANICE  
75 ROCKEFELLER PLAZA  
NEW YORK, NY 10019**

☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**AT  
SOLOMON, JAMES M.  
ONE TIME WARNER CENTER  
NEW YORK, NY 10019**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SVP  
HAYS, SPENCER B.  
ONE TIME WARNER CENTER  
NEW YORK, NY 10019**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**AS  
CANNON, JANICE  
ONE TIME WARNER CENTER  
NEW YORK, NY 10019**

☒ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *James M. Solomon* **JAMES M. SOLOMON**

**4/29/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #