


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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 C/O JANICE CANNON ONE TIME WARNER CENTER 14TH FL NEW YORK, NY 10019
---	--



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2211354	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
--

**DO NOT WRITE
IN THIS SPACE**

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.

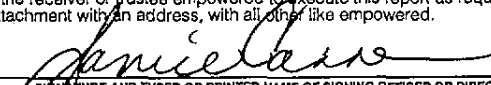
SIGNATURE _____ (NOTE: Registered Agent signature required when re-filing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT SOLOMON, JAMES M ONE TIME WARNER CENTER NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS SAMS, LOUISE S ONE CNN CENTER ATLANTA, GA 30348
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO MCGUIRK, TERENCE G ONE CNN CENTER ATLANTA, GA 30348
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP HAYS, SPENCER B ONE TIME WARNER CENTER NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS CANNON, JANICE ONE TIME WARNER CENTER NEW YORK, NY 10019

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	JANICE CANNON ASST. SECRETARY 4/27/05 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	