

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90036 036 \*\*\*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  
**C/O JANICE CANNON  
ONE TIME WARNER CENTER 14TH FL  
NEW YORK, NY 10019**

40111313



2. Principal Place of Business - No P.O. Box #  
**ONE CNN CENTER**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192007 Chg-P CR2E034 (12/06)

City & State  
**ATLANTA, GA**

City & State

4. FEI Number  
**58-2211354**

Applied For  
Not Applicable

Zip  
**30303**

Country  
**USA**

Zip

Country

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, 2007 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME KASTEN, STAN  
STREET ADDRESS ONE CNN CENTER  
CITY-ST-ZIP ATLANTA, GA 303485366

TITLE AT ☒ Delete  
NAME SOLOMON, JAMES M  
STREET ADDRESS ONE TIME WARNER CENTER  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE VPS ☒ Delete  
NAME SAMS, LOUISE S  
STREET ADDRESS ONE CNN CENTER  
CITY-ST-ZIP ATLANTA, GA 30348

TITLE DCEO ☒ Delete  
NAME MCGUIRK, TERENCE G  
STREET ADDRESS ONE CNN CENTER  
CITY-ST-ZIP ATLANTA, GA 30348

TITLE SVP ☐ Delete  
NAME KAMBOUR, ANNALIESE S  
STREET ADDRESS ONE TIME WARNER CENTER  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE AS ☐ Delete  
NAME CANNON, JANICE  
STREET ADDRESS ONE TIME WARNER CENTER  
CITY-ST-ZIP NEW YORK, NY 10019

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

TITLE PD ☒ Change ☐ Addition  
NAME KASTEN, STAN  
STREET ADDRESS ONE CNN CENTER  
CITY-ST-ZIP ATLANTA, GA 30303

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPS ☒ Change ☐ Addition  
NAME SAMS, LOUISE S.  
STREET ADDRESS ONE CNN CENTER  
CITY-ST-ZIP ATLANTA, GA 30303

TITLE DCEO ☒ Change ☐ Addition  
NAME MCGUIRK, TERENCE G.  
STREET ADDRESS ONE CNN CENTER  
CITY-ST-ZIP ATLANTA, GA 30303

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* JANICE CANNON, ASST. SECRETARY

4/30/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #