

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004175

**Entity Name:** WORLD BASEBALL CLASSIC, INC.**Current Principal Place of Business:**1271 AVENUE OF THE AMERICAS  
NEW YORK, NY 10020**Current Mailing Address:**1271 AVENUE OF THE AMERICAS  
NEW YORK, NY 10020 US**FEI Number:** 20-2826119**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HALEM, DANIEL R.  
Address 1271 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10020

Title SECRETARY  
Name GAFFIN VOGEL, JULIA  
Address 1271 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10020

Title DIRECTOR  
Name GARDEN, NOAH  
Address 1271 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10020

Title DIRECTOR  
Name SCHILLER, HARVEY  
Address 415 MADISON AVE  
17 FLOOR  
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR  
Name BETTS, ROLAND  
Address CHELSEA PIER #62, SUITE 300 WEST  
23RD ST.  
City-State-Zip: NEW YORK NY 10011

Title TREASURER  
Name BRAVERMAN, DIANA  
Address 1271 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10020

Title DIRECTOR  
Name PENNY, IAN  
Address 12 EAST 49TH STREET  
City-State-Zip: NEW YORK NY 10167

Title DIRECTOR  
Name COLON, LEONOR  
Address 12 EAST 49TH STREET  
City-State-Zip: NEW YORK NY 10167

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JULIA GAFFIN VOGEL**SECRETARY****03/23/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                             |
|-----------------|-----------------------------|
| Title           | PRESIDENT                   |
| Name            | SMALL, JIM                  |
| Address         | 1271 AVENUE OF THE AMERICAS |
| City-State-Zip: | NEW YORK NY 10020           |