

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004175

**Entity Name:** WORLD BASEBALL CLASSIC, INC.**Current Principal Place of Business:**245 PARK AVENUE  
NEW YORK, NY 10167**Current Mailing Address:**245 PARK AVENUE  
NEW YORK, NY 10167**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 C  
Name MANFRED, ROBERT D  
Address 245 PARK AVENUE  
City-State-Zip: NEW YORK NY 10167

Title P  
Name ARCHEY, PAUL  
Address 245 PARK AVENUE  
City-State-Zip: NEW YORK NY 10167

Title T  
Name CLARK, ROBERT J  
Address 245 PARK AVENUE  
City-State-Zip: NEW YORK NY 10167

Title D  
Name WEINER, MICHAEL  
Address 12 EAST 49TH STREET  
City-State-Zip: NEW YORK NY 10017

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

Title S  
Name ORLINSKY, ETHAN G  
Address 245 PARK AVENUE  
City-State-Zip: NEW YORK NY 10167

Title D  
Name BROSNAN, TIMOTHY J.  
Address 245 PARK AVENUE  
City-State-Zip: NEW YORK NY 10167

Title D  
Name SLAVIN, TIMOTHY  
Address 12 EAST 49TH STREET  
City-State-Zip: NEW YORK NY 10017

**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: ROBERT CLARK****TREASURER****04/16/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                             |
|-----------------|-----------------------------|
| Title           | D                           |
| Name            | SCHILLER, HARVEY            |
| Address         | 415 MADISON AVE<br>17 FLOOR |
| City-State-Zip: | NEW YORK NY 10017           |