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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90053 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 544550

1. Corporation Name

BAY TELEVISION, INC.

Principal Place of Business

**2000 W. 41ST STREET
BALTIMORE MD 21211
US**

Mailing Address

**2000 W. 41ST STREET
BALTIMORE MD 21211
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1977

4. FEI Number

52-1530262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHRILS, DEBRA A
501 EAST KENNEDY BLVD.
SUITE 1400
TAMPA FL 33602**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD SMITH, DAVID D.**
STREET ADDRESS **802 HILLSTEAD DR.**
CITY-ST-ZIP **LUTHERVILLE MD**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **808 Hillstead Dr**
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VSD SMITH, J. DUNCAN**
STREET ADDRESS **1345 IVY HILL ROAD**
CITY-ST-ZIP **COCKEYSVILLE MD**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD SMITH, ROBERT**
STREET ADDRESS **2070 GEIST ROAD**
CITY-ST-ZIP **GLYNDON MD 21071**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **ATD SMITH, FREDERICK G.**
STREET ADDRESS **7 TIMBERPARK COURT**
CITY-ST-ZIP **LUTHERVILLE MD**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **ASD SIMMONS, ROBERT L.**
STREET ADDRESS **222 N OCEAN BLVD**
CITY-ST-ZIP **DELRAY BEACH FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 23 1999

Date

Daytime Phone #

410/467-5005

CR2E034 (1/1/98)