

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 9:23

DOCUMENT # 544550

(7)

1. Corporation Name

BAY TELEVISION, INC.

Principal Place of Business

BAY TELEVISION, INC.
5510 GRAY ST., #38
TAMPA FL 33609
US

Mailing Address

BAY TELEVISION, INC.
5510 GRAY ST., #38
TAMPA FL 33609
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/02/1977

3a. Date of Last Report

01/25/1994

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

FRAZIER, WARREN
501 EAST KENNEDY BLVD.
SUITE 1400
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

SMITH, DAVID D.
802 HILLSTEAD DR.
LUTHERVILLE MD

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VSD

SMITH, J. DUNCAN
100 PARK LANE
BALTIMORE MD

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD

SMITH, ROBERT
6309 BLACKBURN CT.
BALTIMORE MD

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ATD

SMITH, FREDERICK G.
1109 DULANEY GATE CIRCLE
COCKEYSVILLE MD

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ASD

SIMMONS, ROBERT L.
1102 HIGHLAND BCH DRA-2
HIGHLAND BEACH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

J. Duncan Smith
J. Duncan Smith

(PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Day/Month/Year