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Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **544550** **(7)**

1. Corporation Name
BAY TELEVISION, INC.

Principal Place of Business	Mailing Address
2000 W. 41ST STREET BALTIMORE MD 21211 US	2000 W. 41ST STREET BALTIMORE MD 21211 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1977

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHRILS, DEBRA A
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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, DAVID D.		1.2 NAME		
STREET ADDRESS	802 HILLSTEAD DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LUTHERVILLE MD		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, J. DUNCAN		2.2 NAME		
STREET ADDRESS	1345 IVY HILL ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCKEYSVILLE MD		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	SMITH, ROBERT		3.2 NAME		
STREET ADDRESS	2070 GEIST ROAD		3.3 STREET ADDRESS	3600 Butler Road	
CITY-ST-ZIP	GLYNDON MD		3.4 CITY-ST-ZIP	Glyndon, MD 21071	
TITLE	ATD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, FREDERICK G.		4.2 NAME		
STREET ADDRESS	7 TIMBERPARK COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	LUTHERVILLE MD		4.4 CITY-ST-ZIP		
TITLE	ASD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SIMMONS, ROBERT L.		5.2 NAME		
STREET ADDRESS	222 N OCEAN BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: [signature] 3/11/98 (410)467-5005