

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 544550

1. Entity Name

BAY TELEVISION, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90150 009 ***550.00

Principal Place of Business

2000 W. 41ST STREET
BALTIMORE MD 21211
US

Mailing Address

2000 W. 41ST STREET
BALTIMORE MD 21211
US

2. Principal Place of Business

10706 Beaver Dam Road

3. Mailing Address

10706 Beaver Dam Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cockeysville MD

City & State

Cockeysville MD

4. FEI Number

52-1530262

Applied For

Not Applicable

Zip

21030

Country

Zip

21030

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, DAVID D.	
STREET ADDRESS	808 HILLSTEAD DRIVE	
CITY-ST-ZIP	LUTHERVILLE MD	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SMITH, J. DUNCAN	
STREET ADDRESS	1345 IVY HILL ROAD	
CITY-ST-ZIP	COCKEYSVILLE MD	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT	
STREET ADDRESS	2070 GEIST ROAD	
CITY-ST-ZIP	GLYNDON MD 21071	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	SMITH, FREDERICK G.	
STREET ADDRESS	7 TIMBERPARK COURT	
CITY-ST-ZIP	LUTHERVILLE MD	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	SIMMONS, ROBERT L.	
STREET ADDRESS	222 N OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3600 Butler Road	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of J. Duncan Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00

410/568-1596
Date Daytime Phone #

C-21E034 (15/00)