

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 544550

1. Entity Name
BAY TELEVISION, INC.



Principal Place of Business
**10706 BEAVER DAM RD
COCKEYSVILLE, MD 21030 US**

Mailing Address
**10706 BEAVER DAM RD
COCKEYSVILLE, MD 21030 US**



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number
52-1530262

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
SMITH, DAVID D.
808 HILLSTEAD DRIVE
LUTHERVILLE, MD**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
SMITH, ROBERT
3600 BUTLER ROAD
BALTIMORE, MD 21071**

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000102170
04/05/04-80003-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert L. Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/04
Date

410/568-1596
Daytime Phone #