

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 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



02212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-1530262

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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03/21/05-80044-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #