2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 544550

Entity Name: BAY TELEVISION INC

FILED Feb 13, 2006 Secretary of State

Entity Nai	me: BAY TELI	EVISION, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	AVER DAM RD SVILLE, MD 21				
Current M	lailing Addres	ss:	New Mailing Address:		
	AVER DAM RD SVILLE, MD 21				
FEI Number	: 52-1530262	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	Current Registered Agent:	Name and Address o	f New Registered Agent:	
501 EAST SUITE 140 TAMPA, F	L 33602 US				
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () SMITH, DAVID 808 HILLSTEAL LUTHERVILLE,	D DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VSD () SMITH, J. DUNG 1345 IVY HILL I COCKEYSVILL	ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	TD () SMITH, ROBER 3600 BUTLER I BALTIMORE, M	ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ATD () SMITH, FREDE 7 TIMBERPARK LUTHERVILLE,	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	ASD ()) Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SMITH, J. DUNCAN VSD 02/13/2006

SIMMONS, ROBERT L.,

222 N OCEAN BLVD

DELRAY BEACH, FL

Name:

Address:

City-St-Zip: