

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90247 014 ***158.75

DOCUMENT # F97000006751

1. Entity Name
BAY CABLE MANAGEMENT, INC.

Principal Place of Business **Mailing Address**
2444 SOLOMONS ISLAND ROAD, STE 202 **ATTN: JENNIFER LAWLER**
ANNAPOLIS MD 21401 **2444 SOLOMONS ISLAND ROAD, SUITE 202**
ANNAPOLIS MD 21401

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **52-1723678** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYES, ROY E JR
7281 SUNSHINE GROVE ROAD
SUITE 102
BROOKSVILLE FL 34613

Name
Roy E. Hayes, Jr.
Street Address (P.O. Box Number is Not Acceptable)
c/o Constel Communications, L.P./Chalet North
1800 Alpine Drive
City **FL** **Zip Code**
Apopka **32703**

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 **4/22/2002**
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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Delete**
NAME
PCD
HAYES, ROY E JR
STREET ADDRESS
2444 SOLOMONS ISLAND RD, STE 202
CITY-ST-ZIP
ANNAPOLIS MD

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
SD
O'BRIEN, MICHAEL S
STREET ADDRESS
2444 SOLOMONS ISLAND RD, STE 202
CITY-ST-ZIP
ANNAPOLIS MD

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Roy E. Hayes, Jr.

4/22/2002 **410-266-9393**

Date Daytime Phone #

CR2E034 (9/01)