

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90315 044 ***158.75

DOCUMENT # F97000006751

1. Entity Name
BAY CABLE MANAGEMENT, INC.



Principal Place of Business
**2444 SOLOMONS ISLAND ROAD, STE 202
ANNAPOLIS MD 21401**

Mailing Address
**ATTN: JENNIFER LAWLER
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

4. FEI Number **52-1723678**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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
C/O CONSTEL COMMUNICATIONS, L.P.
CHALET NORTH 1800 ALPINE DRIVE
APOPKA FL 32703**

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	HAYES, ROY E JR	
STREET ADDRESS	2444 SOLOMONS ISLAND RD, STE 202	
CITY-ST-ZIP	ANNAPOLIS MD	
TITLE	SD	<input type="checkbox"/> Delete
NAME	O'BRIEN, MICHAEL S	
STREET ADDRESS	2444 SOLOMONS ISLAND RD, STE 202	
CITY-ST-ZIP	ANNAPOLIS MD	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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

4/23/2003 **410-266-9393**
Date Daytime Phone #

CR2E034 (10/02)