

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 9:23

DOCUMENT # 544550 (7)

1. Corporation Name
BAY TELEVISION, INC.

Principal Place of Business BAY TELEVISION, INC. 5510 GRAY ST., #38 TAMPA FL 33609 US	Mailing Address BAY TELEVISION, INC. 5510 GRAY ST., #38 TAMPA FL 33609 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/02/1977	3a. Date of Last Report 01/25/1994
4. FEI Number 52-1530262	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country

9. Name and Address of Current Registered Agent
FRAZIER, WARREN
501 EAST KENNEDY BLVD.
SUITE 1400
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, DAVID D. 802 HILLSTEAD DR. LUTHERVILLE MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SMITH, J. DUNCAN 100 PARK LANE BALTIMORE MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, ROBERT 6309 BLACKBURN CT. BALTIMORE MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD SMITH, FREDERICK G. 1109 DULANEY GATE CIRCLE COCKEYSVILLE MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD SIMMONS, ROBERT L. 1102 HIGHLAND BCH DRA-2 HIGHLAND BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *J. Duncan Smith*
J. Duncan Smith

Date _____
Defence Review _____