

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified: **09/02/1977**
3a. Date of Last Report: **01/31/1995**

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

4. FEI Number: **52-1530262**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRAZIER, WARREN
501 EAST KENNEDY BLVD.
SUITE 1400
TAMPA FL 33602**

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

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 date if applicable. (NOTE - Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, DAVID D. | 1.2 NAME | |
| STREET ADDRESS | 802 HILLSTEAD DR. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | LUTHERVILLE MD | 1.4 CITY - ST - ZIP | |
| TITLE | VSD <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, J. DUNCAN | 2.2 NAME | |
| STREET ADDRESS | 100 PARK LANE | 2.3 STREET ADDRESS | 1345 Ivy Hill Road |
| CITY - ST - ZIP | BALTIMORE MD | 2.4 CITY - ST - ZIP | Cockeysville, MD 21030 |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, ROBERT | 3.2 NAME | |
| STREET ADDRESS | 6309 BLACKBURN CT. | 3.3 STREET ADDRESS | 2070 Geist Road |
| CITY - ST - ZIP | BALTIMORE MD | 3.4 CITY - ST - ZIP | Glyndon, MD 21070 |
| TITLE | ATD <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, FREDERICK G. | 4.2 NAME | |
| STREET ADDRESS | 1109 DULANEY GATE CIRCLE | 4.3 STREET ADDRESS | 7 Timberpark Court |
| CITY - ST - ZIP | COCKEYSVILLE MD | 4.4 CITY - ST - ZIP | Lutherville, MD 21093 |
| TITLE | ASD <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIMMONS, ROBERT L. | 5.2 NAME | |
| STREET ADDRESS | 1102 HIGHLAND BCH DR,A-2 | 5.3 STREET ADDRESS | 222 N. Ocean Blvd. |
| CITY - ST - ZIP | HIGHLAND BEACH FL | 5.4 CITY - ST - ZIP | Delray Beach, FL 33483 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/18/96** DAYTIME PHONE # **410-467-5005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)