

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 19 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 544550 (7)**

1. Corporation Name  
**BAY TELEVISION, INC.**

Principal Place of Business <b>2000 W. 41ST STREET                  BALTIMORE MD 21211                  US</b>	Mailing Address <b>2000 W. 41ST STREET                  BALTIMORE MD 21211                  US</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/02/1977</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>52-1530262</b>	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SCHRILS, DEBRA A                  501 EAST KENNEDY BLVD.                  SUITE 1400                  TAMPA FL 33602</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<b>FL</b>	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 the applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, DAVID D.</b>	1.2 NAME	
STREET ADDRESS	<b>802 HILLSTEAD DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTHERVILLE MD</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VSD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, J. DUNCAN</b>	2.2 NAME	
STREET ADDRESS	<b>1345 IVY HILL ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCKEYSVILLE MD</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>2070 GEIST ROAD</b>	3.3 STREET ADDRESS	<b>3600 Butler Road</b>
CITY-ST-ZIP	<b>GLYNDON MD</b>	3.4 CITY-ST-ZIP	<b>Glyndon, MD 21071</b>
TITLE	<b>ATD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, FREDERICK G.</b>	4.2 NAME	
STREET ADDRESS	<b>7 TIMBERPARK COURT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTHERVILLE MD</b>	4.4 CITY-ST-ZIP	
TITLE	<b>ASD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONS, ROBERT L.</b>	5.2 NAME	
STREET ADDRESS	<b>222 N OCEAN BLVD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input 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 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 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 by an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **3/11/98** (410)467-5005

CP2E034 (10/97)