

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90150 009 ***550.00

DOCUMENT # 544550

1. Entity Name

BAY TELEVISION, INC.

Principal Place of Business

2000 W. 41ST STREET
 BALTIMORE MD 21211
 US

Mailing Address

2000 W. 41ST STREET
 BALTIMORE MD 21211
 US

2. Principal Place of Business

10706 Beaver Dam Road

3. Mailing Address

10706 Beaver Dam Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Cockeysville MD

Zip Country
 21030

City & State
 Cockeysville MD

Zip Country
 21030

4. FEI Number **52-1530262**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SCHRILS, DEBRA A
 501 EAST KENNEDY BLVD.
 SUITE 1400
 TAMPA FL 33602

7. Name and Address of New Registered Agent

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.

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DAVID D.	NAME	
STREET ADDRESS	808 HILLSTEAD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LUTHERVILLE MD	CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, J. DUNCAN	NAME	
STREET ADDRESS	1345 IVY HILL ROAD	STREET ADDRESS	
CITY-ST-ZIP	COCKEYSVILLE MD	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROBERT	NAME	
STREET ADDRESS	2070 GEIST ROAD	STREET ADDRESS	3600 Butler Road
CITY-ST-ZIP	GLYNDON MD 21071	CITY-ST-ZIP	
TITLE	ATD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, FREDERICK G.	NAME	
STREET ADDRESS	7 TIMBERPARK COURT	STREET ADDRESS	
CITY-ST-ZIP	LUTHERVILLE MD	CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, ROBERT L.	NAME	
STREET ADDRESS	222 N OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 of J. Duncan Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00
 Date

410/568-1596
 Daytime Phone #

C-321E034 1/5/00