

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90014 046 ***150.00

DOCUMENT # 544550
 1. Entity Name
BAY TELEVISION, INC.

Principal Place of Business Mailing Address
10706 BEAVER DAM RD **10706 BEAVER DAM RD**
COCKEYSVILLE MD 21030 **COCKEYSVILLE MD 21030**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **52-1530262** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, DAVID D.	
STREET ADDRESS	808 HILLSTEAD DRIVE	
CITY-ST-ZIP	LUTHERVILLE MD	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SMITH, J. DUNCAN	
STREET ADDRESS	1345 IVY HILL ROAD	
CITY-ST-ZIP	COCKEYSVILLE MD	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT	
STREET ADDRESS	3600 BUTLER ROAD	
CITY-ST-ZIP	BALTIMORE MD 21071	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	SMITH, FREDERICK G.	
STREET ADDRESS	7 TIMBERPARK COURT	
CITY-ST-ZIP	LUTHERVILLE MD	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	SIMMONS, ROBERT L.	
STREET ADDRESS	222 N OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED** **3-13-02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Frederick G. Smith** Date Daytime Phone #

CR2E034 (9/01)