


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 544550**

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



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

Mailing Address  
**10706 BEAVER DAM RD  
 COCKEYSVILLE, MD 21030 US**

**DO NOT WRITE IN THIS SPACE**



03222004 No Chg-P CR2E034 (10/03)

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**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

U00000102170  
 04/05/04-80003-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert L. Simmons* 4/1/04 410/568-1596  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #