


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 21, 2005 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



02212005 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

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

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

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03/21/05-80044-015 150.00

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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: J Duncan Smith Date: 2-25-2005 Daytime Phone #: 410-588-1596