

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 544550

FILED  
Feb 13, 2006  
Secretary of State

Entity Name: BAY TELEVISION, INC.

**Current Principal Place of Business:**

10706 BEAVER DAM RD  
COCKEYSVILLE, MD 21030 US

**New Principal Place of Business:**

**Current Mailing Address:**

10706 BEAVER DAM RD  
COCKEYSVILLE, MD 21030 US

**New Mailing Address:**

FEI Number: 52-1530262      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SMITH, DAVID D.,  
Address: 808 HILLSTEAD DRIVE  
City-St-Zip: LUTHERVILLE, MD

Title: VSD ( ) Delete  
Name: SMITH, J. DUNCAN,  
Address: 1345 IVY HILL ROAD  
City-St-Zip: COCKEYSVILLE, MD

Title: TD ( ) Delete  
Name: SMITH, ROBERT,  
Address: 3600 BUTLER ROAD  
City-St-Zip: BALTIMORE, MD 21071

Title: ATD ( ) Delete  
Name: SMITH, FREDERICK G.,  
Address: 7 TIMBERPARK COURT  
City-St-Zip: LUTHERVILLE, MD

Title: ASD ( ) Delete  
Name: SIMMONS, ROBERT L.,  
Address: 222 N OCEAN BLVD  
City-St-Zip: DELRAY BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SMITH, J. DUNCAN

VSD

02/13/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date