

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 544550

FILED
Jan 17, 2007
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: PD (X) Change () Addition
Name: SMITH, DAVID D.,
Address: 1511 IVY HILL ROAD
City-St-Zip: COCKEYSVILLE, MD 21030

Title: VSD (X) Change () Addition
Name: SMITH, J. DUNCAN,
Address: 1345 IVY HILL ROAD
City-St-Zip: COCKEYSVILLE, MD 21030

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

Title: ATD (X) Change () Addition
Name: SMITH, FREDERICK G.,
Address: 7 TIMBERPARK COURT
City-St-Zip: LUTHERVILLE, MD 21093

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: J. DUNCAN SMITH

Electronic Signature of Signing Officer or Director

VSD

01/17/2007

_____ Date