

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 544550

FILED  
Apr 09, 2010  
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  
Name: SMITH, DAVID D.  
Address: 10706 BEAVER DAM ROAD  
City-St-Zip: COCKEYSVILLE, MD 21030

Title: VSD  
Name: SMITH, J. DUNCAN  
Address: 10706 BEAVER DAM ROAD  
City-St-Zip: COCKEYSVILLE, MD 21030

Title: TD  
Name: SMITH, ROBERT  
Address: 10706 BEAVER DAM ROAD  
City-St-Zip: COCKEYSVILLE, MD 21030

Title: ATD  
Name: SMITH, FREDERICK G.  
Address: 10706 BEAVER DAM ROAD  
City-St-Zip: COCKEYSVILLE, MD 21030

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

I hereby 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 all other like empowered.

SIGNATURE: J. DUNCAN SMITH

VSD

04/09/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date