

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90059 002 \*\*\*150.00

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1530262**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *[Signature]* **Signature Required** *J Duncan Smith* 2/2/03 401568-1596  
Date Daytime Phone #

CR2E034 (10/02)