

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**DOCUMENT # A0200001085**

1. Entity Name

REGENCY PRODUCTIONS, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 28 PM 1:35

Principal Place of Business: 2700 WEST ATLANTIC BLVD., STE. 101 POMPANO BEACH FL 33069  
Mailing Address: 2700 WEST ATLANTIC BLVD., STE. 101 POMPANO BEACH FL 33069



MOORE CR2E003 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	02-0636988	Applied For
		Not Applicable

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	
SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FL MIAMI FL 33145		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	\$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	41000%	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P02000077550	STREET ADDRESS	
NAME	CBM MEDIA CORPORATON	CITY-ST-ZIP	100027709141 01/28/04--01019--004 **141.25
STREET ADDRESS	2700 WEST ATLANTIC BLVD., STE. 101	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *WILLIAM E. MILES* *William E. Miles* JAN 23, 04 954-975-6108  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE