


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000001085

1. Entity Name
REGENCY PRODUCTIONS, LTD.



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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01052005 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
02-0636988 Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FL
MIAMI, FL 33145

7. Name and Address of New Registered Agent
 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. 1000%

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

DOCUMENT #	P02000077550
NAME	CBM MEDIA CORPORATON
STREET ADDRESS	2700 WEST ATLANTIC BLVD., STE. 101
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	000000331076 04/26/05-80002-007 141 25
STREET ADDRESS	
CITY-ST-ZIP	
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Miles* **WILLIAM MILES** 4/13/05 954-975-6188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #