

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A02000001085**

1. Entity Name  
**REGENCY PRODUCTIONS, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 14 PM 2:01

W  
7/23

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
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2. Principal Place of Business		3. Mailing Address		<b>DUE BY SEPTEMBER 24, 2003</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>02-0636988</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>SPiegel &amp; UTRERA, P.A.</b> 1840 SOUTHWEST 22 STREET, 4TH FL MIAMI FL 33145			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$1000.00</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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	
STREET ADDRESS	2700 WEST ATLANTIC BLVD., STE. 101		
CITY-ST-ZIP	POMPANO BEACH FL 33069		<b>600021515656</b>
DOCUMENT #		STREET ADDRESS	<b>07/14/03--01030--005 **541.25</b>
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
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 MILES **WILLIAM MILES** July 11-2003 954-975-6108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

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