2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000001984

1. Entity Name
REGENCY AFFILIATES, INC.

Principal Place of Business	Mailing Address
610 NE JENSEN BEACH BLVD JENSEN BEACH, FL 34957 US	610 NE JENSEN BEACH BLVD JENSEN BEACH, FL 34957 US

DO NOT WRITE IN THIS SPACE

01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
72-0888772
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRAZI, LEIF
217 E. OCEAN BLVD.
STUART, FL 34995-2846

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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. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CEOP
NAME	LEVY, LAURENCE S
STREET ADDRESS	595 MADISON AVE, STE. 3500
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	C
NAME	LEVY, LAURENCE S
STREET ADDRESS	595 MADISON AVE, STE. 3500
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	CFO
NAME	HASSON, NEIL N
STREET ADDRESS	595 MADISON AVE, STE. 3500
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	S
NAME	ZELINSKI, CAROL
STREET ADDRESS	595 MADISON AVE, STE. 3500
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	D
NAME	FLEISHMAN, STANLEY
STREET ADDRESS	15-24 132 ST
CITY-ST-ZIP	COLLEGE POINT, NY 11356
TITLE	D
NAME	GLASSER, ERROL
STREET ADDRESS	280 MADISON AVE, STE. 600
CITY-ST-ZIP	NEW YORK, NY 10016

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01/14/04-80011-018 150.00

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12. 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 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: _____ 1/9/04 212-644-3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #