


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90057 037 \*\*\*150.00

<b>DOCUMENT # F98000001984</b>	
1. Entity Name REGENCY AFFILIATES, INC.	

Principal Place of Business 610 NE JENSEN BEACH BLVD JENSEN BEACH, FL 34957 US	Mailing Address 610 NE JENSEN BEACH BLVD JENSEN BEACH, FL 34957 US
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**50009564**

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



01052005 Chg-P CR2E034 (10/03)

4. FEI Number 72-0888772	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  GRAZI, LEIF 217 E. OCEAN BLVD. STUART, FL 34995-2846	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP LEVY, LAURENCE S 595 MADISON AVE, STE. 3500 NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 450 PARK AVE.-10th FLOOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEVY, LAURENCE S 595 MADISON AVE, STE. 3500 NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 450 PARK AVE.-10th FLOOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HASSON, NEIL N 595 MADISON AVE, STE. 3500 NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 450 PARK AVE.-10th FLOOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZELINSKI, CAROL 595 MADISON AVE, STE. 3500 NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 450 PARK AVE.-10th FLOOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEISHMAN, STANLEY 15-24 132 ST COLLEGE POINT, NY 11356 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASSER, ERROL 280 MADISON AVE, STE. 600 NEW YORK, NY 10016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/04  
Date

212-644-3450  
Daytime Phone #