


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

**FILED
Jan 31, 2007 08:00 AM
Secretary of State**

DOCUMENT # **A02000001085**
Entity Name
REGENCY PRODUCTIONS, LTD.



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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E003 (10/06)

City & State City & State
Zip Country Zip Country

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.

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY - ST - ZIP	
		U00000614447
		02/06/07-80031-005 500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 20, Florida Statutes

SIGNATURE: *WILLIAM MILES* *Jan 29 07* 954-975-6108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #