

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000070269

FILED
Feb 13, 2009
Secretary of State

Entity Name: TRIPLE PLAY COMMUNICATIONS CORPORATION

Current Principal Place of Business:

250 EAST DRIVE, SUITE F
MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

250 EAST DRIVE, SUITE F
MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 20-4899498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIFFEE, KEITH
250 EAST DRIVE, SUITE F
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIFFEE, KEITH
Address: 3641 WHISPERWOOD CIRCLE
City-St-Zip: MELBOURNE, FL 32901

Title: VP () Delete
Name: WERNLUND, JIM
Address: 445 MICHIGAN AVE.
City-St-Zip: INDIALANTIC, FL 32903

Title: T () Delete
Name: DIEP, TUANC
Address: 1629 AVERY RD NE
City-St-Zip: PALM BAY, FL 32905

Title: S () Delete
Name: MARTINEZ, RAFAEL
Address: 2522 REFLECTIONS PLACE
City-St-Zip: WEST MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH RIFFEE

P

02/13/2009

Electronic Signature of Signing Officer or Director

_____ Date