

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000070269

**FILED**  
**Jan 06, 2017**  
**Secretary of State**  
**CC8871545212**

**Entity Name:** TRIPLE PLAY COMMUNICATIONS CORPORATION

**Current Principal Place of Business:**

250 EAST DRIVE, SUITE F  
MELBOURNE, FL 32904

**Current Mailing Address:**

250 EAST DRIVE, SUITE F  
MELBOURNE, FL 32904

**FEI Number:** 20-4899498

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title P  
Name RIFFEE, KEITH  
Address 2336 LYLEWOOD CT  
City-State-Zip: MELBOURNE FL 32904

Title VP  
Name WERNLUND, JIM  
Address 445 MICHIGAN AVE.  
City-State-Zip: INDIALANTIC FL 32903

Title T  
Name DIEP, TUANC  
Address 1629 AVERY RD NE  
City-State-Zip: PALM BAY FL 32905

Title S  
Name MARTINEZ, RAFAEL  
Address 2522 REFLECTIONS PLACE  
City-State-Zip: WEST MELBOURNE FL 32904

*I hereby 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 all other like empowered.*

**SIGNATURE:** KEITH RIFFEE

**PRESIDENT**

**01/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date