

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90079 048 ***143.75

DOCUMENT # L06000010272

1. Entity Name
TRIPLE PLAY, LLC



Principal Place of Business
13100 PARK BLVD., SUITE C
SEMINOLE, FL 33776

Mailing Address
13100 PARK BLVD., SUITE C
SEMINOLE, FL 33776

60011082



02192008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4224570

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEAVER, JOEL R ESQ.
1022 MAIN STREET, SUITE C
DUNEDIN, FL 34698

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PORTER, DAN
13100 PARK BLVD., SUITE C
SEMINOLE, FL 33776

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BUNS, JACK
13100 PARK BLVD., SUITE C
SEMINOLE, FL 33776

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BAGATTA, FRANK
823 WEST JERICHO TURNPIKE STE 1A
SMITHTOWN, NY 11787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Frank Bagatta

2/19/08

Date

631-864-1111

Daytime Phone #