

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122124

FILED
Jan 16, 2009
Secretary of State

Entity Name: TRIPLE PLAY DYNASTY, LLC

Current Principal Place of Business:

1400 COMPUTER DRIVE, SUITE 300
WESTBOROUGH, MA 01581

New Principal Place of Business:

1400 COMPUTER DRIVE
SUITE 300
WESTBOROUGH, MA 01581

Current Mailing Address:

1400 COMPUTER DRIVE, SUITE 300
WESTBOROUGH, MA 01581

New Mailing Address:

1400 COMPUTER DRIVE
SUITE 300
WESTBOROUGH, MA 01581

FEI Number: 20-8095627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 N. MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

DEAN MEAD SERVICES, LLC
800 N. MAGNOLIA AVENUE
SUITE 1500
ORLANDO, FL 32803 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:

01/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: POITRAS, JAMES W
Address: 1400 COMPUTER DRIVE, SUITE 300
City-St-Zip: WESTBOROUGH, MA 01581

Title: MGR () Delete
Name: POITRAS, EDWARD W
Address: 1400 COMPUTER DRIVE, SUITE 300
City-St-Zip: WESTBOROUGH, MA 01581

Title: MGR () Delete
Name: POITRAS, KAY D
Address: 1400 COMPUTER DRIVE, SUITE 300
City-St-Zip: WESTBOROUGH, MA 01581

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic 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: EDWARD W. POITRAS

MGR

01/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date