

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115896

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** TRIPLE PLAY SPORTS OF FLORIDA, INC.

**Current Principal Place of Business:**

1840 NW 104TH AVE.  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

1690 BANKLS ROAD  
MARGATE, FL 33063

**Current Mailing Address:**

10105 N W 69TH MANOR  
PARKLAND, FL 33076

**New Mailing Address:**

10105 NW 69TH MANOR  
PARKLAND, FL 33076

**FEI Number:** 41-2147103

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUPO, MICHAEL A  
10105 NW 69TH MANOR  
PARKLAND, FL 33076 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

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** CONNOLLY, MICHAEL P  
**Address:** 1840 NW 104TH AVE.  
**City-St-Zip:** CORAL SPRINGS, FL 33071

**Title:** VP  
**Name:** CONNOLLY, ISABEL  
**Address:** 1840 NW 104TH AVE.  
**City-St-Zip:** CORAL SPRINGS, FL 33071

**Title:** SEC.  
**Name:** LUPO, MARIE I  
**Address:** 10105 NW 69TH MANOR  
**City-St-Zip:** PARKLAND, FL 33076

**Title:** CHRM  
**Name:** LUPO, MICHAEL A  
**Address:** 10105 NW 69TH MANOR  
**City-St-Zip:** PARKLAND, FL 33076

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:** MICHAEL A. LUPO

CHRM

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date