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JAN 29 2014

R. WHITE

## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |   |  |
|---|---|--|
| SUBJECT: INTEGRATED STA   | NDIUM SE  | ATING, INC.  |
|   | Name of Corpora   | ·  |
| DOCUMENT NUMBER: F1000000   | 2816  |  |
| The enclosed withdrawal application and fee   | are submitted fo  | r filing.  |
| Please return all correspondence concerning th matter to the following:                         | is  |  |
| Sarah Hooke   |   |  |
| (1  | Name of Person)   |  |
| Tiger Financial Manag   | gement, L   | LC   |
| (   | Firm/Company)   |  |
| 3527 North Ridge Roa  | ad  |  |
|   | (Address)   |  |
| Wichita, KS 67205   |   |  |
| (City   | /State and Zip co   | ode)   |
| For further information concerning this matter,   | , please call:  |  |
| Sarah Hooke   | at (316   | ,494-6543  |
| (Name of Person) Enclosed is a check for the amount:  |   | Code & Daytime Telephone Number)   |
|   | \$43.75 Filing Fer<br>Certified Copy<br>(Additional copy<br>Enclosed) | Certificate of Status & Certified  |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314 |   | STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301 |

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

| 11/1/1   | EGRATED STADIUM  |  |                 |
|--|--|--|-----------------|
|  | (Name of C   | Corporation)   |                 |
| F10  | 000002816  |  |                 |
|  | (Document Number of  | Corporation (if known)   |                 |
| Kan  | sas  |  |                 |
|  | (Incorporated  | Under Laws of)   |                 |
| voluntarily surrer This corporation appoints the Dep the time it was au The following is | revokes the authority of its registered artment of State as its agent for serving thorized to transact business or conducta current mailing address for the corporation. | ed agent in Florida to accept service or ice of process based on a cause of action act affairs in Florida. | its behalf, and |
| Wic  | hita, Kansas 67205   | State /Zip)  |                 |
| X  | agrees to notify the Department of Sta  f a director, president or other officer - if in the har other court appointed fiduciary, by that fiduciary)                     | the in the future of any change in its mailing $\frac{01/212014}{\text{(Date)}}$                           | ing address.    |
| •  | glas Rippel ped or printed name of person signing)   | President (Title of person sign  | ling)           |