M07000002003

(F	Requestor's Name)
(À	Address)
(A	Address)
(C	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(E	Business Entity Name)
(0	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
,	
· L	

Office Use Only

B. KOHR

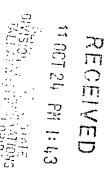
OCT 24 2011

EXAMINER



800213349438

10/24/11--01029--008 **25.00



FILED SECRETARY OF STATE DIVISION OF CORPERATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEÈ, FL 32301 222-1173 FILING COVER SHEET ACCT, #FCA-14 **CONTACT: RICKY SOTO** DATE: 10/24/2011 **REF. #:** 000173.156064 CORP. NAME: ASCENT MEDIA SYSTEMS INTEGRATION, LLC () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY () REINSTATEMENT () MERGER (XX) WITHDRAWAL () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 541964 FOR \$ 25.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$ PLEASE RETURN: () CERTIFIED COPY () CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY () CERTIFICATE OF STATUS

Examiner's Initials

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Ascent Media Systems Integration, LLC (Name of limited liability company)	
Delaware	
(Jurisdiction of us organization)	
M0700002003	
(Florida Document Number)	
This limited liability company is no longer transacting business in Florida and surrence authority to transact business in this state.	ders its
This limited liability company revokes the authority of its registered agent to accept ser- its behalf and appoints the Department of State as its agent for service of process base cause of action arising during the time it was authorized to transact business in Florida.	vic e or ed on a
5251 DTC Parkway, Suite 1000	
(Mailing address)	
Greenwood Village, CO 80111	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future change in its mailing address.	of any
(Signature of member or authorized representative of a member)	
William E. Niles	
(Typed or printed name of signee)	

Filing Fee: \$25.00