

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

961035-TC

1. LEGAL NAME OF THE APPLICANT

CINEMARK USA, INC.

DEPOSIT TREAS. REC. DATE

0370 SEP 04 1996

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

CINEMARK USA, INC.

3. ADDRESS OF THE APPLICANT(S)

STREET 7502 Greenville Ave. #800

CITY Dallas,

STATE & ZIP Texas 75231

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: [ ]  
OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP: [ ]

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION: [ X ]

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME CINEMARK U.S.A, Inc.

ADDRESS 7502 GREENVILLE AVE. #800  
DALLAS, TX 75231

D. DOING BUSINESS UNDER A FICTITIOUS NAME: [ ]

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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CINEMARK USA, INC.

DEPOSIT TREAS. REC. DATE

0370 222222 370490

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NAME CINEMARK U.S.A, Inc.

ADDRESS 7502 GREENVILLE AVE. #800

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER AND MICROPRINTING IN BORDER

CINEMARK USA, Inc.  
 Suite 800 - LD9  
 7502 Greenville Avenue  
 Dallas, Texas 75231

NationsBank  
 Wichita Falls, Texas 76301

CHECK NO. 1292826

DATE	AMOUNT
09/01/96	*****\$100.00

ne Hundred And 0/100 Dollars\*\*\*\*\*

TWO SIGNATURES REQUIRED OVER \$10,000

*Judy Mitchell*

FLORIDA PUBLIC SERVICE COMM.  
 GUNTER BUILDING  
 2540 SHUMARD OAK BLVD  
 CAPITAL CIRCLE OFFICE CENTRE  
 TALLAHASSEE FL 32399-0850

VOID AFTER 60 DAYS

# PLEASE READ!!!

ATTACHMENT B

FLORIDA PUBLIC SERVICE COMMISSION DEPOSIT TREAS. REC. DATE  
Application Form D370 SEP 04 '96

FOR

Certificate to Provide Pay Telephone Service

Within the State of Florida

- A. This form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
- B. A \$100 non-refundable application fee along with the enclosed Applicant Acknowledgement Card must be completed and accompany the application before processing will begin.
- C. If the answer to question #2 is a Fictitious Name or Corporate Name, documentation from the Secretary of States office must accompany your application.
- D. Once a certificate has been granted, regulatory assessment fees will be due for that calendar year regardless of whether or not pay telephones have been installed.
- E. When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.
- F. Use a separate sheet for each answer which will not fit the allotted space.
- G. If you have any questions about completing the form, contact the Certificate Section at (904) 413-6556.
- H. Once completed, the original plus two (2) copies of this form, along with \$100 application fee, are to be submitted to:

Florida Public Service Commission  
Gunter Building, 2540 Shumard Oak Boulevard  
Capital Circle Office Center  
Tallahassee, FL 32399-0850

5. PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: Della Meadow

TITLE: Adm. Assistant

PHONE: 214 696-1644

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

No

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

CA, OR, UT, NM, TX, KS, LA, IL, IN, OH, KY, VA, PA, NJ

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

SC

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

None

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

None

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

None

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL	[ x ]
LONG DISTANCE	[ x ]
COIN	[ x ]
CALLING CARD	[ x ]
CREDIT CARD	[ x ]
OTHER, DESCRIBE	[ x ]

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 5

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

PERSONALLY	[ ]
FULL-TIME TECHNICIAN	[ ]
PART-TIME TECHNICIAN	[ ]
SERVICE/REPAIR/MAINTENANCE CONTRACT	[ x ]
OTHER, DESCRIBE	[ ]

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

Yes

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14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)

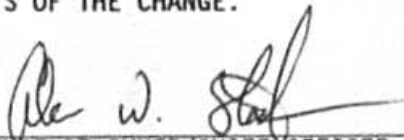
Yes

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I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO s. 837.06, FLORIDA STATUTE, WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.



\_\_\_\_\_  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE:

8/29/96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Cinemark USA, INC.

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature Della Meadows *Della Meadows*

Title Pay Phone Administrator

Date 8/29/96

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.



# State of Florida

The seal of the State of Florida, featuring a central figure holding a scale and a sword, surrounded by a wreath and the words "THE GREAT SEAL OF THE STATE OF FLORIDA".

## Department of State

I certify from the records of this office that CINEMARK USA, INC., is a corporation organized under the laws of Texas, authorized to transact business in the State of Florida, qualified on June 12, 1989.

The document number of this corporation is P24771.

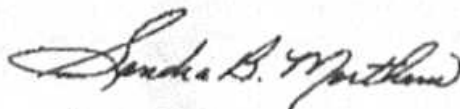
I further certify that said corporation has paid all fees and penalties due this office through December 31, 1996, that its most recent annual report was filed on July 3, 1996, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capitol, this the  
Twenty-seventh day of August, 1996



CR2EO22 (2-95)

A handwritten signature in cursive script, reading "Sandra B. Northam".

Sandra B. Northam  
Secretary of State