THE CK M PANY CO DESCRIPTION OF FAX: (302) 575-1346

June 2, 1995

Corporate Records Bureau Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Lucero Service Company, Inc.

Dear Sir or Madam:

Enclosed please find:

-Application for Authority

-Certificate of Good Standing

-payment of \$70.00

Please file and return all related correspondence to my attention at the address listed above.

Please feel free to contact me directly at 1-302-575-0440, with questions regarding the enclosed application.

Sincerely,

Susan P. Rosenthal

Corporate Service Representative

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enc.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | LUCERO SERVICI | E COMPANY INC | ÅTE | D", "COMPANY", "CORPORATION" or words that it is a corporation instead of a natural p | - |
|----------------------|--|--|-------------|--|----------------------|
| • | or partnership if not so contained in | ape as will clearly indiction on the name at present.) | cate ' | that it is a corporation instead of a natural p | erson |
| 2. | OKLAHOMA | | _ | 72.1/60050 | |
| -(: | State or country under the law of w | nich it is incorporated) | 3 . | 73-1469859 (FEI number, if applicable) | |
| 4. | 9-20-85 | F. | | Perpetual : Year corp. will cease to exist or "perpetual" | |
| •• | (Date of Incorporation) | 5(Dura | tion: | : Year corn, will case to exist or to account | <u>,</u> |
| R | 4-1-05 | | | | 95 _{JUH} 13 |
| <u> </u> | Date first transacted business in Fig | rida. (See sections 607.15 | 01. 60 | 07.1502 and 817.155 E.C.) | |
| 7. | 120 Redrock Co | 11 130 fr | , | | |
| • | | | | | PN 12: 40 |
| | Folsom, CA 95 | 630 | | | <u></u> |
| | (Current | mailing address) | | | Ö |
| _ | To Contract wi | th Theater Co | mpa | anies, Subcontractors and | |
| 8 | To perform Jan | itorial Servi | es | for Theaters. | |
| | the posets of corporation authori | zed in home state or c | ount | anies, Subcontractors and for Theaters. by to be carried out in the state of Florida) | |
| 9. | | | | | |
| • | Name and street address | ot Florida register | rea | agent: | |
| | Name: | Larry Wolfe | | | |
| | Office Address: | 200 A John Knox | Rd. | | |
| | Tallah | assee | | , Florida , ³²³⁰⁴ | |
| | | | | (Zip Code) | |
| 10. | Registered agent's accep | A | | | |
| IJa, | ving been named a accep | tance: | | | |
| CON | ong been named as registere | ed agent and to ac | cepi | t service of process for the above st | tated |
| | | | | | |
| of a | Il statutes relative to the pro | t III viis capacity | i iur | formal agree to comply with the provis | sions |
| witi | and accept the obligations of | of my position as re | egis | itered agent. | niliar |
| | See At | tached | | | |
| | (Rec | istered agent's signat. | re) | | |
| | | | | | |
| 11. deliv havi | Attached is a certificate of every of this application to the English custody of corporate records | existence duly aut | hen | Signatural and and a second | • |

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICLE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON PROCESS MAY BE SERVED.

In compliance with Section 607.1507, Florida Statutes, the following is submitted:

| First, this | Lucero Service Company, I | VC. | |
|------------------------------|--|----------|----------------------------------|
| desiring to organize under | the laws of the state of Florida with its principal place of | nf | |
| business located in the city | | 95, | 25.55 23.55 23.55 23.55 |
| Florida, has named Larry | Wolfe located at 200 - A John Knox Road, Tallahassee | 武 | |
| | r service of process within Florida. | 3 | 2500 S |
| Having been name | d to accept service of process for the above stated | 0 th 5 | |

corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Larry Wolfe

Date

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| on | |
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| venue | |
| | only- P. O. Box NOT acceptable) |

