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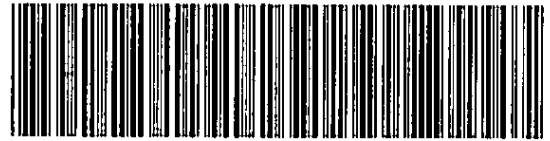
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: B&B Theatres Operating Company, Inc.
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Rayburn, Esq.
Name of Contact Person
MDP Services LLC
Firm/Company
7400 W 110th Street, Suite 600
Address
Overland Park, KS 66210
City/State and Zip Code

robert@mdpservicesllc.com

E-mail address: (to be used for future annual report notification) _____

For further information concerning this matter, please call:

Robert Rayburn _____ at (816) 215-5567
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

