20	04 FOR PROF ANNUAL=F	TT CORPOR		FILED Feb 06, 2004 8:00 am
DOCUMENT # F0300000129 1. Entity Name SODAK GAMING, INC.				Secretary of State 02-06-2004 90009 025 ***150.00
Principal Place of Business 5301 S. HIGHWAY 16 RAPID CITY SD 57701		Mailing Address PO BOX 3297 RAPID CITY SD 57709	9	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State	9	City & State		4. FEI Number 46-0407053 Applied For Not Applica
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired Status Desired Fee Required
	6. Name and Address of Curren	nt Registered Agent	Name	7. Name and Address of New Registered Agent
1200	CORPORATION SYSTEM 0 SOUTH PINE ISLAND R NTATION FL 33324	DAD	Street A	Address (P.O. Box Number is Not Acceptable)
the obligati	named entity submits this statement ions of registered agent. Signature. typed or printed name of registered age			FL Zip Code or registered agent, or both, in the State of Florida. I am familiar with, and acce ture required when reinstating) DATE
	r May 1, 2004 Fee will be \$550.0 c Payable to Florida Department			9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees
Ο. πε	OFFICERS AN		11. TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
AME	BAKER, G. THOMAS 9295 PROTOTYPE DRIVE RENO NV 89521		NAME STREET ADDRESS CITY-ST-ZIP	
TLE Ame Ireet address TY-ST-ZIP	D BROWN, SARA BETH 9295 PROTOTYPE DRIVE RENO NV 89521	X Delete	TITLE NAME Street Address City-St-Zip	Change Addi
TLE Ame Freet Address Ty - St- ZIP	P GENTER, ROLAND W	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ⊠ Change □ Add Gentner, Roland W. 5301 S. Highway 16 Rapid Cify, SD 57701
tle Ame Ireet address TY-st-zip	VST DIEDRICH, MICHAEL G 5301 S. HIGHWAY 16 RAPID CITY SD 57701	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add
tle Ame Treet address Ty-st-zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add
TLE AME TREET ADDRESS ITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	Change Add
indicated	I on this report/or supplemental report poration or the receiver or trustage en , or on an attachment with an addres	t is true and accurate and that	rmy signature shall h rt as required by Cha d. Roland 1	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath: that I am an officer or direct hapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 W. Genther 1/23/2004 (605)341-546