FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

AMENDED

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004512(8)
1. Corporation Name

Sigma Game, Inc.

Principal Place of Business	Mailing Address
7160 S. Amigo Street Las Vegas, NV 89119	7160 S. Amigo Street Las Vegas, NV 89119

3. Date Incorporated or Qualified	3a. Date of Last Report
09/15/95	02/14/97

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	00-0197678	Not Applicable

Suite, Apt. #. etc.	Suite, Apt. #. etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		

City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		

Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
24	25	29	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City ___ **FL** ___ 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ___

Signature typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	☒ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	Takeshi Kurata		1.2 NAME	James P. Jackson	
STREET ADDRESS	6922 Emerald Springs		1.3 STREET ADDRESS	60 Falcon Drive	
CITY-ST-ZIP	Las Vegas, NV 89113		1.4 CITY-ST-ZIP	Hawthorn, IL 60047	
TITLE	Secretary, Treasurer, Director	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Katsuki Manabe		2.2 NAME		
STREET ADDRESS	32-3, Seijo 9-chome		2.3 STREET ADDRESS		
CITY-ST-ZIP	Setagaya-ku, Tokyo, Japan		2.4 CITY-ST-ZIP		
TITLE	Director	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Keiko Manabe		3.2 NAME		
STREET ADDRESS	32-3, Seijo 9-chome		3.3 STREET ADDRESS		
CITY-ST-ZIP	Setagaya-ku, Tokyo, Japan		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

600002235116---1
-07/10/97--01062--024
*****61.25 *****61.25

SP 7/6/97

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: ___   (702) 260-3100