

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F95000004512**

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

06-20-2000 90007 005 \*\*\*150.00  
 08-15-2000 90018 010 \*\*\*400.00

1. Entity Name

**Sigma Game, Inc.**

Principal Place of Business

**7160 S. Amigo Street  
 Las Vegas, NV 89119**

Mailing Address

**7160 S. Amigo Street  
 Las Vegas, NV 89119**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**88-0197678**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT Corporation System  
 1200 South Pine Island Road  
 Plantation, FL 33324**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**AFTER MAY 15, 2000 Fee will be \$350.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>President/CEO</b>	<input type="checkbox"/> Delete
NAME	<b>James P. Jackson</b>	
STREET ADDRESS	<b>2171 Wilbanks Circle</b>	
CITY-ST-ZIP	<b>Henderson, NV 89012</b>	
TITLE	<b>Secretary/Treasurer/Director</b>	<input type="checkbox"/> Delete
NAME	<b>Katsuki Manabe</b>	
STREET ADDRESS	<b>32-3, Seijo 9-chome</b>	
CITY-ST-ZIP	<b>Setagaya-ku, Tokyo, Japan</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Delete
NAME	<b>Keiko Manabe</b>	
STREET ADDRESS	<b>32-3, Seijo 9-chome</b>	
CITY-ST-ZIP	<b>Setagaya-ku, Tokyo, Japan</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with or other firm empowered.

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/00

Date

(702) 260-3100

Daytime Phone #

CR2E034 (9/99)