

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90032 019 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F95000004512**

1. Entity Name
 Sigma Game, Inc.

DO NOT WRITE IN THIS SPACE

425282

2. Principal Place of Business
 7160 S. Amigo Street

3. Mailing Address
 7160 S. Amigo Street

DO NOT WRITE IN THIS SPACE

City & State
 Las Vegas, NV

City & State
 Las Vegas, NV

4. FEI Number
 88-0197678

Applied For
 Not Applicable

Zip
 89119

Country
 US

Zip
 89119

Country
 US

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

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
 CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
 1200 South Pine Island Road

City
 Plantation **FL** Zip Code
 33324

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

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

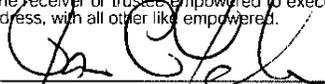
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, CEO James P. Jackson 2171 Wilbanks Circle Henderson, NV 89012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Treasurer, Director Katsuki Manabe 9-32-3, Seijo, Setagaya-ku Tokyo, Japan 150	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Keiko Manabe 9-32-3, Seijo, Setagaya-ku Tokyo, Japan 150	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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13. I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  2/15/02 (702) 260-3100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 James P. Jackson

CR2E034B (12/01)