

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F95000004512  
1. Entity Name  
SIGMA GAME, INC.



Principal Place of Business      Mailing Address  
7160 SOUTH AMIGO STREET      7160 SOUTH AMIGO STREET  
LAS VEGAS, NE 89119 US      LAS VEGAS, NE 89119 US

**DO NOT WRITE IN THIS SPACE**



01202004    No Chg-P    CR2E034 (10/03)

4. FEI Number 88-0197678	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

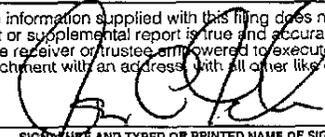
9. Election Campaign Financing  
Trust Fund Contribution.        **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO JACKSON, JAMES J 2171 WILBANKS CIRCLE HENDERSON, NV 89012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MANABE, KATSUKI 9-32-3 SEIJO, SETAGAYA-KU TOKYO, JP 150
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANABE, KEIKO 32-3 SEIJO, 9-CHOME, SETAGAYA-KU TOYKO JAPAN,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000036357  
02/06/04-80052-015 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:       1/22/04      (702) 260-3100

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #