

INTERNET GAMING DISCLOSURE STATEMENT

Filing Period: Initial Quarterly

Name of person completing this form:

Michael Reaves

Name and address of entity or person on whose behalf this form is being filed:

Mobile Gaming Technologies, Inc.
d/b/a CashBet
405 14th Street
Suite 800
Oakland, CA 94612

Principal business or occupation of entity or person on whose behalf this form is being filed:

MGT is a real-money gaming platform built for social and mobile game developers

Status of entity or person on whose behalf this form is being filed:

License Holder Applicant

The entity or person on whose behalf this form is being filed is a holder of or applicant for:

- Casino License
- Casino Service Industry Enterprise License
- Vendor Registration
- Permit
- Casino Key Employee License
- Casino Employee Registration
- Qualifer
- Other (Please specify)

SCHEDULE A

For an *initial* filing, all information disclosed must date from July 1, 2009 through the date of the initial filing. All subsequent filings must disclose quarterly information.

Please refer to paragraph 6 of the Instructions in completing this Schedule.

Name of the person, entity or firm to whom any payment, remuneration, benefit or thing of value for professional services was made	Amount of value of such payment(s), remuneration, benefit or thing of value	Date such payment(s), remuneration, benefit or thing of value was made	Reason or purpose for the procurement of professional services
Ifrah PLLC	\$15,000	Oct. 7, 2013	Legal services for application

Princeton Public Affairs Group

- \$5,000
- \$5,000

- Oct. 2, 2013
- Jan. 27, 2014

Government affairs

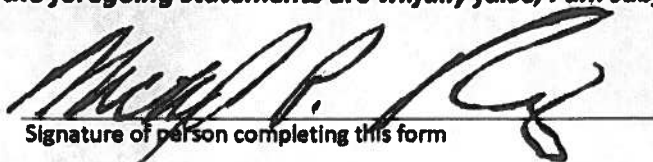
SCHEDULE B

For an initial filing, all information disclosed must date from July 1, 2009 through the date of the initial filing. All subsequent filings must disclose quarterly information.

Please refer to paragraph 6 of the Instructions in completing this Schedule.

Name of the person, entity or firm (offering professional services with regard to Internet gaming) from whom any payment, remuneration, benefit or thing of value was received	Amount of value of such payment(s), remuneration, benefit or thing of value	Date such payment(s), remuneration, benefit or thing of value was made	Reason or purpose such payment(s), remuneration, benefit or thing of value was received
Not Applicable	N/A	N/A	N/A

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are wilfully false, I am subject to punishment.


Signature of person completing this form

JAN. 29, 2014
Date

Print Form

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