

INTERNET GAMING DISCLOSURE STATEMENT

Filing Period: Initial Quarterly

Name of person completing this form:

Michael Gentile

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

Fuse Media Corp

RECEIVED
2014 FEB 19 A 8:27
GAMING ENFORCEMENT

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

Poker news, information and entertainment

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
No covered expenditures have been made			

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.

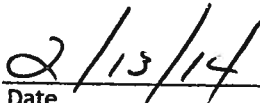
Please refer to paragraph 6 of the Instructions in completing this Schedule.

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
No covered payments were received			

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



Date

Print Form

Save Form