

INTERNET GAMING DISCLOSURE STATEMENT

Filing Period: Initial Quarterly

Name of person completing this form:

Dinesh Boaz

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

Sweet Sounds Inc.
594 Broadway, suite 908
NY, NY 10012

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

Recording Studio

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
- Qualifier
- Other (Please specify)

RECEIVED
2015 FEB -9 P 1:37
GAMING ENFORCEMENT

SCHEDULE A

For an initial filing, all information disclosed must date from July 1, 2009 through the date of the initial filing. A 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
<i>Not Applicable</i> Sweet's and Smith	<i>Not Applicable</i>		Voice recording <i>Not Applicable</i>

SCHEDULE B

For an *initial* filing, all information disclosed must date from July 1, 2009 through the date of the initial filing. A 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
<i>Not Applicable</i> Sweetson's Inc.	<i>Not Applicable</i>		Voice Recording <i>Not Applicable</i>

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.

Name of person certifying this form

Dinesh Bove

Title

Owner

Date

1/16/15

SUBMIT FORM

Save Form

Print Form