

PROOF OF SUPPLEMENTAL CLAIM FORM

If you bought stock in **AMERICAN ATM CORPORATION**. [TRADING SYMBOL: AATM or AATME] and/or **CYBERGAMES, INC., f/k/a Professional Sports Holdings, Inc.** [TRADING SYMBOL: CYGA or PSHG], you may be eligible to receive compensation for some portion of your losses. Please complete and return this form as directed to the address indicated below by the **CLAIMS BAR DATE** of **July 17, 2011**.

Re: SECURITIES AND EXCHANGE COMMISSION,

v.

**ENTERPRISES SOLUTIONS, INC.
HERBERT S. CANNON
DR. JOHN A. SOLOMON,**

Defendants,

and

**ROWEN HOUSE, LTD.
MONTVILLE, LTD.,**

Relief Defendants

Case No. 00 civ 2685 (MGC)
Honorable Miriam Goldman Cedarbaum
United States District Court
Southern District of New York

To: Phillip S. Stenger, Receiver
Enterprises Solutions, Inc.
Stenger & Stenger, P.C.
4095 Embassy Drive, S.E.
Grand Rapids, MI 49546
Telephone: (616) 940-1190
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The purpose of this Proof of Supplemental Claim Form is to allow the Receiver to determine the particulars of any purchase(s) or sale(s) you may have made in the stock of AMERICAN ATM CORPORATION and/or CYBERGAMES, INC. f/k/a Professional Sports Holdings, Inc. in order to determine if you are eligible to receive partial compensation from a court-established Receivership for your losses. Additional information and filings may be requested in the future. Thank you.

INVESTOR NAME: _____

Soc. Sec./EIN: _____

Address: _____

Telephone No.: _____

Facsimile No.: _____

Email Address: _____

- Type: Individual Corporation General Partnership
 Limited Liability Company
 Limited Partnership Estate of a Decedent
 Guardian for ___ Minor or ___ Incompetent (mark one)
 Custodian Other _____ (explain)

Note: Proof of authority to act must be submitted as to an Entity. Name and address of the deceased, minor or incompetent must be submitted, as well as the name and address of the person completing this form, for Estate, Guardian, or Custodian claims, together with copies of currently effective authorizing documents.

Attorney Information (if applicable):

Name: _____

Firm Name: _____

Address _____

Telephone No.: _____

Facsimile No.: _____

Email Address: _____

**PLEASE COMPLETE A SEPARATE PROOF OF
SUPPLEMENTAL CLAIM FORM FOR EACH INVESTOR**

GUIDELINES FOR COMPLETING THIS FORM:

1. Attach *copies* of all records that support your Proof of Supplemental Claim Form, including, but not limited to, proof of payment (i.e. wire transfer confirmations, cancelled checks, bank statements), brokerage account statements and trade confirmations. Do not send original documents to the Receiver.
2. ***Initial each page of the documents you produce, including this form.***
3. If a particular item does not apply to you specifically, write "not applicable." If you do not know the answer to a particular item, write, "not known." ***Do not leave a question blank.***
4. You must certify the accuracy of the Proof of Supplemental Claim Form and sign it under penalties of perjury in the space provided on the final page. **If you are signing on behalf of an entity, you must provide the Receiver with documentation to show that you have the authority to make this claim on behalf of the entity and to bind the entity.**
5. Correspondence concerning your Proof of Supplemental Claim Form should be addressed to Stenger & Stenger, attorneys for the Receiver, at the address shown for the Receiver on the cover page to this Proof of Supplemental Claim Form. The firm of Stenger & Stenger is a law firm for the Receiver and cannot give you personal legal advice concerning your Proof of Supplemental Claim Form; such advice must come from *your own* attorney or other advisor. Likewise, information communicated by you to Stenger & Stenger is not confidential and will be utilized by the Receiver in administering the Receivership, including the resolution of any claim you may make against the Receivership. All such communications should be in writing.
6. This Proof of Supplemental Claim Form consists of nine (9) pages. If you did not receive all nine pages, please immediately notify Stenger & Stenger at the address shown on the cover page.
7. The Receiver reserves the right to request additional information from you.
8. In the event that any information provided in this Proof of Supplemental Claim Form, including your contact information, changes or becomes inaccurate or incomplete, **you are obligated to so advise the Receiver and revise and update your Proof of Supplemental Claim Form.** Failure to do so would make your Proof of Supplemental Claim Form inaccurate or misleading and could subject you to penalties.
9. The fact that you have received this Proof of Supplemental Claim Form from the Receiver, or that the Receiver accepts your return of that form, does not constitute a determination by the Receiver that you are in fact an eligible claimant to share in any distributions from the Receivership. Approval of claims and distributions, if any, are dependent upon the procedures established by, and orders of, the Court.
10. Please note that **the statements made by you in this Proof of Supplemental Claim Form are being submitted by you under penalty of perjury.** If you have any questions concerning how to complete this form, consult your own attorney or other independent advisor. ***The Receiver recommends that you secure such independent advice.***

Investment Information

1. a. I purchased stock in American ATM Corporation ("AATM") [trading symbol: AATM or AATME] as follows (add extra sheets if necessary):

Name Under Which Shares were Purchased	Purchase Date	Number of Shares Purchased	Purchase Price per Share	Total Dollar Amount Paid for Shares	Name of Brokerage Firm	Name of Brokerage Agent
TOTAL						

- b. I sold stock in American ATM Corporation ("AATM") [trading symbol: AATM or AATME] as follows (add extra sheets if necessary):

Name Under Which Shares were Sold	Sale Date	Number of Shares Sold	Sale Price per Share	Total Dollar Amount Received*	Name of Brokerage Firm	Name of Brokerage Agent
TOTAL						

PLEASE ATTACH PROOF OF THE ABOVE-MENTIONED TRANSACTIONS, INCLUDING (IF APPLICABLE) STOCK CERTIFICATES, ACCOUNT STATEMENTS, CANCELLED CHECKS, WIRE TRANSFER CONFIRMATIONS, BROKERAGE ACCOUNT STATEMENTS, TRADE CONFIRMATIONS OR ANY OTHER EVIDENCE.

* Gross, including commissions.

2. a. I purchased stock in Cybergames, Inc. f/k/a Professional Sports Holdings, Inc. ("CYGA") [trading symbol: CYGA or PSHG] as follows (add extra sheets if necessary):

Name Under Which Shares were Purchased	Purchase Date	Number of Shares Purchased	Purchase Price per Share	Total Dollar Amount Paid for Shares	Name of Brokerage Firm	Name of Brokerage Agent
TOTAL						

- b. I sold stock in Cybergames, Inc. f/k/a Professional Sports Holdings, Inc. ("CYGA"). [trading symbol: CYGA or PSHG] as follows (add extra sheets if necessary):

Name Under Which Shares were Sold	Sale Date	Number of Shares Sold	Sale Price per Share	Total Dollar Amount Received*	Name of Brokerage Firm	Name of Brokerage Agent
TOTAL						

PLEASE ATTACH PROOF OF THE ABOVE-MENTIONED TRANSACTIONS, INCLUDING (IF APPLICABLE) STOCK CERTIFICATES, ACCOUNT STATEMENTS, CANCELLED CHECKS, WIRE TRANSFER CONFIRMATIONS, BROKERAGE ACCOUNT STATEMENTS, TRADE CONFIRMATIONS OR ANY OTHER EVIDENCE.

* Gross, including commissions.

3. Please indicate the method of payment(s) you used on your purchase(s) of AATM and/or CYGA. stock:

- check cash wire transfer credit card other

ATTACH PROOF OF PAYMENT FOR YOUR PURCHASE(S), INCLUDING (IF APPLICABLE) CANCELLED CHECKS, BANK STATEMENTS, RECEIPTS, ETC.

4. a. If you sold any of your AATM and/or CYGA stock, please indicate the form of payment(s) you received for the sale:

- check cash wire transfer other

b. If you received payment by check, please indicate the payor on the check(s):

c. If payment was made in cash, please identify the person(s) who made the payment(s): _____

d. If payment was made via wire transfer, please indicate the account number(s) and name(s) on the account(s) from which the funds were transferred: _____

e. If other, please describe the form in which payment(s) were made to you and the name of the person who made the payment(s): _____

5. a. Have you ever received a payment of cash, stock or anything else from AATM, CYGA, Enterprises Solutions, Inc. ("ESI"), American Casinos International, Inc. ("ACII"), Herbert S. Cannon, John A. Solomon, Rowen House, Ltd. and/or Montville, Ltd.? Yes No

b. If so, please indicate the amount of each payment received and the form in which the payment was made (i.e., cash, check, wire transfer, additional stock, etc.)

Date Payment was Received	Amount of Payment	Form in which Payment was Made
TOTAL		

6. a. Do you still own stock in AATM and/or CYGA? Yes No
- b. If yes, please indicate how many shares you still own: _____
(Also, please attach copies of any documents confirming any current ownership of stock in AATM and/or CYGA).
7. a. Please identify the individual(s) or entity(ies) who informed you about the investment(s) and any relationship they may have had with AATM, CYGA, ESI, ACII, Herbert S. Cannon, John A. Solomon or any other person affiliated, directly or indirectly, with any of these persons or entities: _____

- b. If the individual(s) worked for a company other than AATM, CYGA, ESI or ACII, please indicate the name of the company and their position with that company: _____

- c. If the individual(s) worked for Global Financial Group, Inc. ("Global Financial"), please identify the person(s) and their position: _____

Investor Information

8. a. Did you recommend this investment to any other individual(s) or entity(ies) who may have invested? Yes No
- b. Did the person(s) or entity(ies) ultimately purchase the stock? Yes No
- c. If the person(s) or entity(ies) purchased the stock, please provide the person(s) or entity(ies)' current name, address and phone number: _____

- d. Did you receive any form of compensation, including finders fees, stock, gifts or other benefits, for recommending other individuals to invest? Yes No
- e. If Yes, what was the total dollar value of any compensation you received? _____

- f. In what form did you receive your compensation? _____

9. If you are an entity other than a natural person (e.g., a corporation, general or limited partnership, limited liability company, trust etc.), please list the officers, directors, managing partners, managers, beneficial owners, consultants, attorneys, promoters, agents and controlling persons of the entity and provide their current addresses:

Name	Position	Address

If the stock was purchased and/or sold by an entity other than a natural person, and you plan to assert a claim on behalf of that entity, please provide documentation to show your authority to make this claim on behalf of the entity.

10. a. Are you or any of your entity's beneficial owners related to or affiliated with any past or present owner, officer, director, employee, consultant, attorney, promoter or agent of AATM, CYGA, and/or ESI? Yes No
- b. If Yes, to whom are you related or affiliated, and what is that person's past or present position with AATM, CYGA, and/or ESI?

- c. Are you or any of your entity's beneficial owners related to or affiliated with any past or present owner, officer, employee, consultant, attorney, promoter or agent of Global Financial Group, Inc.? Yes No
- d. If Yes, to whom are you related or affiliated, and what is that person's past or present position with Global Financial Group, Inc.?

- e. Are you or any of your entity's beneficial owners directly or indirectly related to or affiliated with Herbert S. Cannon or any business or entity associated, directly or indirectly, with Cannon? Yes No
- f. If Yes, what is your relationship to Herbert S. Cannon or the related business or entity?

- g. Are you or any of your entity's beneficial owners directly or indirectly related to or affiliated with John A. Solomon? Yes No
- h. If Yes, what is your relationship to John A. Solomon? _____

- i. Are you or any of your entity's beneficial owners related to or affiliated with any past or present owner, officer, director, manager, employee, consultant, attorney, promoter or agent of Rowen House, Ltd or Montville, Ltd.? Yes No
- j. If Yes, to whom are you related or affiliated, and what is that person's past or present position with Rowen House, Ltd or Montville, Ltd? _____

(Attach Additional Pages if Necessary)

By Signing Below, I Hereby Make the Following Acknowledgements and Certifications:

- I certify, under penalty of perjury, that my answers on this Proof of Supplemental Claim Form are true, correct and accurate; and
- I will supplement this Proof of Supplemental Claim Form if any information given herein later becomes, or is determined to be, inaccurate or incomplete.

Dated: _____

Signature: _____

Print Name: _____

Reminder Checklist:

- Remember to attach supporting documentation, including the following: proof of payment for each transaction; brokerage account statements; trade confirmations; and any other documents reflecting your transactions involving the stock of AATM and/or CYGA.
- Initial each page of this Proof of Supplemental Claim Form and each page of your supporting documentation.
- If your contact information changes, please send us your updated address and telephone number.