

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P00000035720  
 1. Entity Name  
 ZION OIL & GAS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6510 ABRAMS RD. Suite, Apt. #, etc. SUITE 300	3. Mailing Address 6510 ABRAMS RD. Suite, Apt. #, etc. SUITE 300
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City & State DALLAS TX	City & State DALLAS TX	Zip 75231	Country U.S.
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DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2229905	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ROBERT LEFF	
Street Address (P.O. Box Number is Not Acceptable)	
1426 AMANDA ST.	
City HOLLYWOOD	FL Zip Code 33020

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.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE	P/T GENE SOLTERO 6510 ABRAMS RD., SUITE 300 DALLAS, TX 75231	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	S PHILIP MANDELKER 124, IBN GUIROL ST. TEL-AVIV 62038 ISRAEL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	V GLEN PERRY 253 A DIZENGOFF ST. # 18 TEL-AVIV 03117 ISRAEL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D JOHN BROWN 3710 ELIZABETH LAKE RD WATERFORD, MI 48328	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: John M. Brown Date: 4/25/02 Daytime Phone #: 248-738-7774  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)