2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: .

Mar 29, 2002 8:00 am Secretary of State P01000010657 **DOCUMENT #** 1. Entity Name 02-20-2002 90103 045 ***150.00 EQUINOX OIL, INC. Principal Place of Business Mailing Address C/O RICHARD C. SMITH C/D RICHARD C. SMITH 201 SOUTH BISCAYNE BLVD SUITE 2400 201 SOUTH BISCAYNE BLVD SUITE 2400 MIAMI FL 33131 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH BISCAYNE BLVD SUITE 2400 MIAMI FL 33131 City Zip Code 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, typed or printed name of registered agent and size if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete TITLE ☐ Change ☐ Addition TITLE CR2E034 (9/01 SMITH, RICHARD C NAME NAME 201 SOUTH BISCAYNE BLVD SUITE 2400 STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Change ☐ Dalete TITLE Mohammed Asibelua NAME NAME 12/14 Reaves Mews, Flat II, Park Mount Lodge STREET ADDRESS STREET ADDRESS London WIY 3PB U.K CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ากร ☐ Delete 71TI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

30/02

FILED