

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90536 002 ***150.00

0663745 FP

DOCUMENT # P98000108205

1. Entity Name
INTEROIL, INC.



Principal Place of Business
**19448 NE 26 AVENUE
SUITE #73
MIAMI FL 33180**

Mailing Address
**19448 NE 26 AVENUE
SUITE #73
MIAMI FL 33180**



2. Principal Place of Business
19035 ATLANTIC BLVD.

3. Mailing Address
19035 ATLANTIC BLVD.

Suite, Apt. #, etc.
SOUTH

Suite, Apt. #, etc.
SOUTH

CHECK HERE IF MAKING CHANGES

City & State
Sunny ISLES BEACH, FL.

City & State
Sunny ISLE BEACH FL.

4. FEI Number **65-0979408**

Applied For
 Not Applicable

Zip **33160**

Country **USA**

Zip **33160**

Country **U.S.A.**

5. Certificate of Status Desired **\$8.75 Additional Fee-Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRESKUNOV, ANNA
19448 NE 26 AVENUE #73
MIAMI FL 33180**

Name **NATALIYA BALTAZAR**

Street Address (P.O. Box Number is Not Acceptable)

19035 ATLANTIC BLVD # SOUTH

Sunny ISLE BEACH FL Zip Code **33160**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

4-24-03

Signature, typed or printed name of registered agent, and date, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **NEYMAN, SEMYON**
STREET ADDRESS **19488 NE 26 AVENUE SUITE 73**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33180**

TITLE **PR.** Change Addition
NAME **VLADIMIR BALTAZAR**
STREET ADDRESS **19035 ATLANTIC BLVD. # SOUTH**
CITY-ST-ZIP **Sunny ISLE BEACH, FL 33160**

TITLE **VST** Delete
NAME **TRESKUNOV, SIMON**
STREET ADDRESS **19488 NE 26 AVENUE SUITE 73**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33180**

TITLE **V.P.** Change Addition
NAME **ASHARON BALTAZAR.**
STREET ADDRESS **19035 ATLANTIC BLVD. # SOUTH**
CITY-ST-ZIP **Sunny ISLE BEACH, FL 33160**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-24-03-305-401-6116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E03A (10/02)