

**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 fee, 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  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  Change  Addition  
NAME **V.P. 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  
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STREET ADDRESS  
CITY-ST-ZIP

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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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E03A (10/02)