

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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90104 035 ***150.00

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1. Entity Name
CIRQUE DU SOLEIL HOLDING USA, INC.



Principal Place of Business
**3300 LAS VEGAS BLVD. SOUTH
LAS VEGAS NV 89109**

Mailing Address
**8400 2ND AVE
MONTREAL QUEBEC CA H1Z- 4M6**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
980 KELLY JOHNSON DR.

Suite, Apt. #, etc.

City & State
LAS VEGAS NV

City & State

4. FEI Number **88-0355679**

Applied For
Not Applicable

Zip
89119

Country
USA

Zip

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LALONDE, LUCIE-CLAUDE
1478 EAST BUENA VISTA DR.
LAKE BUENA VISTA FL 32830**

Name **ROBERT BLAIN**

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

1478 EAST BUENA VISTA DR.

City **LAKE BUENA VISTA FL** Zip Code **32830**

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 *Robert Blain* **ROBERT BLAIN, CPO** **APRIL 8, 2003**
Signature, typed or printed name of registered agent and title 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 Delete
NAME **PCD LALIBERTE, GUY**
STREET ADDRESS **8400 2ND AVENUE**
CITY-ST-ZIP **MONTREAL QUEBEC, CANADA**

TITLE Change Addition
NAME **V-P FINANCE**
STREET ADDRESS **JEAN-LUC DESCHAMPS**
CITY-ST-ZIP **8400 2nd AVENUE**
MONTREAL QUEBEC, CANADA H1Z 4M6

TITLE Delete
NAME **S PARENTEAU, LOUIS**
STREET ADDRESS **8400 2ND AVENUE**
CITY-ST-ZIP **MONTREAL, CANADA**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **T BLAIN, ROBERT**
STREET ADDRESS **8400 2ND AVENUE**
CITY-ST-ZIP **MONTREAL, CANADA**

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
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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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: *Robert Blain* **ROBERT BLAIN** **APRIL 8/03** **514-722-2324**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)