

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

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90035 008 ***150.00

DOCUMENT # **F01000006099**
1. Entity Name
CIRQUE DU SOLEIL HOLDING, USA, INC.

DO NOT WRITE IN THIS SPACE

851442

2. Principal Place of Business 3600 LAS VEGAS BLVD.S. Suite, Apt. #, etc. LAS VEGAS NV City & State 89109 USA Zip Country		3. Mailing Address 8400 2ND AVENUE Suite, Apt. #, etc. MONTREAL, QUEBEC City & State H1Z 4M6 CANADA Zip Country	
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4. FEI Number 88-0355679	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LUCIE-CLAUDE LALONDE
Street Address (P.O. Box Number is Not Acceptable) 1478 EAST BUENA VISTA DRIVE
LAKE BUENA VISTA
City ORLANDO 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.

SIGNATURE  **APRIL 19, 2002**
Signature, type 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. (See criteria on back) <input checked="" type="checkbox"/>	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 NAME STREET ADDRESS CITY-ST-ZIP	CEO LALIBERTE, GUY 8400 2ND AVENUE MONTREAL, CANADA H1Z 4M6	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & SEC. LALONDE, LUCIE-CLAUDE 8400 2ND AVENUE MONTREAL, CANADA H1Z 4M6	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BLAIN, ROBERT 8400 2ND AVENUE MONTREAL, CANADA H1Z 4M6	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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:  **LUCIE-CLAUDE LALONDE** **APR 19/02** **514-723-7646**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034B (12/01)