


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90042 028 \*\*\*150.00

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

Principal Place of Business 3300 LAS VEGAS BLVD., SOUTH 980 KELLY JOHNSON DR. LAS VEGAS, NV 89119	Mailing Address 8400 2ND AVE MONTREAL, QUEBEC, CA h12-4m6
--	---



03112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 88-0355679	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
---

**6. Name and Address of Current Registered Agent**

BLAIN, ROBERT  
1478 EAST BUENA VISTA DR.  
LAKE BUENA VISTA, FL 32830

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LALIBERTE, GUY 8400 2ND AVENUE MONTREAL QUEBEC, CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLAIN, ROBERT 8400 2ND AVENUE MONTREAL, CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DESCHAMPS, JEAN -lvc 8400 2ND AVENUE MOTREAL QUEBEC, CA h12 4m6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 3/11/04 514-722-2324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #