

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90057 026 ***150.00

DOCUMENT # F96000003812

1. Corporation Name

CIRQUE DU SOLEIL ORLANDO, INC.

Principal Place of Business

3300 LAS VEGAS BLVD S
LAS VEGAS NV 89109

Mailing Address

8400 2ND AVE
MONTREAL QU ~~HT 48~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1996

4. FEI Number

86-0849733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 1217 NOTRE-DAME EAST

Suite, Apt. #, etc.

27 City & State

28 MONTREAL, QUEBEC

Zip

29 H2L 2R3

Country

30 CANADA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
ATTN PATRICIA PIAZZUTO
TALLAHASSEE FL 32301-2525

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCP ☐ DELETE

NAME GAUTHIER, DANIEL
STREET ADDRESS 3300 LAS VEGAS BLVD S
CITY-ST-ZIP LAS VEGAS NV 89109

TITLE DP ☐ DELETE

NAME LALIBERTE, GUY
STREET ADDRESS 3300 LAS VEGAS BLVD S
CITY-ST-ZIP LAS VEGAS NV 89109

TITLE V ☐ DELETE

NAME BLAIN, ROBERT
STREET ADDRESS 3300 LAS VEGAS BLVD S
CITY-ST-ZIP LAS VEGAS NV 89109

TITLE SV ☐ DELETE

NAME PARENTEAU, LOUIS
STREET ADDRESS 3300 LAS VEGAS BLVD S
CITY-ST-ZIP LAS VEGAS NV 89109

TITLE V ☐ DELETE

NAME MARC GAGNON
STREET ADDRESS 3300 LAS VEGAS BLVD S
CITY-ST-ZIP LAS VEGAS NV 89109

TITLE V ☐ DELETE

NAME JEAN DAVID
STREET ADDRESS 3300 LAS VEGAS BLVD S
CITY-ST-ZIP LAS VEGAS NV 89109

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP CREATION ☐ Change ☒ Addition

1.2 NAME LYN HEWARD
1.3 STREET ADDRESS 3300 LAS VEGAS BLVD S
1.4 CITY-ST-ZIP LAS VEGAS NV 89109

2.1 TITLE GENERAL MANAGER ☐ Change ☒ Addition

2.2 NAME JACQUES MAROIS
2.3 STREET ADDRESS 3300 LAS VEGAS BLVD S
2.4 CITY-ST-ZIP LAS VEGAS NV 89109

3.1 TITLE VP PLANNING & DEVELOPMENT ☐ Change ☒ Addition

3.2 NAME GAETAN MORENCY
3.3 STREET ADDRESS 3300 LAS VEGAS BLVD S
3.4 CITY-ST-ZIP LAS VEGAS NV 89109

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

99/04/26 (514) 522-2324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)