


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-25-2004 90042 029 ***150.00

DOCUMENT # F96000003812					
1. Entity Name CIRQUE DU SOLEIL ORLANDO, INC.					
Principal Place of Business 980 KELLY JOHNSON DR. LAS VEGAS, NV 89119			Mailing Address 1217 NOTRE DAME EAST MONTREAL, PQ h2l-2r3 CA		
2. Principal Place of Business		3. Mailing Address 8400 2ND AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. c/o Legal Affairs			
City & State		City & State MONTREAL QUEBEC		4. FEI Number 86-0849733	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip H1Z 4M6		Country CANADA		03112004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLAIN, ROBERT 1478 EAST BUENA VISTA DR. LAKE BUENA VISTA ORLANDO, FL 32830			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LALIBERTE, GUY 8400 2ND AVE. MONTREAL, PQ, CA h1z 4m6	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P LEGAL AFFAIRS/SECRETARY FRANCOIS MACEROLA 8400 2ND AVE. MONTREAL QC, CA H1Z 4M6	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* CFD BLAIN, ROBERT 8400 2ND AVE. MONTREAL, PQ, CA h1z 4m6	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P FINANCES JEAN-LUC DESCHAMPS 8400 2ND AVE. MONTREAL, QC, CA H1Z 4M6	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO HEWARD, LYN 8400 2ND AVE. MONTREAL, QC, CA h1z 4m6	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM D'AMICO, MARIO 8400 2ND AVE. MONTREAL, QC h12 4m6	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TISSIER, CLAUDE 8400 2ND AVE. MONTREAL, QC, CA h1z 4m6	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>FRANCOIS MACEROLA</u>			3/12/04 514-722-2324		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		