

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90096 018 ***150.00

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1. Entity Name
CIRQUE DU SOLEIL ORLANDO, INC.



Principal Place of Business
3600 LAS VEGAS BLVD S
LAS VEGAS NV 89109

Mailing Address
1217 NOTRE DAME EAST
MONTREAL PQ H2L 2R3
CA

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

Zip

89119

Country

USA

Zip

Country

4. FEI Number

86-0849733

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

LALONDE, LUCIE-CLAUDE
1478 EAST BUENA VISTA DRIVE
LAKE BUENA VISTA
ORLANDO FL 32830

7. Name and Address of New Registered Agent

Name

ROBERT BLAIN

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

1478 EAST BUENA VISTA DRIVE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert Blain

ROBERT BLAIN, CFO

MARCH 28, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	LALIBERTE, GUY	
STREET ADDRESS	8400 2ND AVE.	
CITY-ST-ZIP	MONTREAL, PQ CA H1Z- 4M6	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLAIN, ROBERT	
STREET ADDRESS	8400 2ND AVE.	
CITY-ST-ZIP	MONTREAL, PQ CA H1Z- 4M6	
TITLE	COO	<input type="checkbox"/> Delete
NAME	HEWARD, LYN	
STREET ADDRESS	8400 2ND AVE.	
CITY-ST-ZIP	MONTREAL, QC CA H1Z- 4M6	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	LALONDE, LUCIE-CLAUDE	
STREET ADDRESS	8400 2ND AVE.	
CITY-ST-ZIP	MONTREAL, QC CA H1Z- 4M6	
TITLE	GM	<input checked="" type="checkbox"/> Delete
NAME	RISKE, WILLIAM	
STREET ADDRESS	3600 LAS VEGAS BLVD S	
CITY-ST-ZIP	LAS VEGAS NV 89109	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TISSIER, CLAUDE	
STREET ADDRESS	8400 2ND AVE.	
CITY-ST-ZIP	MONTREAL, QC CA H1Z- 4M6	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Y-P MARKETING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIO D'AMICO	
STREET ADDRESS	8400 2nd AVENUE	
CITY-ST-ZIP	MONTREAL QC CANADA H1Z 4M6	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature Required

ROBERT BLAIN

514-722-2924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)