Permit Number: 505-0070
Folio/Parcel Identification Number: Prepared by: Maria McCabe
Buena Vista Construction Company

Return to: P.O. Box 10000, Lake Buena Vista, FL 32830

DOC # 20150631603 B: 11023 P: 5979

12/07/2015 11:21 AM Page 1 of 1

Rec Fee: \$10.00 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00

Martha O. Haynie, Comptroller

Orange County, FL Ret To: SIMPLIFILE LC

N	0	T	IC	E	OF	CON	۸N	ΛE	N	C	EN	MEN	IT
8.4	-			P Shore	- E		2981	7 S Sec.	8.4	400	Dog 7	B 2 years 3	70 K

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

Description of property (legal description of the property, and street address if available)
 EC Germany aviilon Glas & Porzellan Wall Bay, 1750 Avenue of the Stars, Bay Lake, FL 32830 JMEC6010

	EC Germany avilion Glas & Porzellan Wall Bay, 1750 A	Avenue of the Stars, Bay Lake, FL 32830 JIVIECOUTO
2.	General description of improvement Provide labor, material and/or electrical for construction	
2	Owner information or Lessee information if the Less	an contracted for the improvement
ა.	Name Walt Disney World Resort	ee contracted for the improvement
	Address P.O. Box 10000, Lake Buena Vista, FL 32830	
	Interest in Property	
	Name and address of fee simple titleholder (if differe	ant from Owner listed above)
	Name	int from Owner listed above/
	Address	
А.	Contractor	
7.	Name Buena Vista Construction Company	Telephone Number 407-934-6070
	Address P.O. Box 10000, Lake Buena Vista, FL 32830	
5	Surety (if applicable, a copy of the payment bond is atta-	
Ο.	Name	
	Address	Amount of Bond \$
A	Lender	
u.		Telephone Number
	Address	relephone (validos)
7	Persons within the State of Florida designated by O	wner upon whom notices or other documents may
٠.	be served as provided by §713.13(1)(a)7, Florida Sta	itutes.
	Name Dave Ellis, Mgr. Sourcing & Procurement	Telephone Number 407-828-3582
	Address P.O. Box 10000, Lake Buena Vista, FL 32830	
8.		the following to receive a copy of the Lienor's
u.	Notice as provided in §713.13(1)(b), Florida Statutes	ine tollowing to leach to a copy of the Element
	Name David Caesar, Construction Manager	Telephone Number 407-934-6070
	Address P.O. Box 10000, Lake Buena Vista, Florida 320	830
9.		piration date may not be before the completion of
Ο.	construction and final payment to the contractor, but will	I he 1 year from the date of recording unless a
	different date is specified)	t be I year from the date of recording diffees a
	unterent date is specified)	
AR RE	ARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFT RE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PA ESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PA ECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INS ITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WO	ART I, SECTION 713.13, FLORIDA STATUTES, AND CAN ROPERTY. A NOTICE OF COMMENCEMENT MUST BE SPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT
	nder penalty of perjury i declare that I have read the facts stated in it are true to the best of my knowledge a	nd belief.
		<u>Director</u>
Siç	gnature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/I	Director/Partner/Manager Signatory's Title/Office
Th	he foregoing instrument was acknowledged before me this	s day of Sep 15 by Tom Troffer
• •		month/year name of person
as	s Director / fo	Buena Vista Construction Company
3	Type of authority, e.g., officer, trustee, attorney in fact	Name of party on behalf of whom instrument was executed
S .,	MarsolleCae	Maria McCabe
5,0	Signature of Notary Public – State of Florida	Print, type, or stamp commissioned name of Notary Public
	Suggraphy of From y Labrid — Otale of Frontial	i that appear or occurring occurrence to the contract of the c

Personally Known X OR Produced ID Type of ID Produced



Permit Number: Folio/Parcel ID #: Prepared by: Return to: Abby Brandenburg 1365 AVENUE OF THE STARS/PO BOX 10321 LAKE BUENA VISTA, FL 32830	DOC # 20150633696 B: 11024 P: 2264 12/08/2015 09:27 AM Page 1 of 1 Rec Fee: \$10.00 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00 Martha O. Haynie, Comptroller Orange County, FL Ret To: CSC INC
NOTICE OF COMMENCEMENT	-
State of Florida, County of Orange	
The undersigned hereby gives notice that improvement will be n	
with Chapter 713, Florida Statutes, the following information is p	
 Description of property (legal description of the property, a 1600 AVENUE OF THE STARS, BAY LAKE, FL 	nd street address if available)
2. General description of improvement NORWAY ATTRACTION REHAB SHOWSET INSTALLATI	ON
3. Owner information or Lessee information if the Lessee c	
Name WALT DISNEY IMAGINEERING Address PO BOX 10321, LAKE BUENA VISTA, FL 32830-0	321
Interest in Property N/A	
Name and address of fee simple titleholder (if different from Name N/A	•
Address	
4. Contractor	
Name ADIRONDACK SCENIC, INC.	Telephone Number <u>407-342-2535</u>
Address 4173 CRUMP ROAD #16, LAKE HAMILTON, FL 3	
5. Surety (if applicable, a copy of the payment bond is attached	•
Name N/A	Telephone Number
Address6. Lender	Amount of Bond \$
Name N/A	Telephone Number
Address	
 Persons within the State of Florida designated by Owne be served as provided by §713.13(1)(a)7, Florida Statute Name RUSSELL STOKES 	
Address PO BOX 10321, LAKE BUENA VISTA, FL 32830-0	
8. In addition to himself or herself, Owner designates the f	following to receive a copy of the Lienor's
Notice as provided in §713.13(1)(b), Florida Statutes.	•
Name BETH DOUGHERTY - CONTRACT ACCOUNTING Address PO BOX 10321, LAKE BUENA VISTA, FL 32830-0	Telephone Number_407-560-3660
9. Expiration date of notice of commencement (the expiration	
construction and final payment to the contractor, but will be different date is specified)	
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER TI ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERCORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OUT OF THE PART	, SECTION 713.13, FLORIDA STATUTES, AND CAN ERTY. A NOTICE OF COMMENCEMENT MUST BE CTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT OR RECORDING YOUR NOTICE OF COMMENCEMENT.
facts stated in it are true to the best of my knowledge and b	
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Direct	tor/Partner/Manager Signatory's Title/Office
The foregoing instrument was acknowledged before me this $\overline{\mathcal{I}}$	day ofby <u>John C. Blitch</u> month/year name of person
	alt Disney Imagineering
	Name of party on behalf of whom instrument was executed
Condum Belline	Carolun Bellino
	Print, type, or stap p commissioned name of Notary Public
*	CAROLYN MARY BELLINO
Personally KnownOR Produced ID	NOTARY PUBLIC
Type of ID Produced	STATE OF FLORIDA

Form content revised: 9/26/11; format revised 9/18/12

NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF099835
Expires 7/5/2018

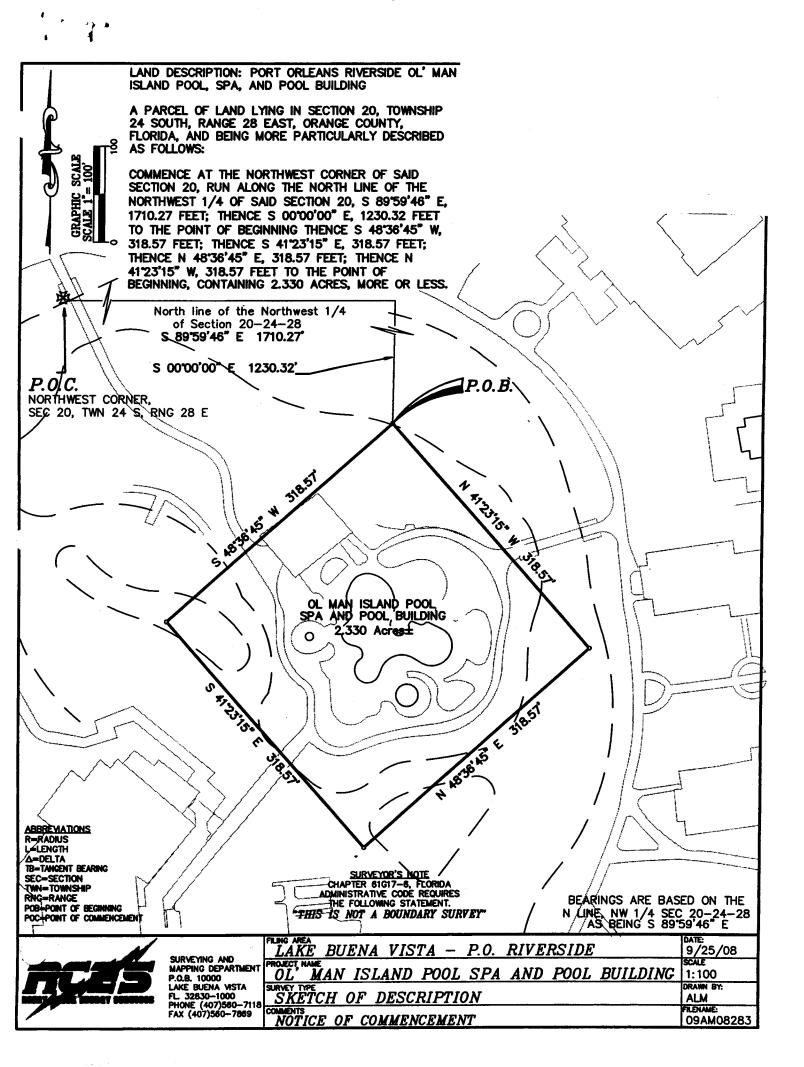
Fermit Number:
Folio/Parcel Identification Number:
Prepared by and Return to:
Walt Disney World Resort - FAM
Attn: Kent (Robert) Bradley
P.O. Box 10000
Lake Buena Vista, FL 32830-1000 39915,4040617,4040680,4040681

NOTICE OF COMMENCEMENT

State of	f Florida	ı, Count	y of (Orange
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The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713,

escription of property EE ATTACHED ieneral description of improvement OOL & FILTER RENOVATION where information of Lessee information if the Lessee contracted for the Improvement	favailable)
eneral description of improvement OOL & FILTER RENOVATION	
OOL & FILTER RENOVATION	
ame: Walt Disney World Resort	
ddress: P.O. Box 10000, Lake Buena Vista, FL 32830	
terest in Property: Owner	
ame & address of fee simple titleholder (if different from Owner liste	ted above)
ame:	
ddress:	
ontractor	
ame: Welbro Building Corp Telephone Number: 407-4	-475-0800
ddress: 2301 Maitland Center Parkway, Ste 25, Maitland, FL 32751	
urety (if applicable, a copy of the payment bond is	attached)
ame: Telephone Number:	
ddress: Amount of Bond \$	
ender	
Telephone Number	
ane.	
ddress: ersons within the State of Florida designated by Owner upon whom notices or other documents may be served	d as
rovided by Section 713.13(1)(b), Florida Statues.	. u.s
ame: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407)	939-4631
ddress: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provi	ided by
ection 713.13(1)(b), Florida Statues.	
)939-4771
)939-4771
ame: Kent (Robert) Bradley Telephone Number: (407) ddress: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000)939-4771
ame: Kent (Robert) Bradley Telephone Number: (407)	
ame: Kent (Robert) Bradley Telephone Number: (407)st ddress: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 xpiration date of notice of commencement he expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 years.	TARE N YOUR STED ON N
Telephone Number: (407)st ddress: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 xpiration date of notice of commencement he expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 years and the date of recording unless a different date is specified) NING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT AND SIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN MENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POST JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AND PROPERTY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. The penalty fo perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in to the best of my knowledge and belief. Signatory's Printed Name/Title/Office Authorized Officer/Director/Partner/Manager foregoing instrument was acknowledged before me this Walt Dispey World Resort	T ARE N YOUR STED ON N
ame: Kent (Robert) Bradley ddress: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 xpiration date of notice of commencement he expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 yea he date of recording unless a different date is specified) NING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT AND	FARE NYOUR STED ON N
ame: Kent (Robert) Bradley ddress: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 xpiration date of notice of commencement he expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 yea he date of recording unless a different date is specified) NING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT AND CAN RESULT IN MENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POST JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN DRINEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. BY DEFINITION OF THE NOTICE OF COMMENCEMENT AND THE NOTICE OF COMMENCEMENT AND THE NOTICE OF COMMENCEMENT AND THE NOTICE OF COMMENCEMENT. BY DEFINITION OF THE NOTICE OF COMMENCEMENT AND THE NOTICE OF COMMENCEMENT AND THE NOTICE OF COMMENCEMENT. BY DEFINITION OF THE NOTICE OF COMMENCEMENT AND THE NOTICE OF COMMENCEMENT. BY DEFINITION OF THE NOTICE OF COMMENCEMENT AND THE NOTICE OF COMMENCEMENT. BY DEFINITION OF THE NOTICE OF COMMENCEMENT AND THE NOTICE OF COMMENCEMENT. BY DEFINITION OF THE NOTICE OF COMMENCEMENT AND THE NOTICE OF COMMENCEMENT. BY DEFINITION OF THE NOTICE OF COMMENCEMENT AND THE NOTICE OF COMMENCEMENT. BY DEFINITION OF THE NOTICE OF COMMENCEMENT AND THE NOTICE OF COMMENCEMENT. BY DEFINITION OF THE NOTICE OF COMMENCEMENT AND THE NOTICE OF COMMENCEMENT. BY DEFINITION OF THE NOTICE OF COMMENCEMENT AND THE NOTICE OF	FARE NYOUR STED ON N
Authorized Signatory Telephone Number: (407)s The lephone Nu	FARE NYOUR STED ON N
ame: Kent (Robert) Bradley ddress: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 xpiration date of notice of commencement he expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 yea he date of recording unless a different date is specified) NING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT AND	FARE NYOUR STED ON N
Authorized Signatory Telephone Number: (407)s The lephone Nu	FARE N YOUR STED ON N



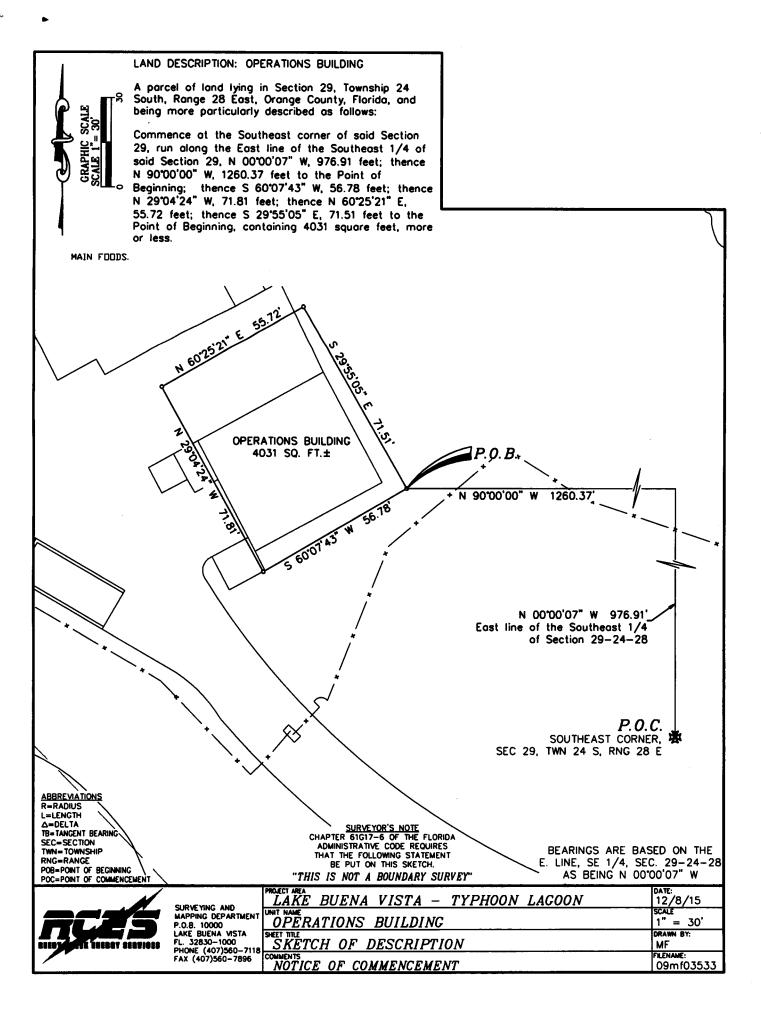
Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Anne Buchele P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOCH 20150634833 B: 11024 P: 4772 12/08/2015 12:19:44 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

. Description of property	(legal description of the property, & street address if available)
See Attached	
General description of improvement	
Roofing	
Owner information of Lessee information if the Lessee con	tracted for the improvement
Name: Walt Disney World Resort	
Address: P.O. Box 10000, Lake Buena Vista, FL 32830	
Interest in Property: Owner	
Name & address of fee simple titleholder	(if different from Owner listed above)
Name:	
Address:	
Contractor	
Name: Neth & Son Inc	Telephone Number: 407-855-9096
Address: 360 E Landstreet Rd, Orlando, FL 32824	
Surety	(if applicable, a copy of the payment bond is attached)
Name:	Telephone Number:
Address:	Amount of Bond \$
Lender	
Name:	Telephone Number:
Address:	
Address: Persons within the State of Florida designated by Owner up	non whom notices or other documents may be served as
provided by Section 713.13(1)(b), Florida Statues.	por milon nouces of outer documents may be seried as
Name: Judy Wells, Facility Asset Management (FAM)	Telephone Number: (407) 939-4631
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-10	000
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-10	000
Expiration date of notice of commencement	
• 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	uction and final payment to the contractor, but will be 1 year from
the date of recording unless a different date is specified)	
** 4	2046
Mar 4, RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTE.	
INSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I,	, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR
YMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NO E JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO	TICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON ORTAIN FINANCING. CONSULT WITH YOUR LENDER OR AN
TORNEY BEFORE COMMENCING WORK OR RECORDING YOUR N	
	ng notice of commencement and that the facts stated in it are
e to the best of my knowledge and belief.	
2-KM-80	Jamesk Marshall Manager
Signature of Owner or Lessee, or Owner's or Lessee's	Signatory's Printed Name/Title/Office
Authorized Officer/Director/Partner/Manager	a - 1 ha
e foregoing instrument was acknowledged before me this	3 day of <u>Dec.</u> by <u>James K. Ma</u>
	montn/year _
	2015
Authorized Signatory	for Walt Disney World Resort
Type of authority, e.g., officer, trustee, attorney in fact	Name of party on behalf of whom instrument was executed
\mathbf{R}_{\cdot} ($\mathbf{Y}II$)	
Donnie Jusif	
Oleran and Alaka Abada and Alaka and	District Control of National Control
Signature of Notary Public - State of Florida	Brint type or stamp name of Notary Public
V	Notery Public State of Florida
Signature of Notary Public - State of Florida sonally known OR Produced ID	Notery Public State of Florida Bonnie L. Craig
V	Notery Public State of Florida



Document Number: 20150546585 Permit Number: Folio/Parcel Identification Number: Book Number: Prepared by and Return to: Page Number: Walt Disney World Resort - FAM Attn: Anne Buchele P.O. Box 10000 Lake Buena Vista, FL 32830-1000 AMENDEMENT TO NOTICE OF COMMENCEMENT State of Florida, County of Orange The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statues, the following information is provided in this Notice of Commencement. (legal description of the property, & street address if available) 1. Description of property See Attached 2. General description of improvement Roofing 3. Owner information of Lessee information if the Lessee contracted for the improvement Walt Disney World Resort Address: P.O. Box 10000, Lake Buena Vista, FL 32830 Interest in Property: Owner (if different from Owner listed above) Name & address of fee simple titleholder Address 4. Contractor Name: RSS ROOFING SERVICES & Telephone Number: 407-883-5821 SOLUTIONS Address: 216 South Norton Street, Orlando, FL 32805

Comp

(if applicable, a copy of the payment bond is attached) Telephone Number: Amount of Bond \$ Telephone Number: 7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as Telephone Number: (407) 939-4631 Name: Judy Wells, Facility Asset Management (FAM) Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000

8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statues. Name: Anne Buchele Telephone Number: 407-828-2165

Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000

provided by Section 713.13(1)(b), Florida Statues.

5. Surety

Name:

Name:

Address: 6. Lender

9. Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

Mar 18, 2016

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty fo perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

The foregoing instrument was acknowledged before me this

NE E MBUCHELE / PLANNER
Signatory's Printed Name/Title/Office

day of Dec 2015, by Anne Em Buchelo

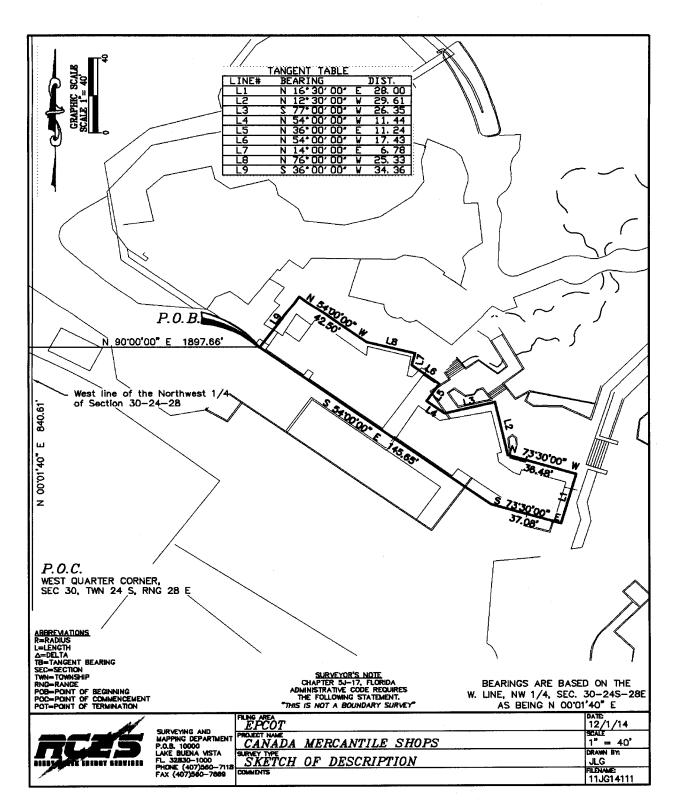
Walt Disney World Resort Authorized Signatory Name of party on behalf of whom instrument was executed Type of authority, e.g. officer, trustee, attorney in fact

Signature of Notary Public - State of Florida

Personally known K OR Produced ID

Print, type, or stamp name of Notary Public





DESCRIPTION

A parcel of land lying in Section 30, Township 24 South, Range 28 East, Orange County, Florida, and being more particularly described as follows:

Commence at the West Quarter corner of said Section 30, run along the West line of the Northwest 1/4 of said Section 30, N 00°01'40" E, 840.61 feet; thence N 90°00'00" E, 1897.66 feet to the Point of Beginning, thence S 54°00'00" E, 145.65 feet; thence S 73°30'00" E, 37.08 feet; thence N 16°30'00" E, 28.00 feet; thence N 73°30'00" W, 36.48 feet; thence N 12°30'00" W, 29.61 feet; thence S 77°00'00" W, 26.35 feet; thence N 54°00'00" W, 11.44 feet; thence N 36°00'00" E, 11.24 feet; thence N 54°00'00" W, 17.43 feet; thence N 14°00'00" E, 6.78 feet; thence N 76°00'00" W, 25.33 feet; thence N 54°00'00" W, 42.50 feet; thence S 36°00'00" W, 34.36 feet to the Point of Beginning, containing 6019 square feet, more or less.

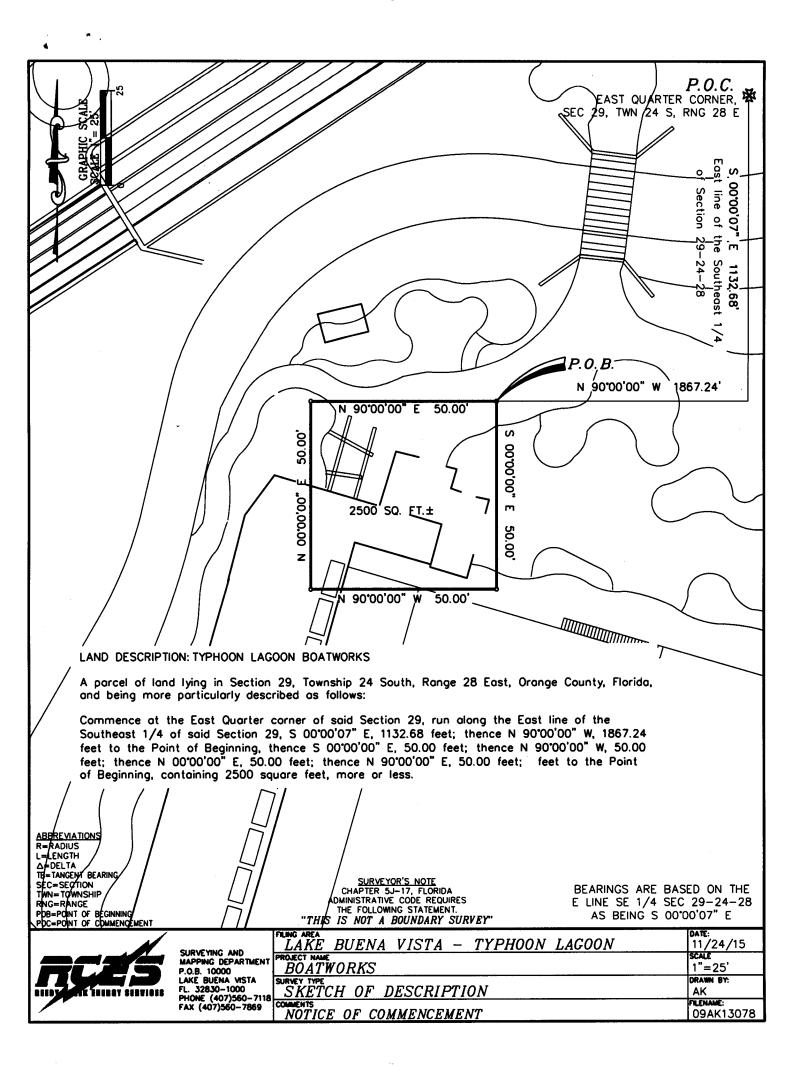
Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Anne Buchele P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOC# 20150634835 B: 11024 P: 4776 12/08/2015 12:19:44 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

Description of property	(legal description of the property, & street address if available)
See Attached	
General description of improvement	
Roofing	
Owner information of Lessee information if the	Lessee contracted for the improvement
Name: Walt Disney World Resort	
Address: P.O. Box 10000, Lake Buena Vista, FL 3	32830
Interest in Property: Owner	
Name & address of fee simple titleholder	(if different from Owner listed above)
Name:	
Address:	
Contractor	
Name: S&S Tile Roofing Company	Telephone Number: (407) 696-4334
Address: 2949 State Road 434, West, Longwood,	
Surety	(if applicable, a copy of the payment bond is attached)
Name:	Telephone Number:
Address:	Amount of Bond \$
Lender	
Name:	Telephone Number:
Address:	
	by Owner upon whom notices or other documents may be served as
provided by Section 713.13(1)(b), Florida Statu	65.
Name: Judy Wells, Facility Asset Management (FA	AM) Telephone Number: (407) 939-4631
Address: P.O. Box 10000, Lake Buena Vista, Flor	ida 32830-1000
Section 713.13(1)(b), Florida Statues. Name: Anne Buchele	ates the following to receive a copy of the Lienor's Notice as provided by Telephone Number: 407-828-2165
Address: P.O. Box 10000, Lake Buena Vista, Flor	rida 32830-1000
Expiration date of notice of commencement	
•	tion of construction and final payment to the contractor, but will be 1 year from cified)
	Apr 29, 2016
NISIDERED IMPROPER PAYMENTS UNDER CHAPTE LYMENT TWICE FOR IMPROVEMENTS TO YOUR PRO IE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU TORNEY BEFORE COMMENCING WORK OR RECOR	OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE R 713, PART I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR PERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON UINTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN DING YOUR NOTICE OF COMMENCEMENT.
nger penalty to perjury, I declare that I have read le.to the best of my knowledge and belief.) the folegoing florice of commencement and that the facts stated in it are
an Broke	AHNE EM BUCHELE/PLANNER
<u> </u>	
Signature of Owner or Lessee, or Owner's or Less Authorized Officer/Director/Partner/Manager	
e foregoing instrument was acknowledged before n	ne this 8th day of Dec 2015, by Anne E.M. Buch
Authorized Signatory	for Walt Disney World Resort
Type of authority, e.g., officer, trustee, attorned	ey in fact Name of party on behalf of whom instrument was executed
Signature of Notary Public - State of Florida	Briot type or etapo pama of Natan Ruhlia
rsonally known OR Produced ID	Bonnie L Craig My Commission FF 112965
pe of ID Produced	Expires 04/22/2018
Pe of 1D 110000000	



Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Anne Buchele P.O. Box 10000 Lake Buena Vista, FL 32830-1000

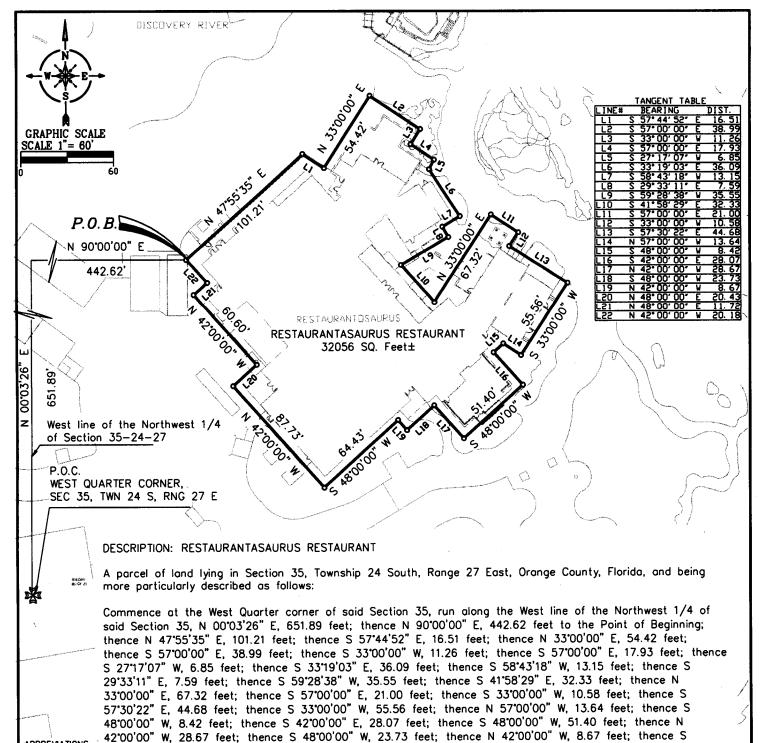
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DOC# 20150634836 B: 11024 P: 4778 12/08/2015 12:19:44 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT

NOTICE OF COMMENCEMENT

State of Florida, County of Orange

. Description of property	(legal description of the property, & street address if available)
See Attached	
. General description of improvement	
Roofing	
 Owner information of Lessee information if the Lessee 	contracted for the improvement
Name: Walt Disney World Resort	
Address: P.O. Box 10000, Lake Buena Vista, FL 32830	
Interest in Property: Owner	
Name & address of fee simple titleholder	(if different from Owner listed above)
Name:	
Address:	
Contractor	
Name: Tecta America Corp/Tecta America SE	Telephone Number: (407) 330-9303
Address: 588 Monroe Rd., Sanford, FL 32771	
· Surety	(if applicable, a copy of the payment bond is attached)
Name:	Telephone Number:
Address:	Amount of Bond \$
. Lender	· ———
Name:	Telephone Number:
Address:	
Persons within the State of Florida designated by Own provided by Section 713.13(1)(b), Florida Statues.	ner upon whom notices or other documents may be served as
Name: Judy Wells, Facility Asset Management (FAM)	Telephone Number: (407) 939-4631
Address: P.O. Box 10000, Lake Buena Vista, Florida 3283	30-1000
Address: P.O. Box 10000, Lake Buena Vista, Florida 3283 Expiration date of notice of commencement	30-1000
(the expiration date may not be before the completion of or the date of recording unless a different date is specified)	construction and final payment to the contractor, but will be 1 year from
	h 2 2016
	Jun 3, 2016 RAFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE
ONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PA AYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A HE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTENI TTORNEY BEFORE COMMENCING WORK OR RECORDING YO	ART I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON D TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN DUR NOTICE OF COMMENCEMENT.
nder penalty fo perjury, I declare that I have read the for ue to the best of my knowledge and belief.	regoing notice of commencement and that the facts stated in it are
La anismum	ANNE EM BUCHBE/PLANNER
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager	Signatory's Printed Name/Title/Office
ne foregoing instrument was acknowledged before me this _	gay of Dec. 2015, by Anne t.m. Buch
Authorized Signatory	for Walt Disney World Resort
Type of authority, e.g., officer, trustee, attorney in fact	
Sonnie Olians	
Signature of Notary Public - State of Florida	Print, type, or stamp name of Notary Public
ersonally known 👤 OR Produced ID	Notary Public State of Florida Bonnie L Craig My Commission FF 112965
ype of ID Produced	er no Expires 04/22/2018



ABBREVIATIONS
N=NORTH
E=EAST
S=SOUTH

S=SOUTH
W=WEST
TB=TANGENT BEARING
R=RADIUS
L=LENGTH
A=DELTA
SEC=SECTION
TWN=TOWNSHIP
RNG=RANGE
POB=POINT OF BEGINNING
SEGINING
SEGINING
RETURN A BOOM STRATIVE CONTRACTOR OF BEGINNING

SURVEYOR'S NOTE
CHAPTER 61G17-6 OF THE FLORIDA
ADMINISTRATIVE CODE REQUIRES
THAT THE FOLLOWING STATEMENT
BE PUT ON THIS SKETCH.
"THIS IS NOT A BOUNDARY SURVEY"

48'00'00" W, 64.43 feet; thence N 42'00'00" W, 87.73 feet; thence N 48'00'00" E, 20.43 feet; thence N

42°00'00" W, 60.60 feet; thence N 48°00'00" E, 11.72 feet; thence N 42°00'00" W, 20.18 feet to the Point of

BEARINGS ARE BASED ON THE W. line, NW 1/4, SEC. 35-24-27 AS BEING N 00°03'26" E



SURVEYING AND MAPPING DEPARTMENT P.I.B. 10000 LAKE BUENA VISTA FL. 32830-1000 PHIDNE (407)560-7118 FAX (407)560-7869

	FILING AREA	DATE:
	ANIMAL KINGDOM - DINOLAND U.S.A.	10/23/15
	PROJECT NAME	SCALE
'	RESTAURANTASAURUS	1'=60'
	SURVEY TYPE	DRAWN BY:
	SKETCH OF DESCRIPTION	ALM
•	COMMENTS	FILENAME:
	NOTICE OF COMMENCEMENT	15AM09458

Prepared by/record and return to:

Walt Disney World Resort Attn: Joe Alameda -DC-2 Office 2164 P.O. Box 10000 Lake Buena Vista, FL 32830-1000

DOC# 20150634837 B: 11024 P: 4780 12/08/2015 12:19:44 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT



3006804200

Tax Folio No.

NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this notice of commencement.

- Description of property: DC-2 (See Attached Legal Description).
- 2. General description of improvements: Plumbing - water Cooler
- 3. Owner Information:
 - (a) Name and address: Walt Disney World Resort, P.O. Box 10000, Lake Buena Vista, FL 32830
 - (b) Interest in property: Owner
 - Name and address of fee simple titleholder (if other than Owner): (c)
- (a) Contractor (name and address): Heichel Plumbing, Inc. 647 Business Park Blvd. Winter Garden, Florida 34787
 - (b) Contractor's phone number: 407 656 7073
- Surety:
 - (a) Name and address:
 - Phone number: (b)
 - Amount of Bond: (c)
- 6. (a) Lender (name and address):
 - (b) Lender's phone number:
- 7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1)(a)7., Florida Statues: (name and address): Dave Ellis, Sourcing & Procurement Administration, P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
 - (b) Phone numbers of designated persons: (407) 828-3582
- 8. In addition to himself or herself, Owner designates Dave Ellis of Procurement to receive a copy of the Lienor's Notice as provided in Section _713.13 (1)(b), Florida Statutes.DavDa
 - Phone number of person or entity designated by owner:
 - Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): 12/7/2016

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I. SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner

(or Owner's Authorized officer/Director/Partner/Manager)

The foregoing instrument was acknowledged before me thi

Signatory's Printed Name/Title/Office

UNDUTED 15 by JOSE Stemedicas

Authorized Signatory

Personally Known

OR Produced ID

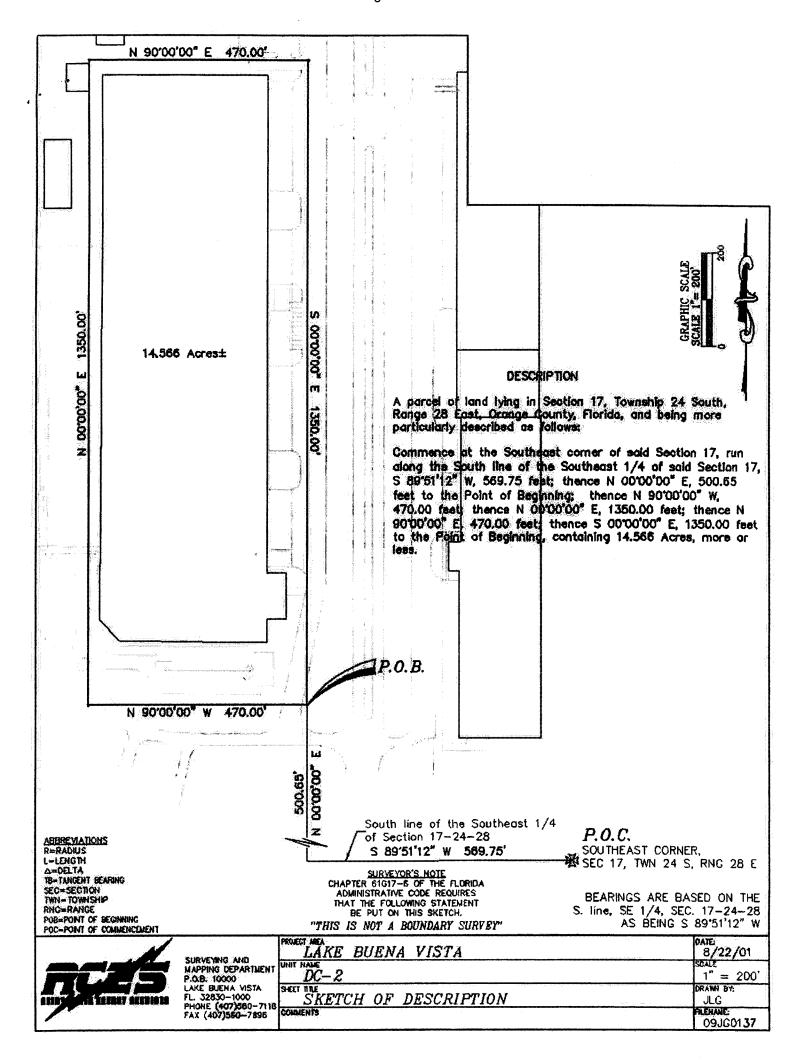
Walt Disney World Resort (name of party on behalf of whom instrument was executed)

Davide Green Public) My Commission FF 195913 Expira: 63/18/2019

Verification pursuant to Section 92.525 Florida Statutes: Under penalties of perjury, I declare that I have read

the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Natural Person Signing Above



Folio/Parcel Identification Number:

Prepared by and Return to:

Walt Disney World Resort - FAM

Attn: Jon Ruth P.O. Box 10000

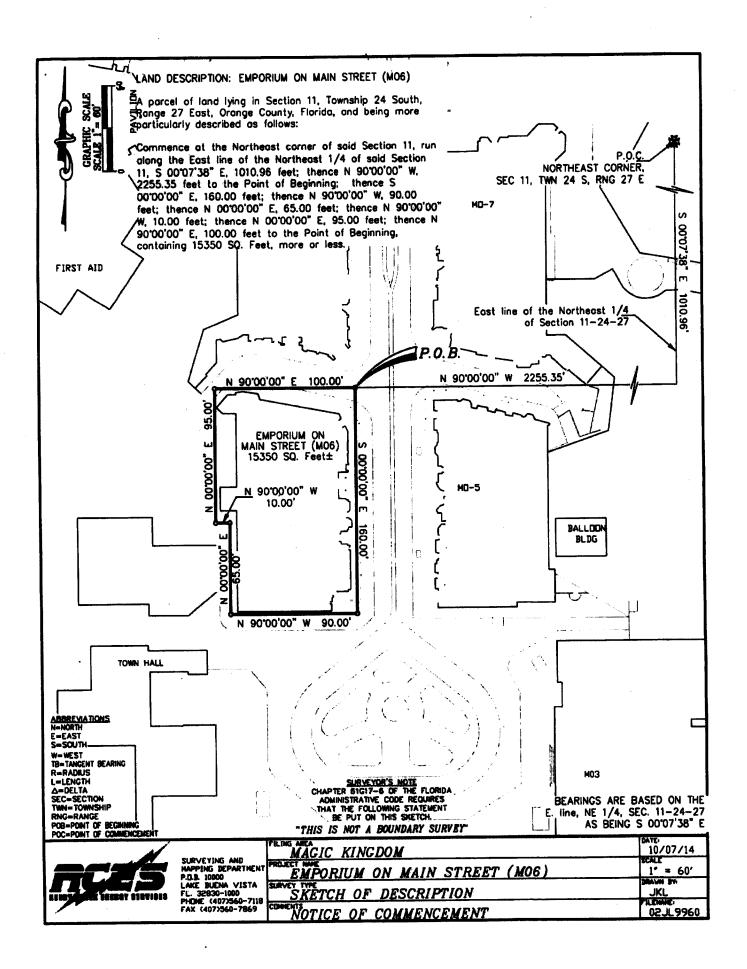
Lake Buena Vista, FL 32830-1000

Document Number: 20.14060 2351

Book Number: 10840
Page Number: 4919

AMENDEMENT TO NOTICE OF COMMENCEMENT

	AMENDEMENT TO NOTICE OF COMMENTALITY	~ =
State	e of Florida, County of Orange	782
	undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, da Statues, the following information is provided in this Notice of Commencement.	ef 2
	escription of property (legal description of the property, & street address if available)	024 Page 1 11er MORLD
_	ee Attached	102 Page 0116 WOR
2. G	eneral description of improvement	
	cofing	B: 11024 4 PM Page Comptroller DISNEY WORL
	wher information of Lessee information if the Lessee contracted for the improvement	C C C C C C C C C C C C C C C C C C C
_	ame: Walt Disney World Resort	864 <u>7 1 1-15</u>
_	ddress: P.O. Box 10000, Lake Buena Vista, FL 32830	4 10 in 日 2 20 in
_	terest in Property: Owner	63 7 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	ame & address of fee simple titleholder (if different from Owner listed above)	15.00 THE TO THE T
_	ddress:	
	ontractor	# 8 H T B B B B B B B B B B B B B B B B B B
	ame: Atlas Apex Roofing LLC Telephone Number: 407-859-3797	# and and a second
_	ddress: 281 NE 32nd St, Oakland Park, FL 33334	OLSE ES
	urety (if applicable, a copy of the payment bond is attached)	
	ame: Telephone Number:	
_	ddress: Amount of Bond \$	
_	ender	
	ame: Telephone Number:	
_	ddress:	
7. Pr	ersons within the State of Fiorida designated by Owner upon whom notices or other documents may be served as rovided by Section 713.13(1)(b), Fiorida Statues.	
Na	ame: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-4631	
Ad	ddress: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
	addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by ection 713.13(1)(b), Florida Statues.	
N	ame: Jon Ruth Telephone Number: (407)828-3159	
A	ddress: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
9. E	xpiration date of notice of commencement	
	he expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from	
tn	ne date of recording unless a different date is specified)	
	Jan 15, 2016	
	NING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE SIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR	
PAYM	MENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON	
	JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN PRNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.	
	er penalty fo perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are	
true t	to the best of my knowledge and belief.	'A im
Ĺ	-KM_ 22 James K. Marshall	- . Car.
Si	ignature of Owner or Lessee, or Owner's or Lessee's Signatory's Printed Name/Title/Office Authorized Officer/Director/Partner/Manager	Am anag~
The fo	Authorized Officer/Director/Partner/Manager oregoing instrument was acknowledged before me this	rshall
,,,,	month/year 7015	
as	Authorized Signatory _{for} Walt Disney World Resort	
	Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed	
_	Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public	
Perso	onally known V OR Produced ID Notary Public State of Florida Bonnie L Craig	
Туре	of ID Produced My Commission FF 112965 Expires 04/22/2018	
	€ at to_ private Att 1010	



Folio/Parcel Identification Number:

Prepared by and Return to:

Walt Disney World Resort - FAM

Attn: Jon Ruth P.O. Box 10000

Lake Buena Vista, FL 32830-1000

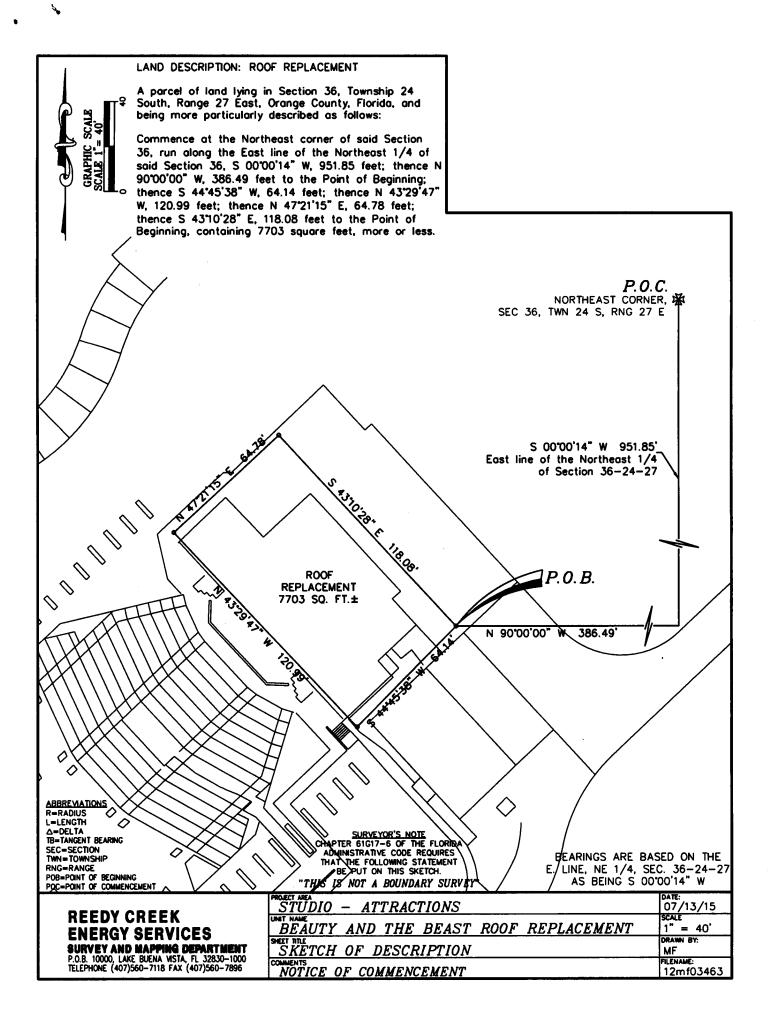
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Page Number: 8778

AMENDEMENT TO NOTICE OF COMMENCEMENT

Sta	tate of Florida, County of Orange		84 27
	he undersigned hereby gives notice that improvement will be made to certallorida Statues, the following information is provided in this Notice of Comm		of 2 RESORT
1.	, ,	al description of the property, & street address if available)	□
2	See Attached . General description of Improvement		B: 11024 F 4 Pm Page 1 Comptroller DISNEY WORLD
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2	Roofing Downer information of Lessee information if the Lessee contracted for	or the improvement	B: 1.4 PM I
٠.	Name: Walt Disney World Resort	or the improvement	E P
	Address: P.O. Box 10000, Lake Buena Vista, FL 32830		წ¬⊢
	Interest in Property: Owner		4 28 ₹ ₹
	Name & address of fee simple titleholder	(if different from Owner listed above)	
	Name:	(ii diliere it iioiii Owner listed above)	75 ± 20
	Address:		စ္က်စ္က် ့္ပင္ပမ္း
4.	. Contractor		~ 811 C B
•	Name: Neth & Son Inc	Telephone Number: 407-855-9096	\$605 E
	Address: 360 E Landstreet Rd, Orlando, FL 32824		8488 98
5	5. Surety	(if applicable, a copy of the payment bond is attached)	
٠.	Name:	Telephone Number:	
	Address:	Amount of Bond \$	
_		Allount of Bond \$	
6 .	3. Lender	Talankana Alumban	
	Name:	Telephone Number:	
	Address:		
7.	Persons within the State of Florida designated by Owner upon who provided by Section 713.13(1)(b), Florida Statues.	,	
	Name: Judy Wells, Facility Asset Management (FAM)	Telephone Number: (407) 939-4631	•
	Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000		
8.	B. in addition to himself or herself, Owner designates the following to	receive a copy of the Lienor's Notice as provided by	
	Section 713.13(1)(b), Florida Statues. Name: Jon Ruth	Talanhana Number: (407)929 2450	
		Telephone Number: (407)828-3159	
_	Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000		
9.	Expiration date of notice of commencement	d final narment to the contractor, but will be 1 year from	
	(the expiration date may not be before the completion of construction and the date of recording unless a different date is specified)	to the contractor, but will be 1 year from	
PA TH AT Ur	Jan 15, 2016 /ARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION AYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF CHE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN ITTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF Inder penalty fo perjury, I declare that I have read the foregoing notice to the best of my knowledge and belief.	I 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR COMMENCEMENT MUST BE RECORDED AND POSTED ON FINANCING, CONSULT WITH YOUR LENDER OR AN FCOMMENCEMENT.	
•	J-KM-00 Jo	mes K. Marshall Ma	nesv
	Signature of Owner or Lessee, or Owner's or Lessee's	Signatory's Printed Name/Title/Office	nes~ FAM
Th	Authorized Officer/Director/Partner/Manager he foregoing instrument was acknowledged before me this	day of Decolors by James K. Ma	urshall
		month/year	
as	Authorized Signatory for	Walt Disney World Resort	
		e of party on behalf of whom instrument was executed	
	Bonnie Mail		
_	Signature of Notary Public - State of Florida	Print, type, or stamp name of Notary Public	
Pe	ersonally known X OR Produced ID	**************************************	
Ту	ype of ID Produced	Bonnie L Craig My-Commission FF 112865 Expires 04/22/2018	



Folio/Parcel Identification Number:

Prepared by and Return to:

Walt Disney World Resort - FAM

Attn: Jim Marshall P.O. Box 10000

Lake Buena Vista, FL 32830-1000

Document Number: 20150359721

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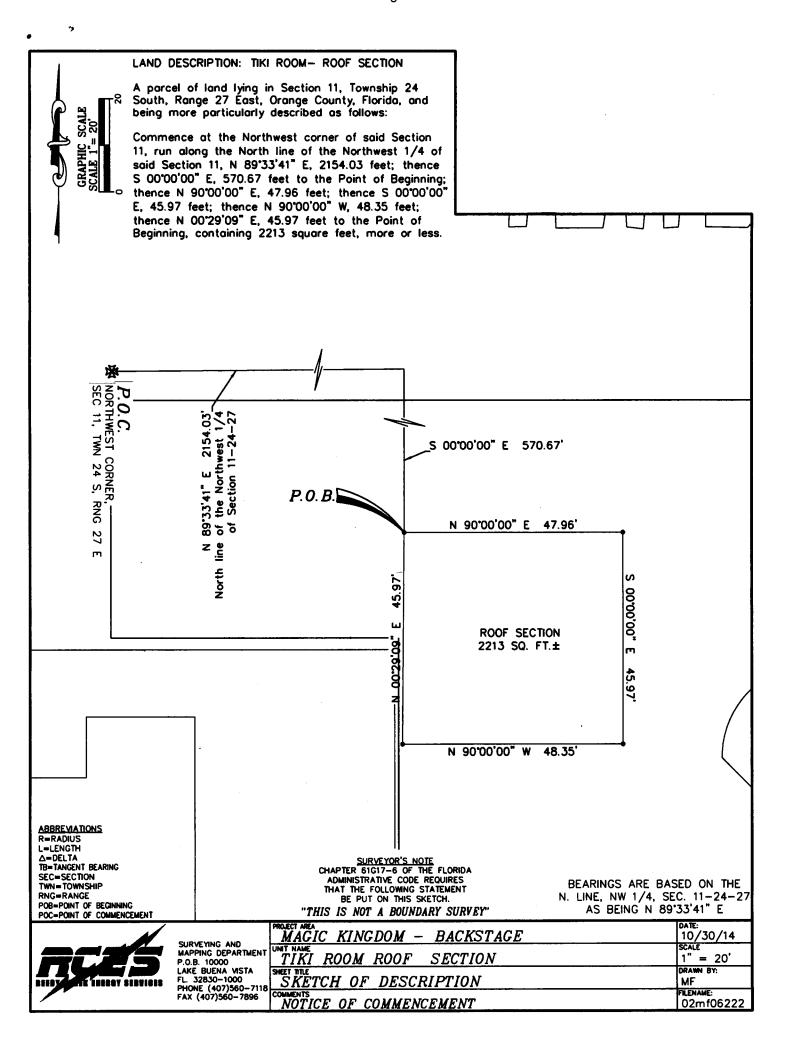
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AMENDEMENT TO NOTICE OF COMMENCEMENT

he undersi Iorida Statı	ues, the following informa	tion is provided in this Notice of Commencement.			7	RESORT
-	tion of property	(legal description of the	e property, & street addre	ess if available)	<u>. </u>	
See Atta	description of Improve	nent			1024 Page oller	MORLD
	description of improve	iroir.			Pa 0	
Roofing	-formation of Lancas in	formation if the Lessee contracted for the improvement	mb		ئر ¹ 1	DISNEY
Name:	Walt Disney World Res		111		e	<u> </u>
	P.O. Box 10000, Lake I				54	
		uena visia, FL 32630			20 0 e	겉
	n Property: Owner	41-t-41	(7, 17,	(C-4)	5 5 5 E	-₹
	address of fee simple t	tienoider	(if different from Own	er listed above)	5 ± 5 ± 5	٠,
Name:					1154 ·	ŠΗ
Address:					200	U +
. Contract				107 055 0000	#84.5	۵,
Name:	Neth & Son Inc		Telephone Number:	407-855-9096	5% a r	בַּ ע
Address:	360 E Landstreet Rd, C				O-KE	ŌΞ
. Surety		(if applicable, a	copy of the payment bo	ond is attached)		
Name:			Telephone Number:			
Address:			Amount of Bond \$			
. Lender						
Name:			Telephone Number:			
Address:						
	udy Wells, Facility Asset	` `	Telephone Number:	(407) 939-4631		
Address:	udy Wells, Facility Asset P.O. Box 10000, Lake I on to himself or herself	Management (FAM) Juena Vista, Florida 32830-1000 Owner designates the following to receive a copy of		· · · · · · · · · · · · · · · · · · ·		
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Address: In additi- Section Name: Address: Address: Considered ARNING TO CONSIDERED AYMENT TO TOONSIDERED AYMENT TO TOONSIDERED AYMENT TO HE JOB SIT TTORNEY E Inder pena ue to the I	udy Wells, Facility Asset P.O. Box 10000, Lake I on to himself or herself 713.13(1)(b), Florida St. Jim Marshall P.O. Box 10000, Lake I on date of notice of con ration date may not be be of recording unless a diff O OWNER: ANY PAYMENTS MICE FOR IMPROVEMENTS MICE FOR IMPROVEMENTS MICE FOR THE FIRST INS BEFORE THE FIRST INS BEFORE THE FIRST INS BEFORE OMMENCING BEFORE OF THE FIRST INS BEFO	Jan 15, 2016 S MADE BY THE OWNER AFTER THE EXPIRATION OF THE S INDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA S B TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MIPPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULTANT OR RECORDING YOUR NOTICE OF COMMENCEMENT MIPPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULTANT OR RECORDING YOUR NOTICE OF COMMENCEMENT. SHALL IN THE PROPERTY OF THE STATE	Telephone Number: the contractor, but will be NOTICE OF COMMENCE! INTATUES, AND CAN RESI UST BE RECORDED AND LIT WITH YOUR LENDER of Int and that the facts st Interest of the contract o	provided by 407-939-4693 e 1 year from MENT ARE JULT IN YOUR POSTED ON OR AN tated in it are	Ŀ~, F	TA
Address: In additi- Section Name: Address: Address: Considered ARNING TO CONSIDERED AYMENT TO TOONSIDERED AYMENT TO TOONSIDERED AYMENT TO HE JOB SIT TTORNEY E Inder pena ue to the I	udy Wells, Facility Asset P.O. Box 10000, Lake I on to himself or herself 713.13(1)(b), Florida Sta Jim Marshall P.O. Box 10000, Lake I on date of notice of con ration date may not be be of recording unless a diff O OWNER: ANY PAYMENTS MICE FOR IMPROVEMENTS MICE FORE THE FIRST INS BEFORE COMMENCING BEFORE THE FIRST INS BEFORE OF IMPROVEMENTS Well of Derjury, I declare best of my knowledge a e of Owner or Lessee, or thorized Officer/Director/F ng instrument was acknowledge and the officer of Notary Public	Jan 15, 2016 B MADE BY THE OWNER AFTER THE EXPIRATION OF THE INDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA S TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MAY BE TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MAY BE TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MAY BE TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MAY BE TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MAY BE TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MAY BE TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MAY BE TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MAY BE TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT WHAT I have read the foregoing notice of commencement and belief. Owner's or Lessee's Signatory's Print of the Print of th	Telephone Number: The contractor, but will be the contract of con	provided by 407-939-4693 a 1 year from MENT ARE JULT IN YOUR DOSTED ON OR AN tated in it are \$\text{Mars}\$ as executed	-, F	TA

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4



Folio/Parcel Identification Number:

Prepared by and Return to:

Walt Disney World Resort - FAM

Attn: Jon Ruth P.O. Box 10000

Lake Buena Vista, FL 32830-1000

Document Number: 20150359120

Book Number: 10950
Page Number: 4235

AMENDEMENT TO NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be	made to certain real property, and in accordance with Chapter 713,
Florida Statues, the following information is provided in this Not	ice of Commencement.

riorida Statues, the following information is provided in this i	Notice of Commencement.
1. Description of property	(legal description of the property, & street address if available)
See Attached	
2. General description of improvement	
Roofing	
3. Owner Information of Lessee information if the Lesse	e contracted for the improvement
Name: Walt Disney World Resort	
Address: P.O. Box 10000, Lake Buena Vista, FL 32830	
Interest in Property: Owner	
Name & address of fee simple titleholder	(if different from Owner listed above)
Name:	·
Address:	
4. Contractor	
Name: Neth & Son Inc	Telephone Number: 407-855-9096
Address: 360 E Landstreet Rd, Orlando, FL 32824	
5. Surety	(if applicable, a copy of the payment bond is attached)
Name:	Telephone Number:
Address:	Amount of Bond \$
6. Lender	
Name:	Telephone Number:
Address:	
 Persons within the State of Florida designated by Ow provided by Section 713.13(1)(b), Florida Statues. 	vner upon whom notices or other documents may be served as
Name: Judy Wells, Facility Asset Management (FAM)	Telephone Number: (407) 939-4631
Address: P.O. Box 10000, Lake Buena Vista, Florida 32	830-1000
8. In addition to himself or herself, Owner designates the Section 713.13(1)(b), Florida Statues.	ne following to receive a copy of the Lienor's Notice as provided by
Name: Jon Ruth	Telephone Number: (407)828-3159
Address: P.O. Box 10000, Lake Buena Vista, Florida 32	830-1000

9. Expiration date of notice of commencement

(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

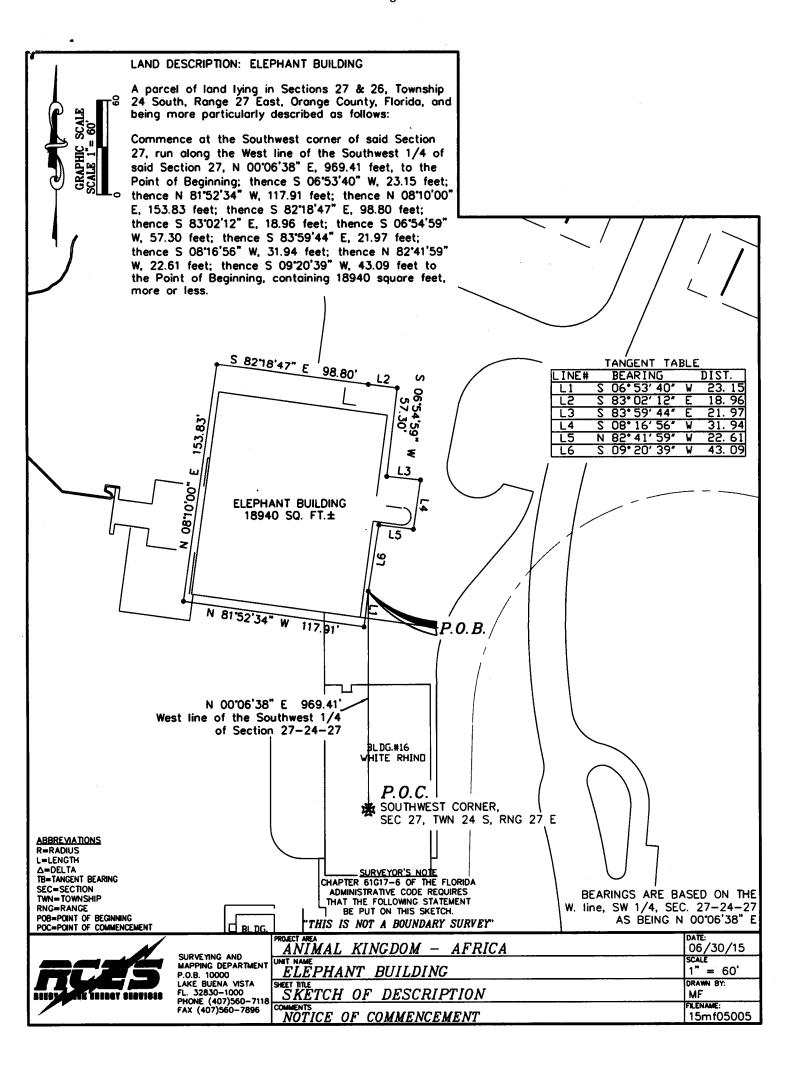
Jan 15, 2016

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty fo perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

2-Km 22	7	am	وح '	K. 1	Marsho	111	Mangr
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager		Signa	•		/Title/Office		FAM
The foregoing instrument was acknowledged before me this	3	day of _	month/yea	2013 by	JamesH	r. Marsh	all

as Authorized Signatory	for Walt Disney World Resort
Type of authority, e.g., officer, trustee, attorney in fact	Name of party on behalf of whom instrument was executed
Signature of Notary Public - State of Florida	Print, type, or stamp name of Notary Public
Personally known OR Produced ID	Notary Public State of Florida Bonnie L Craig My Commission FF 112985 Expires 04/22/2018



Prepared by/record and return to:

Walt Disney World Resort Attn: Bill Otis

DOCH 20150634842 B: 11024 P: 4790 12/08/2015 12:19:44 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD RESORT



P.O. Box 10000 Lake Buena Vista, FL 32830-1000	
Permit No.	Tax Folio No
NOTICE OF C	OMMENCEMENT
State of Florida, County of Orange	
The undersigned hereby gives notice that improvement	nts will be made to certain real property, and in accordance

- with Chapter 713, Florida Statutes, the following information is provided in this notice of commencement.
- Description of property: Des ATTACIED General description of improvements: Mechanical
- Owner Information: 3.
 - Name and address: Walt Disney World Resort, P.O. Box 10000, Lake Buena Vista, FL 32830 (a)
 - (b) Interest in property: Owner
 - Name and address of fee simple titleholder (if other than Owner): (c)
- Contractor (name and address): Gunther General Contracting Services 4401 Albritton Rd. St. Cloud, (a) FI 34772
 - (b) Contractor's phone number: 407-957-9929
- Surety: 5.

8.

1.

- Name and address: (a)
- (b) Phone number:
- (c) Amount of Bond:
- 6. (a) Lender (name and address):
 - Lender's phone number: (b)
- 7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1)(a)7., Florida Statues: (name and address): Dave Ellis, Sourcing & Procurement Administration, P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
 - (b) Phone numbers of designated persons: (407) 828-3582
 - In addition to himself or herself, Owner designates Donald Hudson of WDW (a) to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes.DavDa
 - (b) Phone number of person or entity designated by owner: 407-827-4890
- Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): 12-2-2016

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING DUR NOTICE OF COMMENC<u>EMEN</u>T.

DONALO HUOSON MANAGEN WON Signature of Owner Signatory's Printed Name/Title/Office (or Owner's Authorized officer/Director/Partner/Manager)

The foregoing instrument was acknowledged before me this 2nd day of December. 20 5. by Donald Hudson

Authorized Signatory

(Type of authority, e.g., officer, trustee, attorney-in-fact)

Walt Disney World Resort (name of party on behalf of whom instrument was executed)

OR Produced ID

Personally Known Type of ID Produced

Commissioned Name of Notacy Public) Netary Public State of Florida incy A Kohiman

oursuant to Section 92.525 ,Florida Statutes: Under penalties of perjury, I declare that I have he foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Natural Person Signing Above



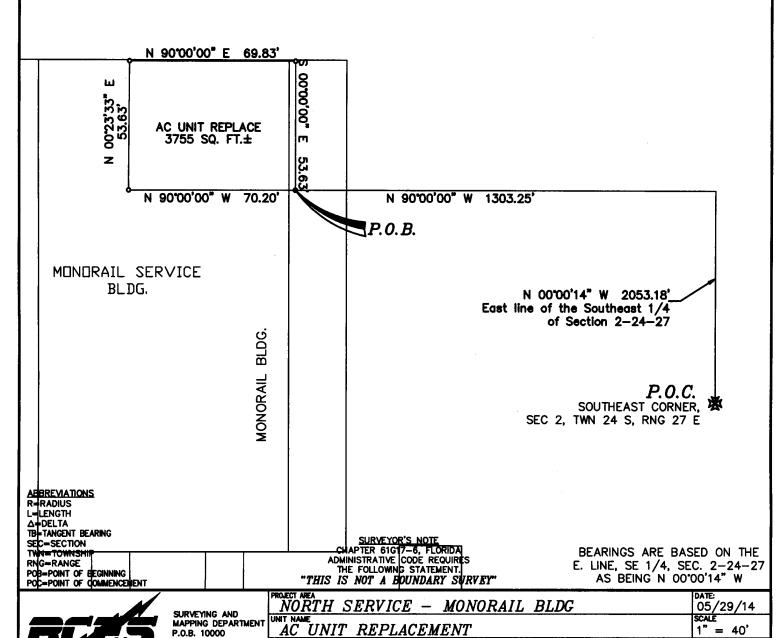
g# .

LAND DDESCRIPTION: AC UNIT REPLACEMENT

P.O.B. 10000 LAKE BUENA VISTA FL. 32830-1000 PHONE (407)560-7118 FAX (407)560-7869

A parcel of land lying in Section 2, Township 24 South, Range 27 East, Orange County, Florida, and being more particularly described as follows:

Commence at the Southeast corner of said Section 2, run along the East line of the Southeast 1/4 of said Section 2, N 00°00'14" W, 2053.18 feet; thence N 90°00'00" W, 1303.25 feet to the Point of Beginning; thence N 90°00'00" W, 70.20 feet; thence N 00°23'33" E, 53.63 feet; thence N 90°00'00" E, 69.83 feet; thence S 00°00'00" E, 53.63 feet to the Point of Beginning, containing 3755 square feet, more or less.



SHEET MILE SKETCH OF DESCRIPTION

NOTICE OF COMMENCEMENT

DRAWN BY: MF FILENAME:

01mf074671

12/09/2015 13:32 PM Page 1 of 1 Rec Fee: \$10.00 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Permit Number: Intangible Tax: \$0.00 Folio/Parcel Identification Number: ____ Martha O. Haynie, Comptroller Prepared by: Maria McCabe Orange County, FL Buena Vista Construction Company Ret To: SIMPLIFILE LC Return to: P.O. Box 10000, Lake Buena Vista, FL 32830 NOTICE OF COMMENCEMENT State of Florida, County of Orange The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement. 1. Description of property (legal description of the property, and street address if available) BB Chilled Water Line, 1586 W Buena Vista Dr. BL JFBB6011 2. General description of improvement Provide labor, material and/or electrical for construction 3. Owner information or Lessee information if the Lessee contracted for the improvement Name Walt Disney World Resort Address P.O. Box 10000, Lake Buena Vista, FL 32830 Interest in Property Name and address of fee simple titleholder (if different from Owner listed above) Name Address 4. Contractor Telephone Number 407-934-6070 Name Buena Vista Construction Company Address P.O. Box 10000, Lake Buena Vista, FL 32830 5. Surety (if applicable, a copy of the payment bond is attached) Telephone Number Name Amount of Bond \$____ Address 6. Lender Name Telephone Number Address 7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes. Telephone Number 407-828-3582 Name Dave Ellis, Mgr, Sourcing & Procurement Address P.O. Box 10000, Lake Buena Vista, FL 32830 8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes. Telephone Number 407-934-6070 Name Colleen M Ladd, Construction Manager Address P.O. Box 10000, Lake Buena Vista, Florida 32830 9. Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts states in it are true to the best of my knowledge and belief. Signature of County or Lesser, or County's or Lessee's Authorized Officer/Director/Partner/Manager Signatory's Title/Office The foregoing instrument was acknowledged before me this 09 day of Dec 15 by Tom Troffer month/year for Buena Vista Construction Company as Director Name of party on behalf of whom instrument was executed Type of authority, e.g., officer, trustee, attorney in fact CALL Maria McCabe Signature of Notary Public - State of Florida Print, type, or stamp commissioned name of Notary Public

> Notary Public State of Florida Maria McCabe Titly Commission FF 082922 Expires 02/09/2018

Personally Known X OR Produced ID

Type of ID Produced

DOC # 20150638164 B: 11025 P: 3704

12/10/2015 10:16 AM Page 1 of 1 Rec Fee: \$10.00 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Permit Number: Intangible Tax: \$0.00 Folio/Parcel Identification Number: Martha O. Haynie, Comptroller Prepared by: Maria McCabe Orange County, FL Buena Vista Construction Company Ret To: SIMPLIFILE LC Return to: P.O. Box 10000, Lake Buena Vista, FL 32830 NOTICE OF COMMENCEMENT State of Florida, County of Orange The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement. 1. Description of property (legal description of the property, and street address if available) HS Back Stage Warehouse Rehab, 300 Showbiz Blvd JWHS6002 2. General description of improvement Provide labor, material and/or electrical for construction 3. Owner information or Lessee information if the Lessee contracted for the improvement Name Walt Disney World Resort Address P.O. Box 10000, Lake Buena Vista, FL 32830 Interest in Property Name and address of fee simple titleholder (if different from Owner listed above) Name Address 4. Contractor Telephone Number 407-934-6070 Name Buena Vista Construction Company Address P.O. Box 10000, Lake Buena Vista, FL 32830 5. Surety (if applicable, a copy of the payment bond is attached) Telephone Number_____ Name Amount of Bond \$_____ Address 6. Lender Telephone Number Name Address. 7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes. Name Dave Ellis, Mgr., Sourcing & Procurement Telephone Number 407-828-3582 Address P.O. Box 10000, Lake Buena Vista, FL 32830 8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Štatutes. Telephone Number 407-934-6070 Name Paul Mahood, Construction Manager Address P.O. Box 10000, Lake Buena Vista, Florida 32830 9. Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Under penalty of penalty, Lagetare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief. Signature of Owner or Lessee, or Owner's Of Cessee's Authorized Officer/Director/Partner/Manager Signatory's Title/Office The foregoing instrument was acknowledged before me this 09 day of Dec 15 by Tom Troffer month/year for Buena Vista Construction Company as Director Type of apthority, p.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed CILLA Maria McCabe Print, type, or stamp commissioned name of Notary Public

Notary Public State of Florida Maria McCabe

Signature of Notary Public - State of Florida

Personally Known X OR Produced ID

Type of ID Produced

My Commission FF 082922 Form Revised: September 26, 2011

DOC # 20150639757 B: 11025 P: 7998

Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Jon Ruth P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOC# 20150640318 B: 11025 P: 9168 12/10/2015 12:08:00 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI

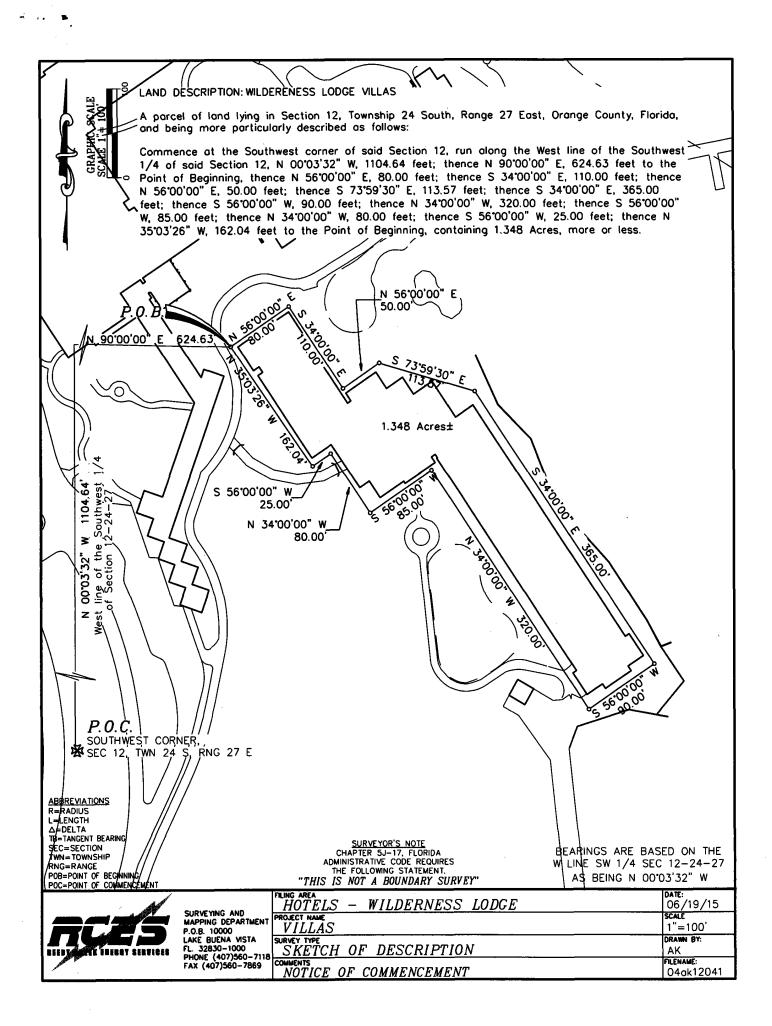


NOTICE OF COMMENCEMENT

State of Florida, County of Orange

Type of ID Produced

1.	. Description of property See Attached	(legal description of the property, & street address if available)	
2.	. General description of improvement		
	Roofing/Ext. Rehab		
3.	Owner information of Lessee information if the Lessee co	intracted for the improvement	
	Name: Walt Disney World Resort		
	Address: P.O. Box 10000, Lake Buena Vista, FL 32830		
	Interest in Property: Owner		
	Name & address of fee simple titleholder	(if different from Owner listed above)	
	Name:		
	Address:		
4.	- Contractor		
	Name: CEC General Contractors Inc	Telephone Number: 407-938-0177	
	Address: PO Box 22621, Lake Buena Vista, FL 32830		
5.	· Surety	(if applicable, a copy of the payment bond is attached)	
	Name:	Telephone Number:	
	Address:	Amount of Bond \$	
6.	. Lender		
	Name:	Telephone Number:	
	Address:		
7.	Persons within the State of Florida designated by Owner of provided by Section 713.13(1)(b), Florida Statues. Name: Judy Wells, Facility Asset Management (FAM)	upon whom notices or other documents may be served as Telephone Number: (407) 939-4631	
	Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1		
8.	Section 713.13(1)(b), Florida Statues.	llowing to receive a copy of the Lienor's Notice as provided by	
	Name: Jon Ruth	Telephone Number: (407)828-3159	
	Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1	1000	
9.	- Expiration date of notice of commencement		
	(the expiration date may not be before the completion of const the date of recording unless a different date is specified)	struction and final payment to the contractor, but will be 1 year from	
	Sep 3	30, 2016	
CC PA TH	ONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART		
Ur		oing notice of commencement and that the facts stated in it are	
,	9/-KM 00	James K. Marshall Manger,	FAW
	Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager	Signatory's Printed Name/Title/Office	•
Th	ne foregoing instrument was acknowledged before me this	9 day of 12/2015. by JK Marshell	
as		for Walt Disney World Resort	
	Type of authority, e.g., officer, trustee, attorney in fact	Name of party on behalf of whom instrument was executed	
_	Signature of Notary Public - State of Florida	Print the constant came of Notary Public	
Pe	ersonally known CR Produced ID	Notary Public State of Florida Bonnie L Craig My Commission FF 112965 Expires 04/03/0444	_



Prepared by/record and return to:

Walt Disney World Resort Attn: Kurt McLaughlin P.O. Box 10000 Lake Buena Vista, FL 32830-1000 DOC# 20150640319 B: 11025 P: 9170 12/10/2015 12:08:00 PM Page 1 of 2 Rec Fee: \$18.50 Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI

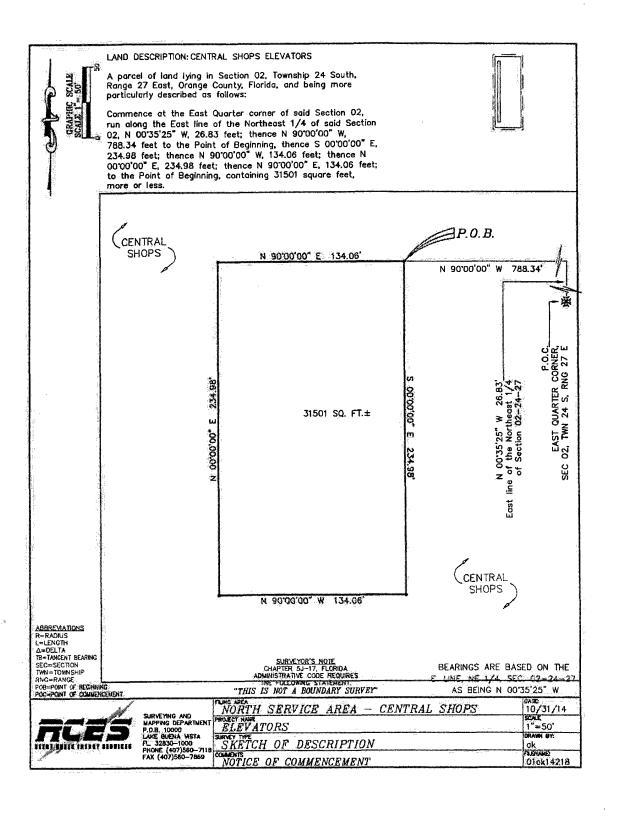


-				
		Permit No.	Tax Folio No.	
		NOTICE OF COMMENCEM	IENT	
Sta	ate of Fl	f Florida, County of Orange		
		dersigned hereby gives notice that improvements will be mad apter 713, Florida Statutes, the following information is provid		nce
1.	Des	escription of property: See attached		
2.	Gen	Seneral description of improvements: Electrical		
3.	Owr (a)	owner Information: a) Name and address: Walt Disney World Resort, P.O. Box	t 10000, Lake Buena Vista, FL 32830	
	(b)		Owner):	
4.	(a)		opey Drive Lake Buena Vista FL 32830	
	(b)	c) Contractor's phone number: 407,934,8084		
5,	Sure (a) (b) (c)) Phone number:	•	
6.	(a) (b)			
7	(a) (b)	may be served as provided by Section 713.13 (1)(a)7., Dave Ellis, Sourcing & Procurement Administration, P.C.	Florida Statues: (name and address):	
8.	(a) (b)	to receive a copy of the Lienor's Notice as provided in S	Section 713.13 (1)(b), Florida Statutes.D	ng Proper <mark>ia</mark> avDa
9.		xpiration date of notice of commencement (the expiration dances a different date is specified): April 30 2016	te is 1 year from the date of recording	
OF SEC IMP POS CO	COMMICTION 7 ROVENSTED O	IG TO OWNER: ANY PAYMENTS MADE BY THE OWNER IMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS N. 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR MEMENTS TO YOUR PROPERTY. A NOTICE OF COMMEND ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF LT WITH YOUR LENDER OR AN ATTORNEY BEFORE CONTICE OF COMMENCEMENT. Signature of Owner Signature Owner S	S UNDER CHAPTER 713, PART I, DUR PAYING TWICE FOR CEMENT MUST BE RECORDED AND YOU INTEND TO OBTAIN FINANCING	i,
The	foregoing	oing instrument was acknowledged before me this <u>ID</u> day of <u>DECE</u> Authorized Signatory	Walt Disney World Resort	al ,as
	Si	Bonni OCiais	e of party on behalf of whom instrument was executed) Type, or Stamp Commissioned Name of Notae (Penic)	Notary Public State of Florida Bonnie L Craig
		be of ID Produced		My Commission FF 112965 Expires 04/22/2018

Verification pursuant to Section 92.525 ,Florida Statutes: Under penalties of perjury, I declare that I have read

the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

_ Signature of Natural Person Signing Above



Permit Number: Folio/Parcel Identification Number: Prepared by and Return to: Walt Disney World Resort - FAM Attn: Jimmy Bellows P.O. Box 10000 Lake Buena Vista, FL 32830-1000

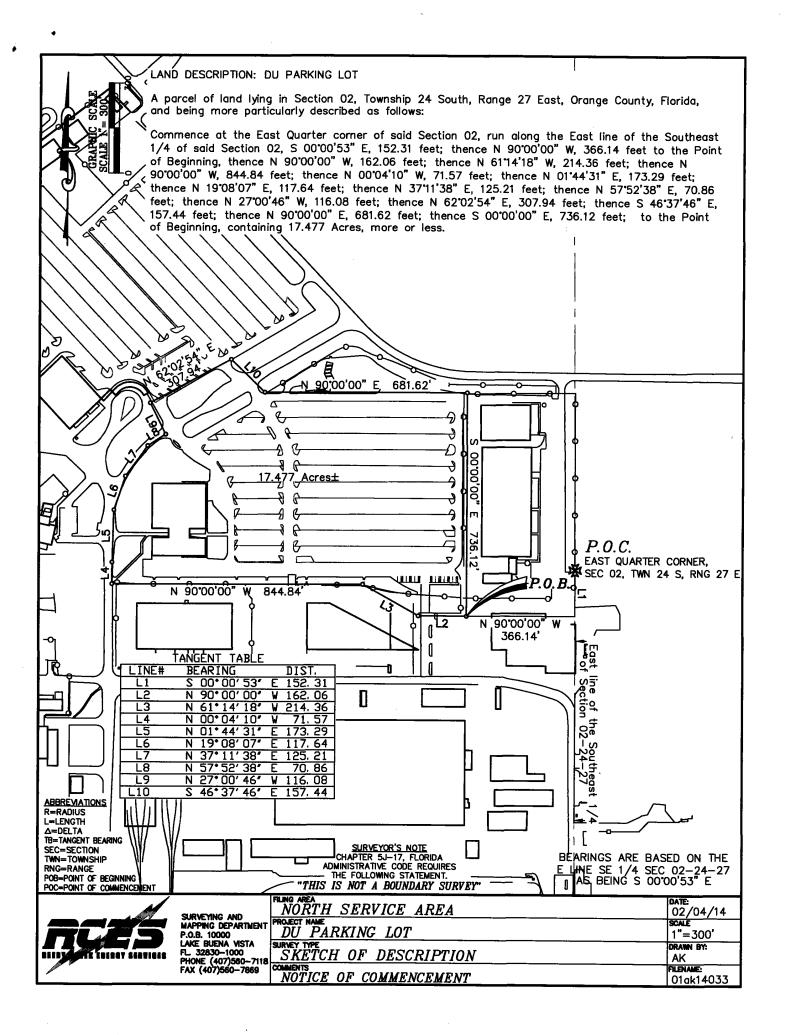
DOC# 20150640320 B: 11025 P: 9172 12/10/2015 12:08:00 PM Page 1 of 2 Rec Fee: \$18.50 Martha 0. Haynie, Comptroller Orange County, FL MB - Ret To: WALT DISNEY WORLD CO FACI



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

Disney University	(logar doscription of the property, & street address if available)
2. General description of improvement	· · · · · · · · · · · · · · · · · · ·
Mechanical Work	
Owner information of Lessee information if the Lessee contract	ted for the improvement
Name: Walt Disney World Resort	
Address: P.O. Box 10000, Lake Buena Vista, FL 32830	
Interest in Property: Owner	
Name & address of fee simple titleholder	(if different from Owner listed above)
Name:	(if different from Owner listed above)
Address:	
4. Contractor	-
Name: RANDALL MECHANICAL, INC.	Telephone Number: 407.464.7776
Address: 3307 S. CLARCONA RD., APOPKA, FL 32703-8778	
5. Surety	(if applicable, a copy of the payment bond is attached
Name:	Telephone Number:
Address:	Amount of Bond \$
5. Lender	
Name:	Telephone Number:
Address:	Totophone Hambot.
	usham nations on ather decourse to the state of the state
 Persons within the State of Florida designated by Owner upon provided by Section 713.13(1)(b), Florida Statues. 	whom notices or other documents may be served as
Name: Judy Wells, Facility Asset Management (FAM)	Telephone Number: (407) 939-4631
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
In addition to himself or herself, Owner designates the following	g to receive a copy of the Lienor's Notice as provided by
Section 713.13(1)(b), Florida Statues.	
Name: Jimmy Bellows	Telephone Number: 407-939-4789
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000	
Expiration date of notice of commencement	
(the expiration date may not be before the completion of construction the date of recording unless a different date is specified)	n and final payment to the contractor, but will be 1 year from
_,	
Feb 29, 201	
VARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SEC PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE	CTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR OF COMMENCEMENT MUST BE RECORDED AND POSTED ON
THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTA ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTIC	
Inder penalty fo perjury, I declare that I have read the foregoing name to the best of my knowledge and belief.	otice of commencement and that the facts stated in it are
1-314 J	ames Bellows / APM/ WDW FAM
Signature of Owner or Lessee, or Owner's or Lessee's	Signatory's Printed Name/Vitle/Office
Authorized Officer/Director/Partner/Manager he foregoing instrument was acknowledged before me this	My day of DEC ZILS, by Junes Bellow
te loregoing institution was acknowledged before the tills	month/year , uy \(\tau \tau \tau \tau \tau \tau \tau \tau
Authorized Signatory for	Walt Disney World Resort
Type of authority, e.g., officer, trustee, attorney in fact	Name of party on behalf of whom instrument was executed
(Per (The 10	
Single of Natura Date of State	District
Signature of Notary/Public - State_bf Florida	Print, type, or stamp name of Notary Public
\	2 ~~~~~~~~~
ersonally known OR Produced ID	Notary Public State of Florida
Clockery Known	Notary Public State of Florida Bonnie L Craig My Commission FF 112965 Expires 04/22/2018



DOC # 20150640897 B: 11026 P: 1448 12/10/2015 15:24 PM Page 1 of 1

Rec Fee: \$10.00 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00

Martha O. Haynie, Comptroller

Orange County, FL Ret To: SIMPLIFILE LC

Permit Number: Folio/Parcel Identification	on Number	
Prepared by: Maria Mc	:Cabe	
Buena Vista Construct	ion Company	
	Market Co. Co.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Return to: P.O. Box 10	000, Lake Buena	Vista, FL 32830

NOTICE OF COMMENCEMENT

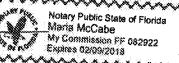
State of Florida, County of Orange The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement. 1. Description of property (legal description of the property, and street address if available) BH Central Shop Break Room Electrical, 1301 Facilities Way JFBH6003 2. General description of improvement Provide labor, material and/or electrical for construction 3. Owner information or Lessee information if the Lessee contracted for the improvement Name Walt Disney World Resort Address P.O. Box 10000, Lake Buena Vista, FL 32830 Interest in Property Name and address of fee simple titleholder (if different from Owner listed above) Address 4. Contractor Telephone Number 407-934-6070 Name Buena Vista Construction Company Address P.O. Box 10000, Lake Buena Vista, FL 32830 5. Surety (if applicable, a copy of the payment bond is attached) Name Telephone Number Amount of Bond \$ Address 6. Lender Telephone Number Name Address 7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes. Name Dave Ellis, Mgr. Sourcing & Procurement Telephone Number 407-828-3582 Address P.O. Box 10000, Lake Buena Vista, FL 32830 8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes. Telephone Number 407-934-6070 Name David Caesar, Construction Manager Address P.O. Box 10000, Lake Buena Vista, Florida 32830 9. Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Under penalty of perfury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief. Signature of Owner's or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager Signatory's Title/Office

Signature of Quases or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager Signatory's Title/Office

The foregoing instrument was acknowledged before me this 10 day of Dec 15 by Tom Troffer month/year name of person
as Director for Buena Vista Construction Company
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Maria McCabe
Print, type, or stamp commissioned name of Notary Public

Personally Known X OR Produced ID Type of ID Produced



Form Revised: September 26, 2011

D (1)	DOC # 20150641006 B: 11026 P: 190
Permit Number: Folio/Parcel ID #:	12/11/2015 07:15 AM Page 1 of 1
Prepared by: Nicholas Frasca-Ass. Contract Admin	Rec Fee: \$10.00
1365 Avenue of the Stars	Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00
Lake Buena Vista, FL 32830	Intangible Tax: \$0.00
Return to: Nicholas Frasca	Martha O. Haynie, Comptroller
1365 Avenue of the Stars	Orange County, FL Ret To: CSC INC
Lake Buena Vista, FL 32830	Net 10. CSC INC
NOTICE OF COMMENCEMENT	
State of Florida, County of Orange	
The undersigned hereby gives notice that improvement will be made to	
with Chapter 713, Florida Statutes, the following information is provided. 1. Description of property (legal description of the property, and street in the property).	
2006 Avenue of the Stars, Bay Lake, FL 32830	eet address if available)
2. General description of improvement	
Screen Installation - Project 87	
 Owner information or Lessee information if the Lessee contra Name Walt Disney Imagineering 	cted for the improvement
Address P.O. Box 10321, Lake Buena Vista, FL 32830	
Interest in Property Fee Simple	
Name and address of fee simple titleholder (if different from O	wner listed above)
Name N/A	
Address N/A	
Contractor Name Spitz, Inc.	Telephone Number 610-459-5200
Address 700 Brandywine Drive, Chadds Ford, PA 19317	Telephone Number 0 10-400-0200
5. Surety (if applicable, a copy of the payment bond is attached)	
Name Not Applicable	Telephone Number N/A
Address N/A	Amount of Bond \$ Not Required
6. Lender	
Name NONE	Telephone NumberN/A
Address N/A	
7. Persons within the State of Florida designated by Owner upo be served as provided by §713.13(1)(a)7, Florida Statutes.	n whom notices or other documents may
Name Russell Stokes	Telephone Number 407-560-7858
Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake Buena Vist	
8. In addition to himself or herself, Owner designates the follow	
Notice as provided in §713.13(1)(b), Florida Statutes.	
Name Contract Accounting	Telephone Number_407-560-7858
Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake Buena Vista	
9. Expiration date of notice of commencement (the expiration date	
construction and final payment to the contractor, but will be 1 year	r from the date of recording unless a
different date is specified) WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXI	DIDATION OF THE NOTICE OF COMMENCEMENT
ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECT	
RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.	A NOTICE OF COMMENCEMENT MUST BE
RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR REC	CORDING YOUR NOTICE OF COMMENCEMENT.
I certify that this Notice of Commencement has been filed for recording with Oral	
	VP & GM
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Part	
The foregoing instrument was acknowledged before me this 10 day	of Dec. by John C. Blitch
Vice President 9 CNA	month/year name of person
as Vice President & GM for Walt Dis	sney Imagineering f party on behalf of whom instrument was executed
Type of authority, e.g., officer, trustee, attorney in fact.	party on behavior whom institution was executed
Laray Dellero	MOIGN ISCHING
Signature of Notary Public – State of Florida Print, ty	pe, or stamp commissioned name of Notary Public
Personally Known OR Produced ID	CAROLYN MARY BELLINO
Type of ID Produced	CAROLYN MART BELLEN

CAROLYN MART BOOM OF THE STATE OF FLORIDA Comm# FF099835
Expires 7/5/2018

Earm content revised: 10/17/12

Daniel Marchan	DOC # 20150641462 B: 11026 P: 2802
Permit Number:	12/11/2015 10:15 AM Page 1 of 1
Folio/Parcel ID #:	Rec Fee: \$10.00
1365 Avenue of the Stars	Deed Doc Tax: \$0.00
Lake Buena Vista, FL 32830	Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00
Return to: Eric C. Summers	Martha O. Haynie, Comptroller
1365 Avenue of the Stars	Orange County, FL
Lake Buena Vista, FL 32830	Ret To: CSC INC
Edito Bacilla Viola, i E 02000	
NOTICE OF COMMENCEMENT	ARIENDED
NOTICE OF COMMENCEMENT -	
State of Florida, County of Orange Amending NOC 20150628	
The undersigned hereby gives notice that improvement will be ma	
with Chapter 713, Florida Statutes, the following information is pro	
 Description of property (legal description of the property, and Epcot - Germany - 1750- 1744 Avenue of the Stars, Bay La 	
General description of improvement Fabricate and install Gazebo	
3. Owner information or Lessee information if the Lessee co	ntracted for the improvement
Name Walt Disney Imagineering	
Address P.O. Box 10321, Lake Buena Vista, FL 32830-0321	•· -
Interest in Property Fee Simple Name and address of fee simple titleholder (if different from	m Owner listed above)
Name_N/A	in Owner listed above)
Address N/A	
4. Contractor	
Name Icarus Exhibits, Inc.	Telephone Number <u>407.246.0012</u>
Address P.O. Box 55146, Orlando, FL 32855	
5. Surety (if applicable, a copy of the payment bond is attached)	
Name N/A	Telephone Number N/A
Address N/A	Amount of Bond \$ Not Required
6. Lender	T-1 No
Name None	Telephone Number <u>N/A</u>
Address N/A	unan urham nationa an athan dagumenta may
7. Persons within the State of Florida designated by Owner be served as provided by §713.13(1)(a)7, Florida Statutes	upon whom notices or other documents may
Name Russell Stokes	Telephone Number 407.560.7697
Address WDI-FL BLDG/EPCOT, P.O. Box 10321, Lake Buen	
8. In addition to himself or herself, Owner designates the fo	
Notice as provided in §713.13(1)(b), Florida Statutes.	nowing to receive a copy of the Elenor 5
Name Contract Accounting	Telephone Number 407.560.6500
Address WDI-FL BLDG/EPCOT, P.O. Box 10321, Lake Buen	
9. Expiration date of notice of commencement (the expiration	
construction and final payment to the contractor, but will be 1	
different date is specified) December 10, 2016	,
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THI ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, I RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPER RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECT	SECTION 713.13, FLORIDA STATUTES, AND CAN RTY. A NOTICE OF COMMENCEMENT MUST BE ION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT
WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OF	R RECORDING YOUR NOTICE OF COMMENCEMENT.
	VP & GM
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Directo	
	, Pa
The foregoing instrument was acknowledged before me this 100	
as Vice President & General Manager for Wal	month/year name of person It Disney Imagineering
Type of authority, e.g., efficer, trustee, attorney in fact	nne of party on behalf of whom instrument was executed
(Cara - Rall - A	Polling Relling
CONTRACTOR DELLA	MIDIGHT STORY
Signature of f iotary Public – State of Florida Pri	int, type, or stamp commissioned name of Notary Public
Personally Known OR Produced ID	
Type of ID Produced	MEYAL CAROLVE MARKET
Typo of the Frontioon	CAROLYN MARY BELLINO NOTARY PUBLIC

