STATE OF FLORIDA UNIFORM COMMERCIAL CODE DOC # 20160192083 04/18/2016 08:01 AM Page 1 of 4 FINANCING STATEMENT FORM Rec Fee: \$35.50 A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Deed Doc Tax: \$0.00 Lowell Flatford 407-828-3038 Mortgage Doc Tax: \$0.00 B. Email Address Intangible Tax: \$0.00 C. SEND ACKNOWLEDGEMENT TO: Martha O. Haynie, Comptroller Name: Joyce M. Bowers, Esq. Orange County, FL Ret To: SIMPLIFILE LC Address: Walt Disney Parks and Resorts U.S., Inc. Address: 1375 Buena Vista Drive City/State/Zip: Lake Buena Vista, FL 32830 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (1a OR 1b) - Do Not Abbreviate or Combine Names 1 a ORGANIZATION'S NAME FRANCESCA'S COLLECTIONS, INC. 1.b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1.c MAILING ADDRESS Line One This space not available. 8760 Clay Road MAILING ADDRESS Line Two CITY STATE POSTAL CODE COUNTRY Houston TX 77080 **USA** 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (2a OR 2b) - Do Not Abbreviate or Combine Names 2.a ORGANIZATION'S NAME 2.b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2.c MAILING ADDRESS Line One This space not available STATE POSTAL CODE COUNTRY MAILING ADDRESS Line Two CITY 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - INSERT ONLY ONE SECURED PARTY (3a OR 3b) 3.a ORGANIZATION'S NAME Walt Disney Parks and Resorts U.S., Inc. 3.b INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME 3.c MAILING ADDRESS Line One This space not available. 1375 Buena Vista Drive POSTAL CODE COUNTRY CITY MAILING ADDRESS Line Two STATE FL 32830 **USA** Lake Buena Vista 4. This FINANCING STATEMENT covers the following collateral:

FIRST AND PRIOR SECURITY INTEREST IN ALL MECHANICAL, ELECTRICAL AND PLUMBING SYSTEMS AND EQUIPMENT WHICH ARE NOW PRESENT OR WHICH HEREAFTER MAY BE PLACED IN OR UPON THE PREMISES (INCLUDING ANY AND ALL ADDITIONS, IMPROVEMENTS, SUBSTITUTIONS AND REPLACEMENTS OF ANY OF THE FOREGOING), AND ALSO IN ALL PROCEEDS, AND PRODUCTS OF AND ACCESSIONS TO SUCH PROPERTY (INCLUDING ANY RIGHTS UNDER INSURANCE POLICIES OR INSURANCE PROCEEDS WHICH MAY ACCRUE TO LANDLORD BY REASON OF DESTRUCTION OF OR DAMAGE TO ANY SUCH PROPERTY)), AND (B) SUBJECT TO THE FOREGOING AND TO THE EXTENT A SECURITY INTEREST IS NOT HEREAFTER GRANTED BY TENANT TO ITS LENDER, IN ALL OTHER FIXTURES, FURNITURE, FURNISHINGS, MACHINERY, APPLIANCES AND OTHER EQUIPMENT, WHICH ARE NOW PRESENT OR WHICH HEREAFTER MAY BE PLACED IN OR UPON THE PREMISES (INCLUDING ANY AND ALL ADDITIONS, IMPROVEMENTS, SUBSTITUTIONS AND REPLACEMENTS OF ANY OF THE FOREGOING), AND ALSO IN ALL PROCEEDS, AND PRODUCTS OF AND ACCESSIONS TO SUCH PROPERTY (INCLUDING ANY RIGHTS UNDER INSURANCE POLICIES OR INSURANCE PROCEEDS WHICH MAY ACCRUE TO TENANT BY REASON OF DESTRUCTION OF OR DAMAGE TO ANY SUCH PROPERTY).

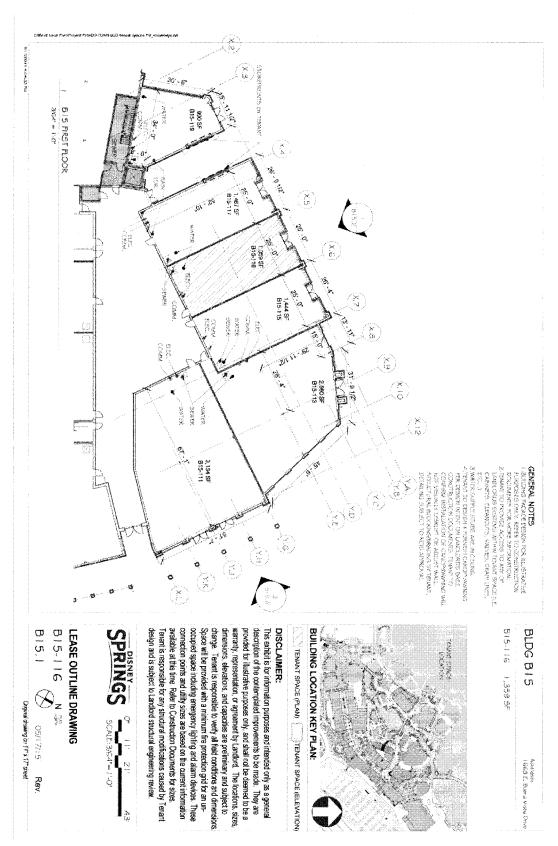
The Premises shown on Exhibit "A" attached hereto and made a part hereof.

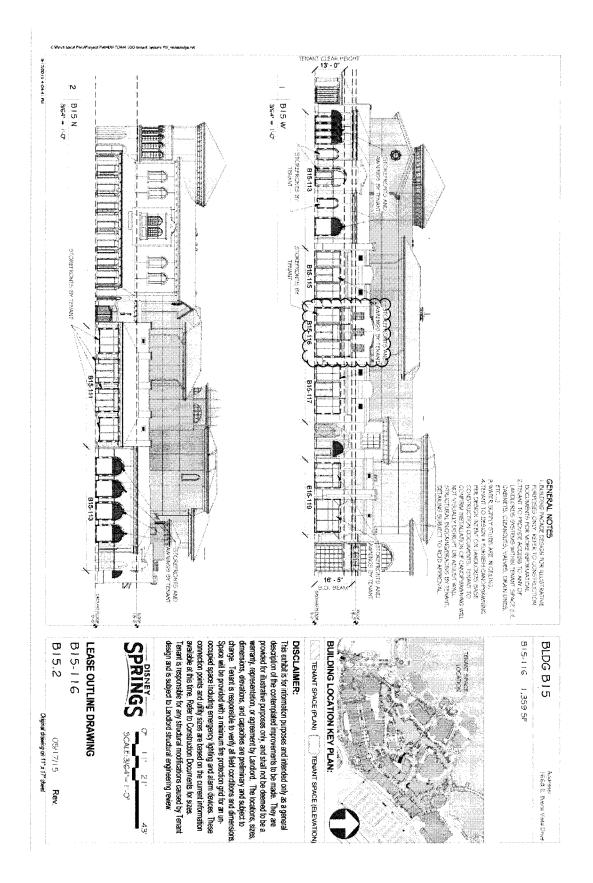
5. ALTERNATE DESIGNATION (if applicable)	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR				
	AG LIEN	NON-UCC FILING	SELLER/BUYER				
6. Florida DOCUMENTARY STAMP TAX – YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX All documentary stamps due and payable or to become due and payable pursuant to s. 201.22 F.S., have been paid.							
Florida Documentary Stamp Tax is not	required.						
7. OPTIONAL FILER REFERENCE DATA	Francesca's- Disney Spri	ngs®					

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Approved by the Secretary of State, State of Florida





STATE OF FLORIDA UNIFORM COMMERCIAL CODE FINANCING STATEMENT FORM

A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Lowell Flatford 407-828-3038 B. Email Address C. SEND ACKNOWLEDGEMENT TO: Name: Joyce M. Bowers, Esq. Address: Walt Disney Parks and Resorts U.S., Inc. Address: 1375 Buena Vista Drive City/State/Zip: Lake Buena Vista, FL 32830

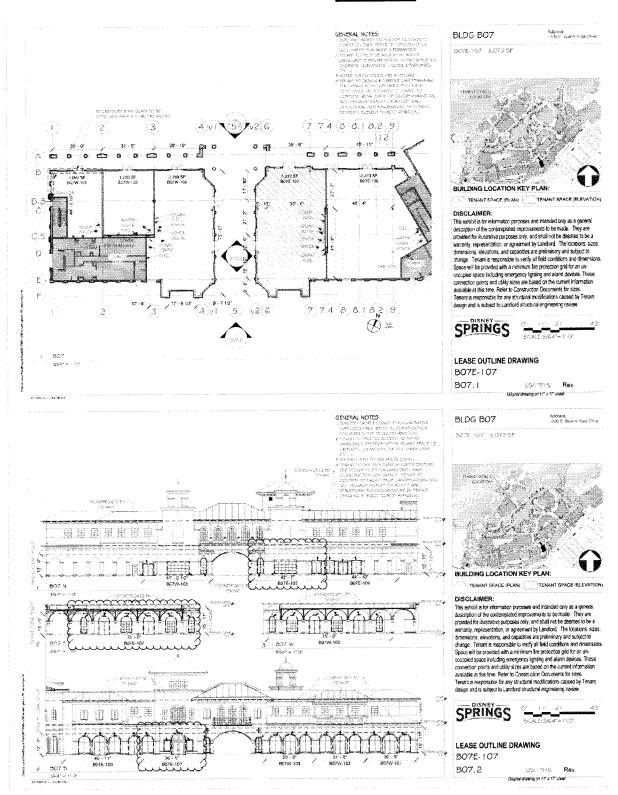
DOC # 20160192084

04/18/2016 08:01 AM Page 1 of 2 ' -

Rec Fee: \$18.50 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00

Martha O. Haynie, Comptroller

100,000		THE ABOVE SPACE IS FOR FILING OFFICE U	SE ONLY		
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INDER INSURANCE POLICIES OR INSURANCE					
DAMAGE TO ANY SUCH PROPERTY).					
The Premises shown on Exhibit "A" attached he	reto and made a part hereof.				
. ALTERNATE DESIGNATION (if applicable)	LESSEE/LESSOR CONSIGNEE/C	ONSIGNOR BAILEE/BAILOR			
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STATE OF FLORIDA UNIFORM COMMERCIAL CODE FINANCING STATEMENT FORM

A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Lowell Flatford 407-828-3038 B. Email Address C. SEND ACKNOWLEDGEMENT TO: Name: Joyce M. Bowers, Esq. Address: Walt Disney Parks and Resorts U.S., Inc. Address: 1375 Buena Vista Drive City/State/Zip: Lake Buena Vista. FL 32830

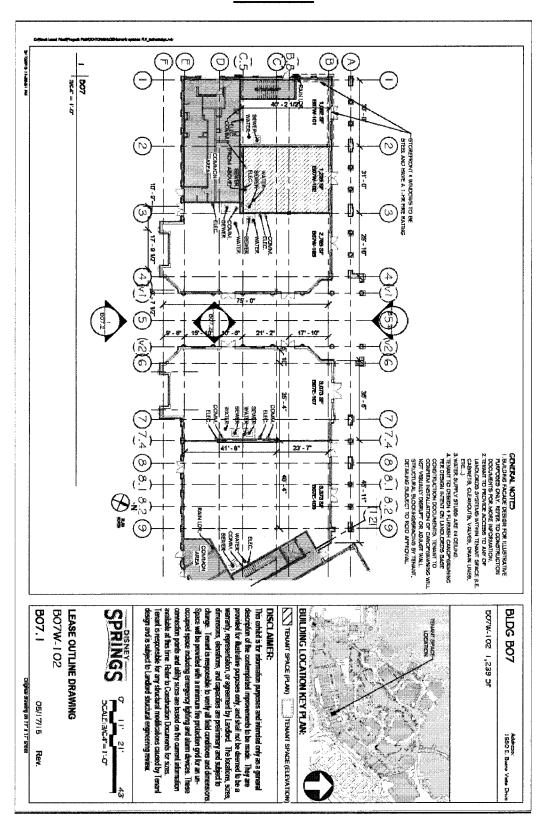
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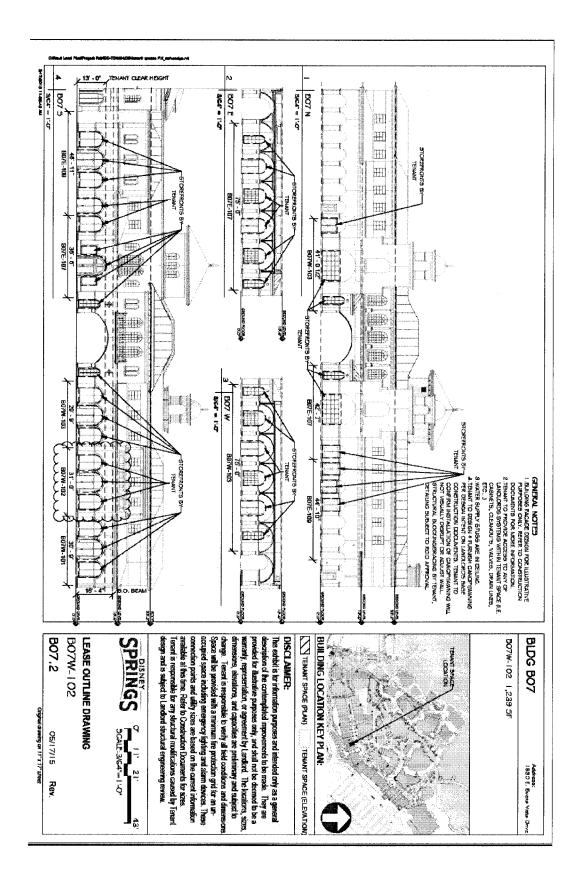
04/18/2016 08:01 AM Page 1 of 3

Rec Fee: \$27.00 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00

Martha O. Haynie, Comptroller

Address: 1375 Buena Vista Drive			
City/State/Zip: Lake Buena Vista, FL 32830		E A DOVE CDACE IC POD PH INC OFFICE I	SE ONLY
		E ABOVE SPACE IS FOR FILING OFFICE U	SE ONLY
1. DEBTOR'S EXACT FULL LEGAL NAME - INSER	T ONLY ONE DEBTOR NAME (1a OR 1b) -	Do Not Abbreviate or Combine Names	
1.a ORGANIZATION'S NAME M.A.C. COSMETICS INC.			
1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1.c MAILING ADDRESS Line One		This space not available	
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STANDARD FORM - FORM UCC-1 (REV.05/2013)	Filing Office Copy	Approved by the Secretary of State	State of Florida





STATE OF FLORIDA UNIFORM COMMERCIAL CODE FINANCING STATEMENT FORM

A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Lowell Flatford 407-828-3038 B. Email Address C. SEND ACKNOWLEDGEMENT TO: Name: Joyce M. Bowers, Esq. Address: Walt Disney Parks and Resorts U.S., Inc. Address: 1375 Buena Vista Drive City/State/Zip: Lake Buena Vista, FL 32830

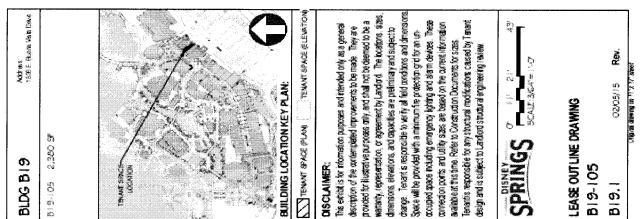
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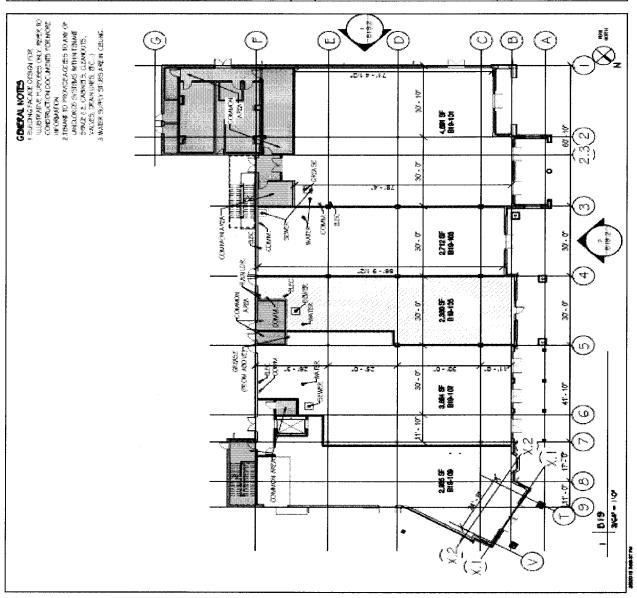
04/18/2016 08:01 AM Page 1 of 2

Rec Fee: \$18.50 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00

Martha O. Haynie, Comptroller

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4. This FINANCING STATEMENT covers the fo	llowing collateral:				
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5. ALTERNATE DESIGNATION (if applicable)	LESSEE/LESSOR CONSI	GNEE/CONSIGNOR	BAILEE/BA	AILOR	
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7. OPTIONAL FILER REFERENCE DATA	Volcom- Disney Springs®		<u></u>		
STANDARD FORM - FORM UCC-1 (REV.05/2013)	Filing Office Copy		Approved by th	e Secretary of State	State of Florida



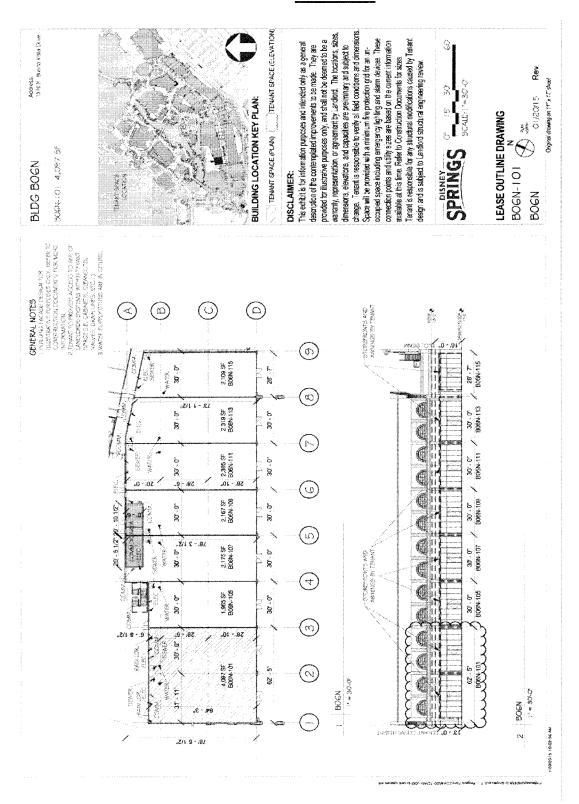


DOC # 20160192087 04/18/2016 08:01 AM Page 1 of 2 STATE OF FLORIDA UNIFORM COMMERCIAL CODE Rec Fee: \$18.50 Deed Doc Tax: \$0.00 FINANCING STATEMENT FORM Mortgage Doc Tax: \$0.00 A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Intangible Tax: \$0.00 Lowell Flatford 407-828-3038 Martha O. Haynie, Comptroller B. Email Address Orange County, FL C. SEND ACKNOWLEDGEMENT TO: Ret To: SIMPLIFILE LC Name: Joyce M. Bowers, Esq. Address: Walt Disney Parks and Resorts U.S., Inc. Address: 1375 Buena Vista Drive City/State/Zip: Lake Buena Vista, FL 32830 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (1a OR 1b) - Do Not Abbreviate or Combine Names 1.a ORGANIZATION'S NAME TOMMY BAHAMA R&R HOLDINGS, INC. (dba Tommy Bahama) SUFFIX ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME 1.b INDIVIDUAL'S SURNAME 1.c MAILING ADDRESS Line One This space not available. 428 Westlake Avenue N., Suite 388 COUNTRY POSTAL CODE STATE CITY MAILING ADDRESS Line Two 98109 **USA** WA Seattle 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (2a OR 2b) - Do Not Abbreviate or Combine Names 2.a ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME 2 b INDIVIDUAL'S SURNAME 2.c MAILING ADDRESS Line One This space not available. STATE POSTAL CODE COUNTRY CITY MAILING ADDRESS Line Two 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - INSERT ONLY ONE SECURED PARTY (3a OR 3b) 3.a ORGANIZATION'S NAME Walt Disney Parks and Resorts U.S., Inc. ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3.b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 3.c MAILING ADDRESS Line One This space not available. 1375 Buena Vista Drive STATE COUNTRY POSTAL CODE CITY MAILING ADDRESS Line Two USA FL 32830 Lake Buena Vista 4. This FINANCING STATEMENT covers the following collateral: IN ALL FIXTURES AND IN ALL FURNITURE, FURNISHINGS, MERCHANDISE, SUPPLIES, MACHINERY, APPLIANCES AND

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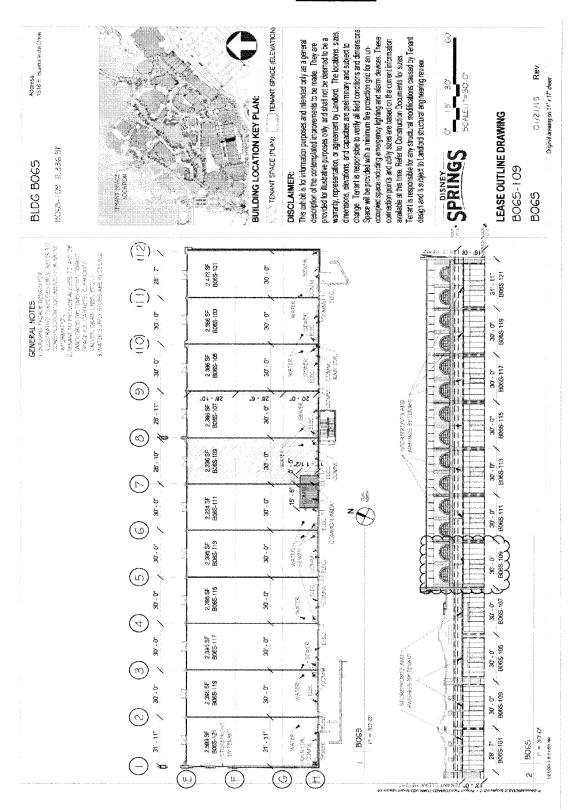
5. ALTERNATE DESIGNATION (if applicable)	LESSEE/LESSOR	CONSIGNEE/CONSIGNO	DR BAILEE/BAILOR
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Florida Documentary Stamp Tax is not	required.		
7. OPTIONAL FILER REFERENCE DATA	Tommy Bahama- Dis	nev Springs®	



DOC # 20160192088 STATE OF FLORIDA UNIFORM COMMERCIAL CODE 04/18/2016 08:01 AM Page 1 of 2 FINANCING STATEMENT FORM Rec Fee: \$18.50 A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Deed Doc Tax: \$0.00 Lowell Flatford 407-828-3038 Mortgage Doc Tax: \$0.00 B. Email Address Intangible Tax: \$0.00 Martha O. Haynie, Comptroller C. SEND ACKNOWLEDGEMENT TO: Name: Joyce M. Bowers, Esq. Orange County, FL Ret To: SIMPLIFILE LC Address: Walt Disney Parks and Resorts U.S., Inc. Address: 1375 Buena Vista Drive City/State/Zip: Lake Buena Vista, FL 32830 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (1a OR 1b) - Do Not Abbreviate or Combine Names 1.a ORGANIZATION'S NAME SUGARTOWN WORLDWIDE LLC (dba Lilly Pulitzer) ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME 1.b INDIVIDUAL'S SURNAME 1.c MAILING ADDRESS Line One This space not available. 800 Third Avenue POSTAL CODE COUNTRY STATE CITY MAILING ADDRESS Line Two PA 19406 USA King of Prussia 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (2a OR 2b) - Do Not Abbreviate or Combine Names 2.a ORGANIZATION'S NAME SUFFIX FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 2.b INDIVIDUAL'S SURNAME 2.c MAILING ADDRESS Line One This space not available. STATE POSTAL CODE COUNTRY MAILING ADDRESS Line Two CITY 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - INSERT ONLY ONE SECURED PARTY (3a OR 3b) 3.a ORGANIZATION'S NAME Walt Disney Parks and Resorts U.S., Inc. SUFFIX ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME 3.b INDIVIDUAL'S SURNAME 3 c MAILING ADDRESS Line One This space not available. 1375 Buena Vista Drive COUNTRY CITY STATE POSTAL CODE MAILING ADDRESS Line Two USA FL 32830 Lake Buena Vista 4. This FINANCING STATEMENT covers the following collateral: ALL FIXTURES AND IN ALL FURNITURE, FURNISHINGS, MERCHANDISE, SUPPLIES, MACHINERY, APPLIANCES AND OTHER EQUIPMENT, INVENTORY AND GOODS WHICH ARE NOW PRESENT OR WHICH HEREAFTER MAY BE PLACED IN OR UPON THE PREMISES (INCLUDING ANY AND ALL ADDITIONS, IMPROVEMENTS, SUBSTITUTIONS AND REPLACEMENTS OF ANY OF THE FOREGOING), AND ALSO IN ALL PROCEEDS, AND PRODUCTS OF AND ACCESSIONS TO SUCH PROPERTY (INCLUDING ANY RIGHTS UNDER INSURANCE POLICIES OR INSURANCE PROCEEDS WHICH MAY ACCRUE TO TENANT BY REASON OF DESTRUCTION OF OR DAMAGE TO ANY SUCH PROPERTY). The Premises shown on Exhibit "A" attached hereto and made a part hereof. CONSIGNEE/CONSIGNOR LESSEE/LESSOR BAILEE/BAILOR 5. ALTERNATE DESIGNATION (if applicable) NON-UCC FILING SELLER/BUYER AG LIEN 6. Florida DOCUMENTARY STAMP TAX – YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX All documentary stamps due and payable or to become due and payable pursuant to s. 201.22 F.S., have been paid.

7. OPTIONAL FILER REFERENCE DATA Lilly Pulitzer- Disney Springs®

Florida Documentary Stamp Tax is not required.

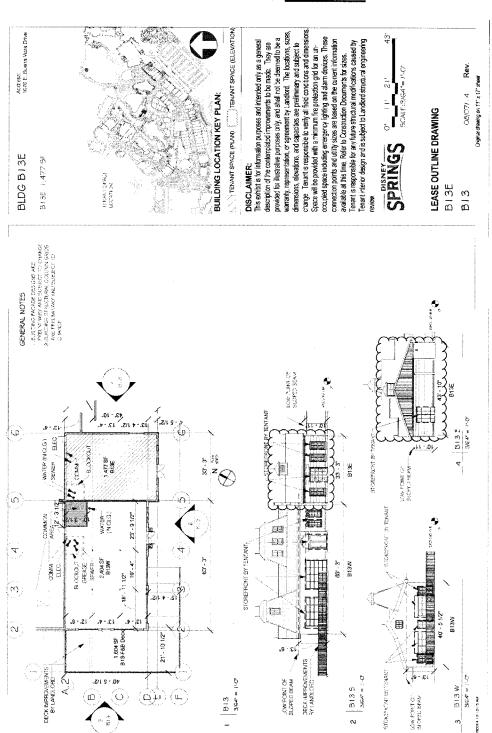


DOC # 20160192089 04/18/2016 08:01 AM Page 1 of 2 STATE OF FLORIDA UNIFORM COMMERCIAL CODE Rec Fee: \$18.50 Deed Doc Tax: \$0.00 FINANCING STATEMENT FORM Mortgage Doc Tax: \$0.00 A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Intangible Tax: \$0.00 Lowell Flatford 407-828-3038 Martha O. Haynie, Comptroller B. Email Address Orange County, FL C. SEND ACKNOWLEDGEMENT TO: Ret To: SIMPLIFILE LC Name: Joyce M. Bowers, Esq. Address: Walt Disney Parks and Resorts U.S., Inc. Address: 1375 Buena Vista Drive City/State/Zip: Lake Buena Vista, FL 32830 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (1a OR 1b) - Do Not Abbreviate or Combine Names 1.a ORGANIZATION'S NAME PANDORA VENTURES, LLC 1.b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1.c MAILING ADDRESS Line One This space not available. 8671 Robert Fulton Drive MAILING ADDRESS Line Two POSTAL CODE COUNTRY CITY STATE Columbia **MD** 21046 **USA** 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (2a OR 2b) - Do Not Abbreviate or Combine Names 2.a ORGANIZATION'S NAME 2.b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2.c MAILING ADDRESS Line One This space not available STATE CITY POSTAL CODE COUNTRY MAILING ADDRESS Line Two 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - INSERT ONLY ONE SECURED PARTY (3a OR 3b) 3.a ORGANIZATION'S NAME Walt Disney Parks and Resorts U.S., Inc. SUFFIX 3.b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 3.c MAILING ADDRESS Line One This space not available. 1375 Buena Vista Drive MAILING ADDRESS Line Two CITY STATE POSTAL CODE COUNTRY Lake Buena Vista FL 32830 USA 4. This FINANCING STATEMENT covers the following collateral: IN ALL FIXTURES AND IN ALL FURNITURE, FURNISHINGS, MERCHANDISE, SUPPLIES, MACHINERY, APPLIANCES AND ANY OF THE FOREGOING), AND ALSO IN ALL PROCEEDS, AND PRODUCTS OF AND ACCESSIONS TO SUCH PROPERTY REASON OF DESTRUCTION OF OR DAMAGE TO ANY SUCH PROPERTY).

OTHER EQUIPMENT, INVENTORY AND GOODS WHICH ARE NOW PRESENT OR WHICH HEREAFTER MAY BE PLACED IN OR UPON THE PREMISES (INCLUDING ANY AND ALL ADDITIONS, IMPROVEMENTS, SUBSTITUTIONS AND REPLACEMENTS OF (INCLUDING ANY RIGHTS UNDER INSURANCE POLICIES OR INSURANCE PROCEEDS WHICH MAY ACCRUE TO TENANT BY

The Premises shown on Exhibit "A" attached hereto and made a part hereof.

5. ALTERNATE DESIGNATION (if applicable)	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR					
	AG LIEN	NON-UCC FILING	SELLER/BUYER					
6. Florida DOCUMENTARY STAMP TAX – YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX All documentary stamps due and payable or to become due and payable pursuant to s. 201.22 F.S., have been paid.								
Florida Documentary Stamp Tax is not	required.							
7. OPTIONAL FILER REFERENCE DATA	Pandora- Disney Spri	ngs®						



STATE OF FLORIDA UNIFORM COMMERCIAL CODE

A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Lowell Flatford 407-828-3038 B. Email Address C. SEND ACKNOWLEDGEMENT TO: Name: Joyce M. Bowers, Esq. Address: Walt Disney Parks and Resorts U.S., Inc. Address: 1375 Buena Vista Drive City/State/Zip: Lake Buena Vista, FL 32830

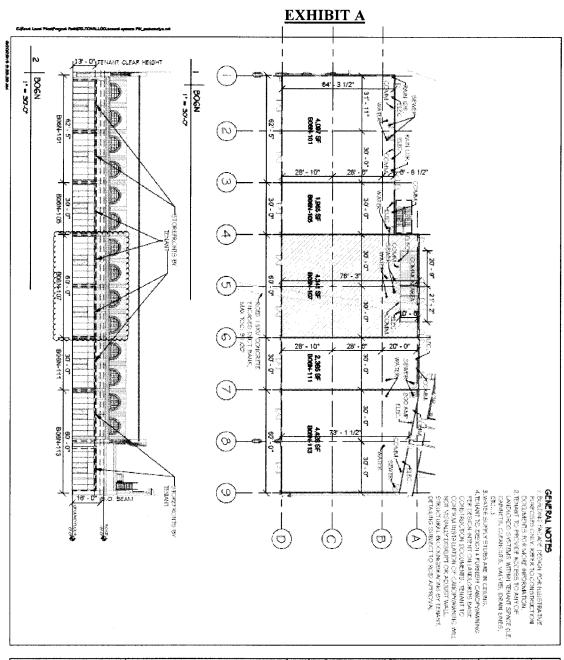
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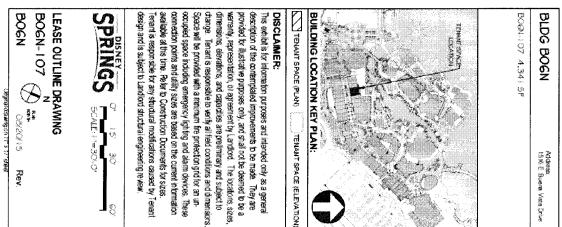
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Rec Fee: \$18.50 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00

Martha O. Haynie, Comptroller

City/State/Zip. Lake Buena Vista, FE 32830			THE ABO	OVE SPA	CE IS FOR I	FILING OFFICE US	SE ONLY	
1. DEBTOR'S EXACT FULL LEGAL NAME - I	NSEF	T ONLY ONE DEBTOR NA	ME (1a OR 1b) – Do No	ot Abbrev	iate or Combi	ne Names		
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540 South Santa Fe Avenue MAILING ADDRESS Line Two		CITY Los Angeles	CITY STATE POSTAL COL					
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4. This FINANCING STATEMENT covers the folion ALL MECHANICAL (INCLUDING HVAC), PERMANENTLY AFFIXED IMPROVEMENTS PREMISES (INCLUDING ANY AND ALL ADEFOREGOING), AND ALSO IN ALL PROCEEDS UNDER INSURANCE POLICIES OR INSURAND DAMAGE TO ANY SUCH PROPERTY). The Premises shown on Exhibit "A" attached	ELE S, WH DITIO S, AI NCE	CCTRICAL AND PLUMBII HICH ARE NOW PRESEN' DNS, IMPROVEMENTS, S ND PRODUCTS OF AND PROCEEDS WHICH MAY	T OR WHICH HERE SUBSTITUTIONS AN ACCESSIONS TO SI ACCRUE TO LAN	AFTER ND REP UCH PR	MAY BE PI LACEMENT OPERTY (II	ACED IN OR UPOSS OF ANY OF THE NCLUDING ANY	ON THE IE RIGHTS	
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STATE OF FLORIDA UNIFORM COMMERCIAL CODE FINANCING STATEMENT FORM

A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Lowell Flatford 407-828-3038 B. Email Address C. SEND ACKNOWLEDGEMENT TO: Name: Joyce M. Bowers, Esq. Address: Walt Disney Parks and Resorts U.S., Inc. Address: 1375 Buena Vista Drive City/State/Zin: Lake Buena Vista, FL, 32830.

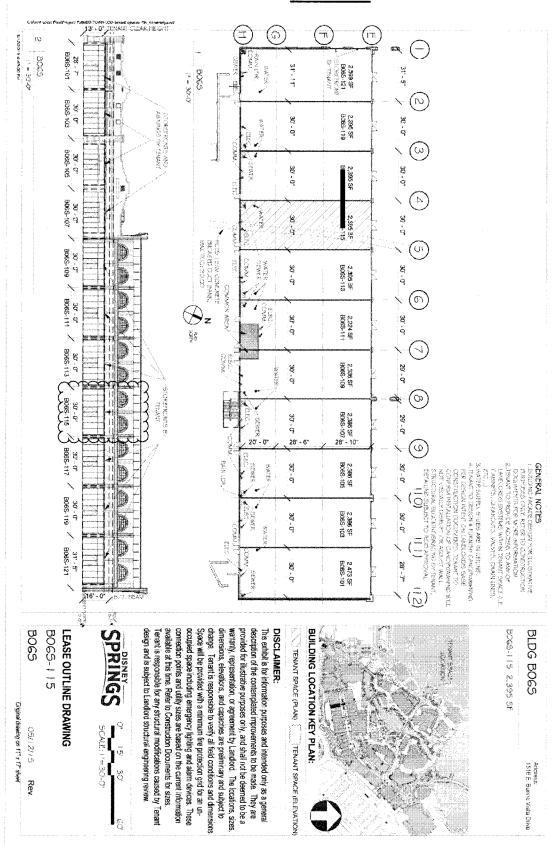
DOC # 20160192091

04/18/2016 08:01 AM Page 1 of 2

Rec Fee: \$18.50 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00

Martha O. Haynie, Comptroller

City/state/Zip. Lake Bucha Vista, TL 52830			THE A	BOVE SPA	CE IS FOR I	FILING OFFICE US	SE ONLY
1. DEBTOR'S EXACT FULL LEGAL NAME – I	NSE	RT ONLY ONE DEBTOR NAM	IE (1a OR 1b) – Do	Not Abbrev	iate or Combin	ne Names	
VERA BRADLEY SALES, LLC							
1.b INDIVIDUAL'S SURNAME		FIRST PERSONAL	T PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SU				
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12420 Stonebridge Road							
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1375 Buena Vista Drive				This space	not available.		
MAILING ADDRESS Line Two		CITY Lake Buena Vista			STATE FL	POSTAL CODE 32830	COUNTRY USA
4. This FINANCING STATEMENT covers the form ALL FIXTURES AND IN ALL FURNITURE EQUIPMENT, INVENTORY AND GOODS WHO PREMISES (INCLUDING ANY AND ALL ADIFOREGOING), AND ALSO IN ALL PROCEED UNDER INSURANCE POLICIES OR INSURAND DAMAGE TO ANY SUCH PROPERTY).	E, FU HCH DITH S, A	JRNISHINGS, MERCHAND HARE NOW PRESENT OR IONS, IMPROVEMENTS, SI IND PRODUCTS OF AND A	WHICH HEREAF JBSTITUTIONS A CCESSIONS TO	TER MAY AND REP SUCH PR	Y BE PLACE LACEMENT OPERTY (IN	D IN OR UPON T S OF ANY OF TH NCLUDING ANY	HE IE RIGHTS
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	L.,	AG LIEN NO	N-UCC FILING		SELLER/B	UYER	
6. Florida DOCUMENTARY STAMP TAX – Y All documentary stamps due and payable		•			.S., have bee	en paid.	
Florida Documentary Stamp Tax is not	req	uired.					
7. OPTIONAL FILER REFERENCE DATA	Ve	ra Bradley– Disney Springs	R)				
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DOC # 20160192092 04/18/2016 08:01 AM Page 1 of 2 STATE OF FLORIDA UNIFORM COMMERCIAL CODE Rec Fee: \$18.50 Deed Doc Tax: \$0.00 FINANCING STATEMENT FORM Mortgage Doc Tax: \$0.00 A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Intangible Tax: \$0.00 Lowell Flatford 407-828-3038 Martha O. Haynie, Comptroller B. Email Address Orange County, FL C. SEND ACKNOWLEDGEMENT TO: Ret To: SIMPLIFILE LC Name: Joyce M. Bowers, Esq. Address: Walt Disney Parks and Resorts U.S., Inc. Address: 1375 Buena Vista Drive City/State/Zip: Lake Buena Vista, FL 32830 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (1a OR 1b) - Do Not Abbreviate or Combine Names 1.a ORGANIZATION'S NAME UNDER ARMOUR RETAIL, INC. ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME 1.b INDIVIDUAL'S SURNAME 1.c MAILING ADDRESS Line One This space not available. 1020 Hull Street POSTAL CODE STATE CITY MAILING ADDRESS Line Two MD 21230 **Baltimore** 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (2a OR 2b) - Do Not Abbreviate or Combine Names

CITY

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - INSERT ONLY ONE SECURED PARTY (3a OR 3b)

4. This FINANCING STATEMENT covers the following collateral:

2.a ORGANIZATION'S NAME

2 b INDIVIDUAL'S SURNAME

2.c MAILING ADDRESS Line One

3.a ORGANIZATION'S NAME

3.b INDIVIDUAL'S SURNAME

1375 Buena Vista Drive

3.c MAILING ADDRESS Line One

MAILING ADDRESS Line Two

MAILING ADDRESS Line Two

Walt Disney Parks and Resorts U.S., Inc.

IN ALL MECHANICAL (INCLUDING HVAC), ELECTRICAL AND PLUMBING SYSTEMS AND EQUIPMENT, AND STOREFRONT AND OTHER PERMANENTLY AFFIXED IMPROVEMENTS, WHICH ARE NOW PRESENT OR WHICH HEREAFTER MAY BE PLACED IN OR UPON THE PREMISES (INCLUDING ANY AND ALL ADDITIONS, IMPROVEMENTS, SUBSTITUTIONS AND REPLACEMENTS OF ANY OF THE FOREGOING), AND ALSO IN ALL PROCEEDS, AND PRODUCTS OF AND ACCESSIONS TO SUCH PROPERTY (INCLUDING ANY RIGHTS UNDER INSURANCE POLICIES OR INSURANCE PROCEEDS WHICH MAY ACCRUE TO LANDLORD BY REASON OF DESTRUCTION OF OR DAMAGE TO ANY SUCH PROPERTY).

FIRST PERSONAL NAME

FIRST PERSONAL NAME

Lake Buena Vista

The Premises shown on Exhibit "A" attached	he	reto and made a par	rt he	ereof.		
5. ALTERNATE DESIGNATION (if applicable)		LESSEE/LESSOR		CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	
		AG LIEN		NON-UCC FILING	SELLER/BUYER	

6. Florida DOCUMENTARY STAMP TAX - YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX All documentary stamps due and payable or to become due and payable pursuant to s. 201.22 F.S., have been paid.

Florida Documentary Stamp Tax is not required.

7. OPTIONAL FILER REFERENCE DATA Under Armour-Disney Springs®

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Filing Office Copy

Approved by the Secretary of State, State of Florida

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COUNTRY

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ADDITIONAL NAME(S)/INITIAL(S)

ADDITIONAL NAME(S)/INITIAL(S)

POSTAL CODE

POSTAL CODE

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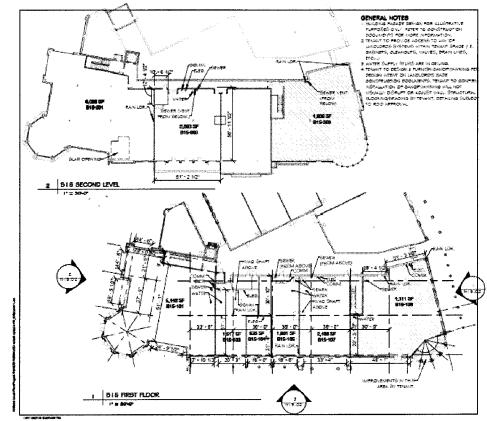
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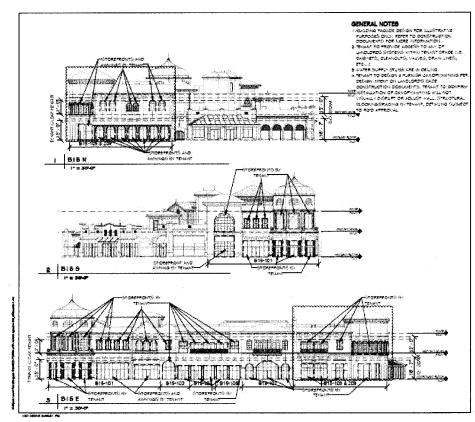
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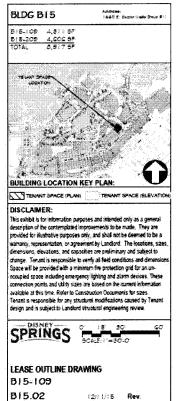
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STATE OF FLORIDA UNIFORM COMMERCIAL CODE FINANCING STATEMENT FORM

A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Lowell Flatford 407-828-3038 B. Email Address C. SEND ACKNOWLEDGEMENT TO: Name: Joyce M. Bowers, Esq. Address: Walt Disney Parks and Resorts U.S., Inc. Address: 1375 Buena Vista Drive City/State/Zip: Lake Buena Vista, FL 32830

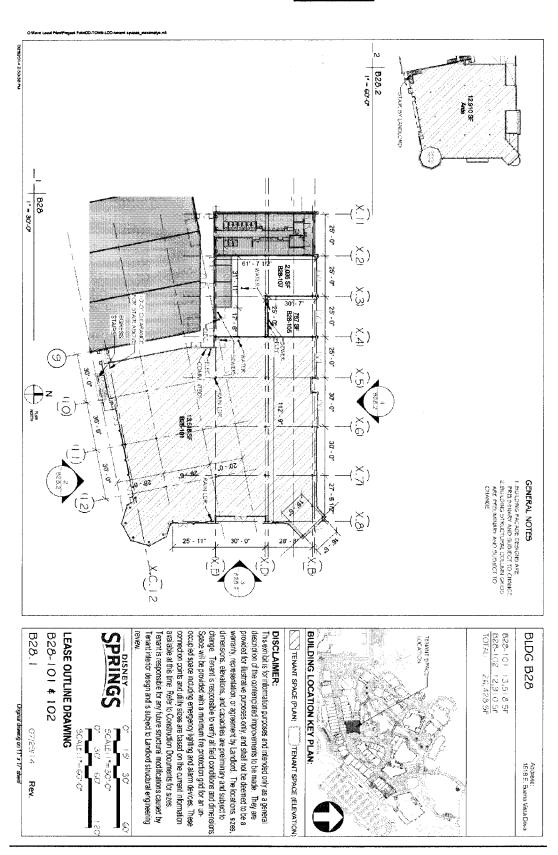
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Rec Fee: \$18.50 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00

Martha O. Haynie, Comptroller

City/State/Zip. Lake Buena Vista, FL 32830		THE ABOVE SPACE IS FOR	R FILING OFFICE U	SE ONLY	
1. DEBTOR'S EXACT FULL LEGAL NAME – I 1.a ORGANIZATION'S NAME	NSERT ONLY ONE DEBTOR NAME (1a OR 1	lb) – Do Not Abbreviate or Com	bine Names		
ZARA USA, Inc.					
1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL N	AME(S)/INITIAL(S)	SUFFIX	
1.c MAILING ADDRESS Line One		This space not available	_	-	
501 Fifth Avenue, Suite 400		This space not available			
MAILING ADDRESS Line Two	CITY New York	STATE NY	POSTAL CODE 10110	COUNTRY USA	
2. ADDITIONAL DEBTOR'S EXACT FULL L	EGAL NAME – INSERT ONLY ONE DEBTO	R NAME (2a OR 2b) – Do Not	Abbreviate or Combine	Names	
2.a ORGANIZATION'S NAME					
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Walt Disney Parks and Resorts U.S., Inc. 3.b INDIVIDUAL'S SURNAME 3.c MAILING ADDRESS Line One	FIRST PERSONAL NAME	FIRST PERSONAL NAME ADDITIONAL NAME(S)/INI			
1375 Buena Vista Drive		This space not available	e .		
MAILING ADDRESS Line Two	CITY Lake Buena Vista	STATE FL	E POSTAL CODE 32830	COUNTRY USA	
4. This FINANCING STATEMENT covers the fo					
IN ALL FIXTURES AND IN ALL FURNITURE NOW PRESENT OR WHICH HEREAFTER MA IMPROVEMENTS, SUBSTITUTIONS AND RE OF AND ACCESSIONS TO SUCH PROPERTY MAY ACCRUE TO TENANT BY REASON OF	AY BE PLACED IN OR UPON THE PREM EPLACEMENTS OF ANY OF THE FOREC (INCLUDING ANY RIGHTS UNDER INS	IISES (INCLUDING ANY A GOING), AND ALSO IN AL SURANCE POLICIES OR II	ND ALL ADDITION L PROCEEDS, AND	NS, D PRODUCTS	
The Premises shown on Exhibit "A" attached	d hereto and made a part hereof.				
5. ALTERNATE DESIGNATION (if applicable)	LESSEE/LESSOR CONSIGNEE/	/CONSIGNOR BAILEE/F	BAILOR		
	AG LIEN NON-UCC FI	LING SELLER	BUYER		
6. Florida DOCUMENTARY STAMP TAX – Y All documentary stamps due and payab			peen paid.		
Florida Documentary Stamp Tax is not	required.				
7. OPTIONAL FILER REFERENCE DATA	Zara- Disney Springs®				
STANDARD FORM - FORM UCC-1 (REV.05/2013)	Filing Office Copy	Approved by	the Secretary of State,	State of Florid	



DOC # 20160192134 04/18/2016 08:09 AM Page 1 of 2 STATE OF FLORIDA UNIFORM COMMERCIAL CODE Rec Fee: \$18.50 Deed Doc Tax: \$0.00 FINANCING STATEMENT FORM Mortgage Doc Tax: \$0.00 A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Intangible Tax: \$0.00 Lowell Flatford 407-828-3038 Martha O. Haynie, Comptroller B. Email Address Orange County, FL C. SEND ACKNOWLEDGEMENT TO: Ret To: SIMPLIFILE LC Name: Joyce M. Bowers, Esq. Address: Walt Disney Parks and Resorts U.S., Inc. Address: 1375 Buena Vista Drive City/State/Zip: Lake Buena Vista, FL 32830 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (1a OR 1b) - Do Not Abbreviate or Combine Names 1.a ORGANIZATION'S NAME UNITED WORLD SOCCER, INC. 1.b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1.c MAILING ADDRESS Line One This space not available. 20 North Orange Avenue, 16th Floor MAILING ADDRESS Line Two CITY STATE POSTAL CODE COUNTRY Orlando 32801 **USA** 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (2a OR 2b) - Do Not Abbreviate or Combine Names 2.a ORGANIZATION'S NAME 2.b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2.c MAILING ADDRESS Line One This space not available. MAILING ADDRESS Line Two CITY POSTAL CODE COUNTRY 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - INSERT ONLY ONE SECURED PARTY (3a OR 3b) 3.a ORGANIZATION'S NAME Walt Disney Parks and Resorts U.S., Inc. 3.b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3.c MAILING ADDRESS Line One This space not available 1375 Buena Vista Drive MAILING ADDRESS Line Two POSTAL CODE STATE COUNTRY Lake Buena Vista FL 32830 **USA** 4. This FINANCING STATEMENT covers the following collateral: IN ALL FIXTURES AND IN ALL FURNITURE, FURNISHINGS, MERCHANDISE, SUPPLIES, MACHINERY, APPLIANCES AND OTHER EQUIPMENT, INVENTORY AND GOODS WHICH ARE NOW PRESENT OR WHICH HEREAFTER MAY BE PLACED IN OR UPON THE PREMISES (INCLUDING ANY AND ALL ADDITIONS, IMPROVEMENTS, SUBSTITUTIONS AND REPLACEMENTS OF ANY OF THE FOREGOING), AND ALSO IN ALL PROCEEDS, AND PRODUCTS OF AND ACCESSIONS TO SUCH PROPERTY (INCLUDING ANY RIGHTS UNDER INSURANCE POLICIES OR INSURANCE PROCEEDS WHICH MAY ACCRUE TO TENANT BY REASON OF DESTRUCTION OF OR DAMAGE TO ANY SUCH PROPERTY).

7. OPTIONAL FILER REFERENCE DATA

5. ALTERNATE DESIGNATION (if applicable)

Filing Office Copy

CONSIGNEE/CONSIGNOR

NON-UCC FILING

LESSEE/LESSOR

All documentary stamps due and payable or to become due and payable pursuant to s. 201.22 F.S., have been paid.

United World Soccer- Disney Springs®

AG LIEN

6. Florida DOCUMENTARY STAMP TAX - YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX

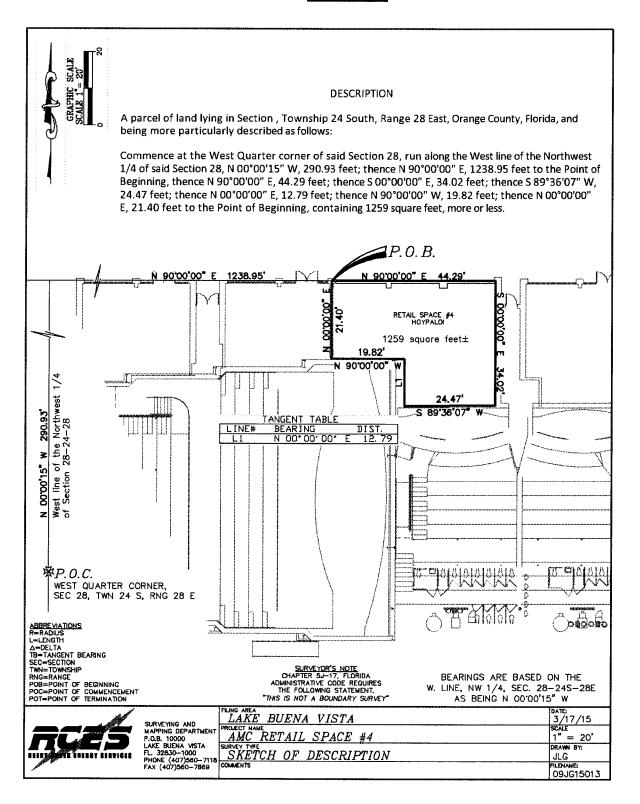
Approved by the Secretary of State, State of Florida

BAILEE/BAILOR

SELLER/BUYER

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STATE OF FLORIDA UNIFORM COMMERCIAL CODE FINANCING STATEMENT FORM

A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Lowell Flatford 407-828-3038 B. Email Address C. SEND ACKNOWLEDGEMENT TO: Name: Joyce M. Bowers, Esq. Address: Walt Disney Parks and Resorts U.S., Inc. Address: 1375 Buena Vista Drive

DOC # 20160192150

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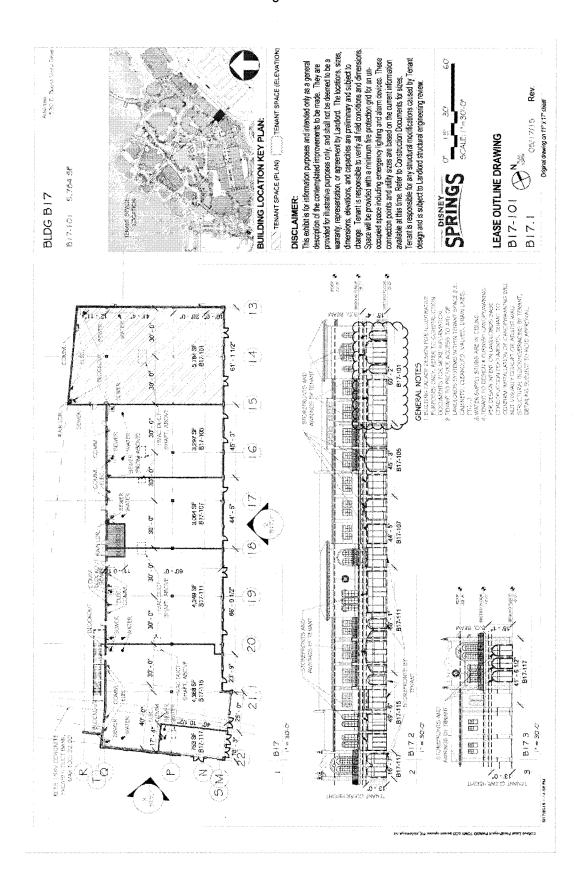
Rec Fee: \$27.00 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00 Martha O. Haynie, Comptroller

City/State/Zip: Lake Buena Vista, FL 32830			TH	E ABOVE SPA	CE IS FOR I	FILING OFFICE US	E ONLY	
1. DEBTOR'S EXACT FULL LEGAL NAME – I	NSER	T ONLY ONE DEBTOR	NAME (1a OR 1b) -	Do Not Abbrev	iate or Combi	ne Names		
SEPHORA USA, INC.								
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4. This FINANCING STATEMENT covers the for FIRST AND PRIOR SECURITY INTEREST IN ALL I WHICH HEREAFTER MAY BE PLACED IN OR UPON REPLACEMENTS OF ANY OF THE FOREGOING), ANY RIGHTS UNDER INSURANCE POLICIES OR I DAMAGE TO ANY SUCH PROPERTY), AND (B) SU BY TENANT TO ITS LENDER, IN ALL OTHER FIX NOW PRESENT OR WHICH HEREAFTER MAY BE SUBSTITUTIONS AND REPLACEMENTS OF ANY PROPERTY (INCLUDING ANY RIGHTS UNDER IN DESTRUCTION OF OR DAMAGE TO ANY SUCH P	MECH ON TH AND INSUI JBJEG TURE PLAG OF TH	HANICAL, ELECTRICA. HE PREMISES (INCLUE ALSO IN ALL PROCEE RANCE PROCEEDS WHO ES, FURNITURE, FURNITURE, FURNITURE THE FOREGOING), AND ANCE POLICIES OR INS	VING ANY AND ALL DS, AND PRODUCT: IICH MAY ACCRUE G AND TO THE EXT ISHINGS, MACHINE PREMISES (INCLUD ALSO IN ALL PROC	ADDITIONS, I S OF AND ACC TO LANDLORI ENT A SECURI RY, APPLIANC ING ANY AND EEDS, AND PR	MPROVEME SESSIONS TO D BY REASO TY INTERES SES AND OTH ALL ADDIT RODUCTS OF	NTS, SUBSTITUTIC SUCH PROPERTY ON OF DESTRUCTIC IT IS NOT HEREAFT HER EQUIPMENT, V IONS, IMPROVEME FAND ACCESSIONS	ONS AND (INCLUDING ON OF OR IER GRANTE WHICH ARE ENTS, S TO SUCH	
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5. ALTERNATE DESIGNATION (if applicable)		LESSEE/LESSOR	CONSIGNEE/COM	NSIGNOR	BAILEE/BA	ILOR		
		AG LIEN	NON-UCC FILIN	G	SELLER/B	UYER		
6. Florida DOCUMENTARY STAMP TAX – S All documentary stamps due and payab					S., have be	en paid.		
Florida Documentary Stamp Tax is not	requ	ired.						
7. OPTIONAL FILER REFERENCE DATA	Sep	hora- Disney Springs	®					

STANDARD FORM - FORM UCC-1 (REV.05/2013)

Filing Office Copy

Approved by the Secretary of State, State of Florida



STATE OF FLORIDA UNIFORM COMMERCIAL CODE FINANCING STATEMENT FORM

A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Lowell Flatford 407-828-3038 B. Email Address C. SEND ACKNOWLEDGEMENT TO: Name: Joyce M. Bowers, Esq. Address: Walt Disney Parks and Resorts U.S., Inc. Address: 1375 Buena Vista Drive City/State/Zip: Lake Buena Vista, FL 32830

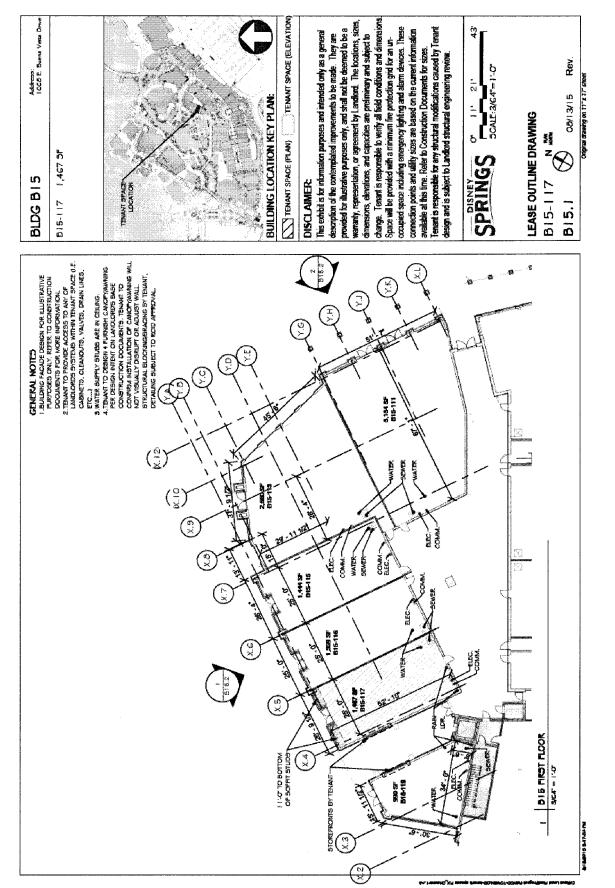
DOC # 20160192151

04/18/2016 08:13 AM Page 1 of 2

Rec Fee: \$18.50 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00

Martha O. Haynie, Comptroller

		THE ABOVE SPA	CE IS FOR I	FILING OFFICE US	E ONLY		
1. DEBTOR'S EXACT FULL LEGAL NAME – II	NSERT ONLY ONE DEBTOR NAME (1a	OR 1b) – Do Not Abbres	iate or Combi	ne Names			
1.a ORGANIZATION'S NAME							
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2000 Chapel View Blvd., Suite 360	This space not available.						
MAILING ADDRESS Line Two	CITY Cranston		STATE RI	POSTAL CODE 02920	COUNTRY USA		
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MAY BE PLACED IN OR UPON THE PREMIS							
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BY REASON OF DESTRUCTION OF OR DAM							
The Premises shown on Exhibit "A" attached	hereto and made a part hereof.						
5. ALTERNATE DESIGNATION (if applicable)	LESSEE/LESSOR CONSIG	NEE/CONSIGNOR	BAILEE/BA	II OR			
5. ALTERNATE DESIGNATION (II applicable)	LESSEE/LESSOR CONSIG	NEE/CONSIGNOR	BAILEE/BA	ILOK			
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6. Florida DOCUMENTARY STAMP TAX – Y	YOU ARE REQUIRED TO CHECK EVAC	TI V ONE DOV					
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7 OPTIONAL EILED DEFEDENCE DATA	Alamand Ani Dimensional						
7. OPTIONAL FILER REFERENCE DATA	Alex and Ani- Disney Springs®						
STANDARD FORM - FORM UCC-1 (REV.05/2013)	Filing Office Copy	A	pproved by th	e Secretary of State,	State of Florid		



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STATE OF FLORIDA UNIFORM COMMERCIAL CODE FINANCING STATEMENT FORM

A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Lowell Flatford 407-828-3038 B. Email Address C. SEND ACKNOWLEDGEMENT TO: Name: Joyce M. Bowers, Esq. Address: Walt Disney Parks and Resorts U.S., Inc. Address: 1375 Buena Vista Drive City/State/Zip: Lake Buena Vista, FL 32830

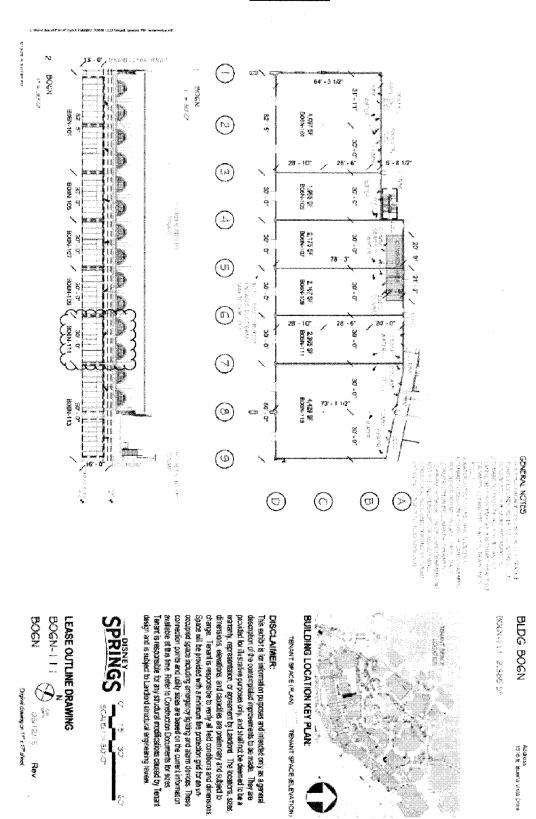
DOC # 20160192152

04/18/2016 08:13 AM Page 1 of 2

Rec Fee: \$18.50 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00

Martha O. Haynie, Comptroller

City/State/Zip: Lake Buena Vista, FL 32830			THE ABOV	E SPACE IS FOR I	FILING OFFICE US	SE ONLY	
1. DEBTOR'S EXACT FULL LEGAL NAME - II	NSERT ONLY ON	E DEBTOR NAME (1a OR 1b) – Do Not	Abbreviate or Combi	ne Names		
1.a ORGANIZATION'S NAME							
AMERICAN THREADS ORLANDO LLC						SUFFIX	
1.b INDIVIDUAL'S SURNAME	FI	FIRST PERSONAL NAME ADD		ADDITIONAL NAI	ITIONAL NAME(S)/INITIAL(S)		
1.c MAILING ADDRESS Line One	- A.	This space not available.					
3111 Main Street			<u> </u>	STATE	L BOOM LY GODE	Looinmay	
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2. ADDITIONAL DEBTOR'S EXACT FULL L	EGAL NAME – IN	SERT ONLY ONE	DEBTOR NAME (2a	OR 2b) – Do Not Al	breviate or Combine	Names	
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3.6 INDIVIDUAL'S SURNAME 3.c MAILING ADDRESS Line One 1375 Buena Vista Drive	· ·						
1375 Buena Vista Drive		This space not available					
MAILING ADDRESS Line Two		TY ike Buena Vista		STATE FL	POSTAL CODE 32830	COUNTRY USA	
4. This FINANCING STATEMENT covers the fo IN ALL FIXTURES AND IN ALL FURNITURE WHICH ARE NOW PRESENT OR WHICH HER ADDITIONS, IMPROVEMENTS, SUBSTITUTI PRODUCTS OF AND ACCESSIONS TO SUCH PROCEEDS WHICH MAY ACCRUE TO TENA The Premises shown on Exhibit "A" attached	E, FURNISHINGS REAFTER MAY IONS AND REPL I PROPERTY (IN INT BY REASON	BE PLACED IN C ACEMENTS OF A CLUDING ANY F N OF DESTRUCTI	OR UPON THE PRI ANY OF THE FOR RIGHTS UNDER I	EMISES (INCLUD REGOING), AND A NSURANCE POLI	ING ANY AND A ALSO IN ALL PRO CIES OR INSURA	LL DCEEDS, AND	
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3. ALTERNATE DESIGNATION (II applicable)	AG LIEN		NON-UCC FILING		SELLER/BUYER		
6. Florida DOCUMENTARY STAMP TAX – Y All documentary stamps due and payable Florida Documentary Stamp Tax is not	YOU ARE REQUIR le or to become	ED TO CHECK EX	ACTLY ONE BOX		. =		
7. OPTIONAL FILER REFERENCE DATA		ads- Disney Sprin	108®				
STANDARD FORM - FORM UCC-1 (REV.05/2013)	 	Filing Office Cop		Approved by th	e Secretary of State	State of Florids	



STATE OF FLORIDA UNIFORM COMMERCIAL CODE FINANCING STATEMENT FORM

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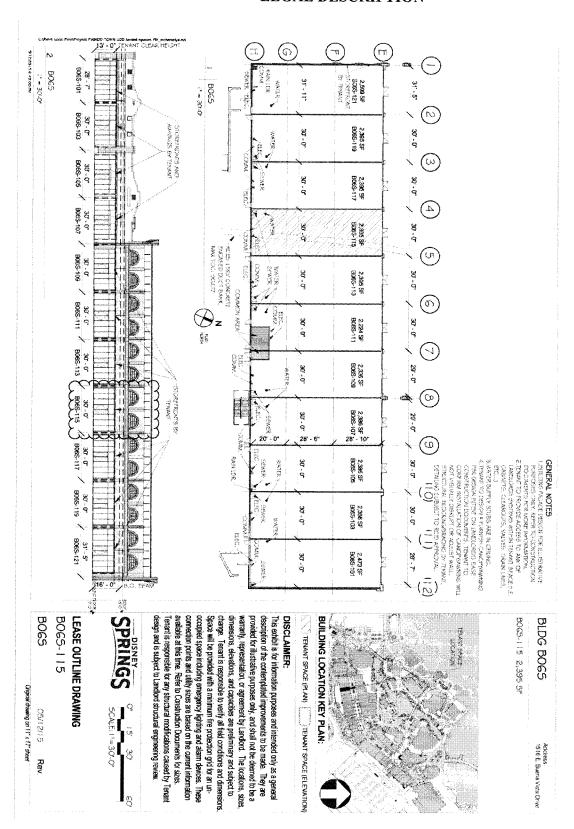
04/18/2016 08:13 AM Page 1 of 2

Rec Fee: \$18.50 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00

Martha O. Haynie, Comptroller

1 a ODC:ANIZATIONES NAME	SERT ONLY ONE DEBTOR NAME (1a OR 1b) – Do Not Abb	previate or Combi	ne Names	
1.a ORGANIZATION'S NAME ORLANDO BATHING SUIT, LLC					
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3.c MAILING ADDRESS Line One 1375 Buena Vista Drive		This spa	nce not available.		
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MAILING ADDRESS Line Two This FINANCING STATEMENT covers the following	Lake Buena Vista lowing collateral: PLUMBING SYSTEMS AND EQUIPM PON THE PREMISES (INCLUDING A OF ANY OF THE FOREGOING), AN Y (INCLUDING ANY RIGHTS UNDER ANDLORD BY REASON OF DESTRU	NY AND AI D ALSO IN L INSURAN ICTION OF	FL TH ARE NOW LL ADDITION ALL PROCES CE POLICIES OR DAMAGE	32830 PRESENT OR VINS, IMPROVEMEDS, AND PROJECT OF INSURANCE TO ANY SUCI	WHICH ENTS, DUCTS OF CE

LEGAL DESCRIPTION



DOC # 20160192154 04/18/2016 08:13 AM Page 1 of 2 STATE OF FLORIDA UNIFORM COMMERCIAL CODE Rec Fee: \$18.50 Deed Doc Tax: \$0.00 FINANCING STATEMENT FORM Mortgage Doc Tax: \$0.00 A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Intangible Tax: \$0.00 Lowell Flatford 407-828-3038 Martha O. Haynie, Comptroller B. Email Address Orange County, FL C. SEND ACKNOWLEDGEMENT TO: Ret To: SIMPLIFILE LC Name: Joyce M. Bowers, Esq. Address: Walt Disney Parks and Resorts U.S., Inc. Address: 1375 Buena Vista Drive City/State/Zip: Lake Buena Vista, FL 32830 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (1a OR 1b) - Do Not Abbreviate or Combine Names 1.a ORGANIZATION'S NAME B10 COLLABORATION, LLC 1.b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1.c MAILING ADDRESS Line One This space not available. c/o Art Smith, LLC MAILING ADDRESS Line Two CITY STATE POSTAL CODE COUNTRY 1615 West Ohio Street Chicago 11. 60622 USA ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (2a OR 2b) - Do Not Abbreviate or Combine Names 2 a ORGANIZATION'S NAME 2.b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2.c MAILING ADDRESS Line One This space not available. MAILING ADDRESS Line Two CITY STATE POSTAL CODE COUNTRY 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - INSERT ONLY ONE SECURED PARTY (3a OR 3b) 3.a ORGANIZATION'S NAME Walt Disney Parks and Resorts U.S., Inc. 3.b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3.c MAILING ADDRESS Line One This space not available. 1375 Buena Vista Drive MAILING ADDRESS Line Two STATE POSTAL CODE COUNTRY Lake Buena Vista FL32830 USA 4. This FINANCING STATEMENT covers the following collateral: ALL FIXTURES AND IN ALL FURNITURE, FURNISHINGS, MERCHANDISE, SUPPLIES, MACHINERY, APPLIANCES AND OTHER EQUIPMENT, INVENTORY AND GOODS WHICH ARE NOW PRESENT OR WHICH HEREAFTER MAY BE PLACED IN OR UPON THE PREMISES (INCLUDING ANY AND ALL ADDITIONS, IMPROVEMENTS, SUBSTITUTIONS AND REPLACEMENTS OF ANY OF THE FOREGOING), AND ALSO IN ALL PROCEEDS, AND PRODUCTS OF AND ACCESSIONS TO SUCH PROPERTY (INCLUDING ANY RIGHTS UNDER INSURANCE POLICIES OR INSURANCE PROCEEDS WHICH MAY ACCRUE TO TENANT BY REASON OF DESTRUCTION OF OR DAMAGE TO ANY SUCH PROPERTY).

The Premises described on Exhibit "A" attached hereto and made a part hereof.

Florida Documentary Stamp Tax is not required.

5. ALTERNATE DESIGNATION (if applicable)

CONSIGNEE/CONSIGNOR

NON-UCC FILING

LESSEE/LESSOR

All documentary stamps due and payable or to become due and payable pursuant to s. 201.22 F.S., have been paid.

AG LIEN

6. Florida DOCUMENTARY STAMP TAX - YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX

BAILEE/BAILOR

SELLER/BUYER

LEGAL DESCRIPTION

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

Commence at the Northwest corner of said Section 28, run along the West line of the Northwest 1/4 of said Section 28, S 00°00′15" E, 2292.51 feet; thence N 90°00′00" E, 1959.30 feet to the Point of Beginning, thence N 67°22′00" E, 7.94 feet; thence N 22°38′00" W, 6.92 feet; thence N 67°22′00" E, 29.50 feet; thence N 22°38′00" W, 2.91 feet; thence N 67°22′00" E, 30.12 feet; thence S 22°38′00" E, 2.91 feet; thence N 67°22′00" E, 41.45 feet; thence S 22°38′00" E, 13.25 feet; thence N 67°22′00" E, 1.77 feet; thence S 22°38′00" E, 27.79 feet; thence S 67°21′59" W, 1.77 feet; thence S 22°38′00" E, 12.57 feet; thence S 67°22′00" W, 41.45 feet; thence S 22°37′30" E, 2.86 feet; thence S 67°22′00" W, 30.12 feet; thence N 22°38′00" W, 2.84 feet; thence S 67°22′00" W, 29.50 feet; thence N 22°38′01" W, 4.58 feet; thence S 67°21′59" W, 7.94 feet; thence N 22°38′00" W, 42.12 feet to the Point of Beginning, containing 5976 square feet, more or less.

04/18/2016 08:13 AM Page 1 of 2 STATE OF FLORIDA UNIFORM COMMERCIAL CODE Rec Fee: \$18.50 Deed Doc Tax: \$0.00 FINANCING STATEMENT FORM Mortgage Doc Tax: \$0.00 A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Intangible Tax: \$0.00 Lowell Flatford 407-828-3038 Martha O. Haynie, Comptroller B. Email Address Orange County, FL C. SEND ACKNOWLEDGEMENT TO: Ret To: SIMPLIFILE LC Name: Joyce M. Bowers, Esq. Address: Walt Disney Parks and Resorts U.S., Inc. Address: 1375 Buena Vista Drive City/State/Zip: Lake Buena Vista, FL 32830 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (Ia OR 1b) - Do Not Abbreviate or Combine Names 1.a ORGANIZATION'S NAME HUSH PUPPIES RETAIL, LLC 1.b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1.c MAILING ADDRESS Line One This space not available. 9341 Courtyard Drive NE MAILING ADDRESS Line Two CITY POSTAL CODE COUNTRY Rockford MI 49351 USA 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (2a OR 2b) - Do Not Abbreviate or Combine Names 2.a ORGANIZATION'S NAME 2.b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2.c MAILING ADDRESS Line One This space not available MAILING ADDRESS Line Two CITY STATE POSTAL CODE COUNTRY 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - INSERT ONLY ONE SECURED PARTY (3a OR 3b) 3.a ORGANIZATION'S NAME Walt Disney Parks and Resorts U.S., Inc. 3.b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3.c MAILING ADDRESS Line One This space not available 1375 Buena Vista Drive MAILING ADDRESS Line Two CITY STATE POSTAL CODE COUNTRY Lake Buena Vista FL 32830 USA 4. This FINANCING STATEMENT covers the following collateral: FIRST AND PRIOR SECURITY INTEREST IN ALL MECHANICAL, ELECTRICAL AND PLUMBING SYSTEMS AND EQUIPMENT WHICH ARE NOW PRESENT OR WHICH HEREAFTER MAY BE PLACED IN OR UPON THE PREMISES (INCLUDING ANY AND ALL ADDITIONS, IMPROVEMENTS, SUBSTITUTIONS AND REPLACEMENTS OF ANY OF THE FOREGOING), AND ALSO IN ALL PROCEEDS, AND PRODUCTS OF AND ACCESSIONS TO SUCH PROPERTY (INCLUDING ANY RIGHTS UNDER INSURANCE POLICIES OR INSURANCE PROCEEDS WHICH MAY ACCRUE TO LANDLORD BY REASON OF DESTRUCTION OF OR DAMAGE TO ANY SUCH PROPERTY), AND (B) SUBJECT TO THE FOREGOING AND TO THE EXTENT A SECURITY INTEREST IS NOT HEREAFTER GRANTED BY TENANT TO ITS LENDER, IN ALL OTHER FIXTURES, FURNISHINGS, MACHINERY, APPLIANCES AND OTHER EQUIPMENT, WHICH ARE NOW PRESENT OR WHICH HEREAFTER MAY BE PLACED IN OR UPON THE PREMISES (INCLUDING ANY AND ALL ADDITIONS, IMPROVEMENTS, SUBSTITUTIONS AND REPLACEMENTS OF ANY OF THE FOREGOING) (BUT EXCLUDING FROM LANDLORD'S LIEN UNDER THIS SUBSECTION (B) ALL OF TENANT'S PERSONAL PROPERTY AS DEFINED IN SECTION 24.1.3), AND ALSO IN ALL PROCEEDS, AND PRODUCTS OF AND ACCESSIONS TO SUCH PROPERTY (INCLUDING ANY RIGHTS UNDER INSURANCE POLICIES OR INSURANCE PROCEEDS WHICH MAY ACCRUE TO TENANT BY REASON OF DESTRUCTION OF OR DAMAGE TO ANY SUCH PROPERTY). The Premises shown on Exhibit "A" attached hereto and made a part hereof. 5. ALTERNATE DESIGNATION (if applicable) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR AG LIEN NON-UCC FILING SELLER/BUYER 6. Florida DOCUMENTARY STAMP TAX - YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX All documentary stamps due and payable or to become due and payable pursuant to s. 201.22 F.S., have been paid.

STANDARD FORM - FORM UCC-1 (REV.05/2013)

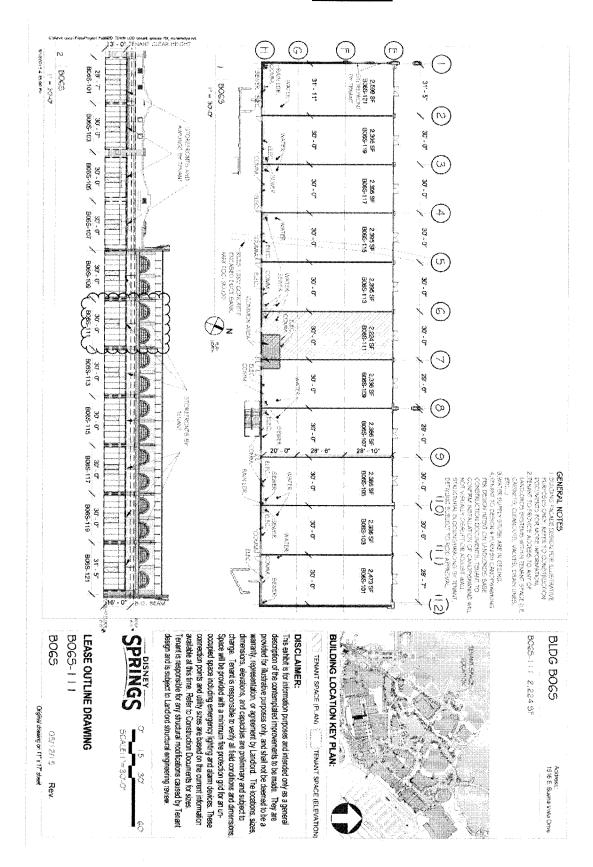
Florida Documentary Stamp Tax is not required.

Filing Office Copy

Approved by the Secretary of State, State of Florida

DOC # 20160192155

7. OPTIONAL FILER REFERENCE DATA Sperry-Disney Springs®



A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Lowell Flatford 407-828-3038 B. Email Address C. SEND ACKNOWLEDGEMENT TO: Name: Joyce M. Bowers, Esq. Address: Walt Disney Parks and Resorts U.S., Inc. Address: 1375 Buena Vista Drive City/State/Zip: Lake Buena Vista, FL 32830

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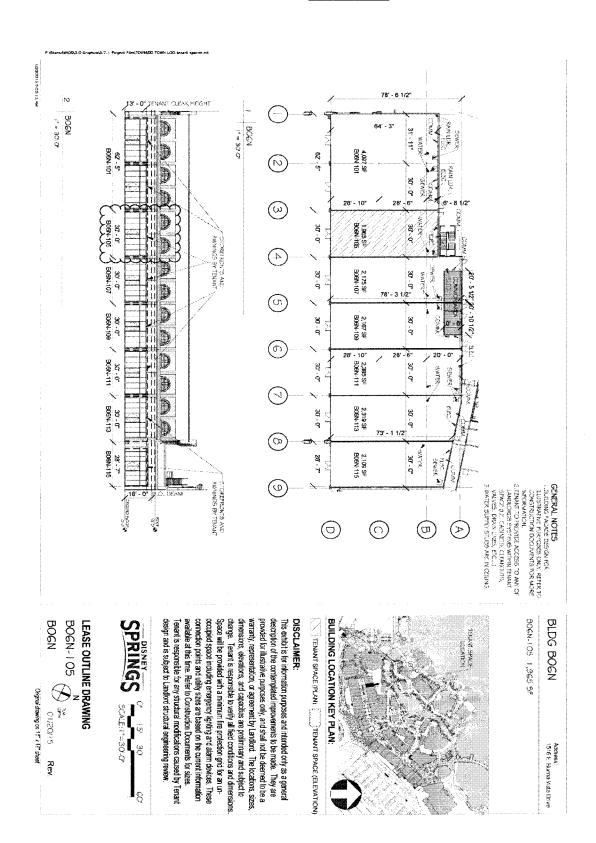
04/18/2016 08:13 AM Page 1 of 2

Rec Fee: \$18.50 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

		THE ABOVE SPA	CE IS FOR I	FILING OFFICE US	E ONLY
1. DEBTOR'S EXACT FULL LEGAL NAME – II	NSERT ONLY ONE DEBTOR NAME (1a OR 1	b) – Do Not Abbrev	iate or Combi	ne Names	
1.a ORGANIZATION'S NAME					
GENESCO INC. 1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NA	ME(S)/INITIAL(S)	SUFFIX
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1.c MAILING ADDRESS Line One 1415 Murfreesboro Pike, Suite 622		This space	not available.		
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Walt Disney Parks and Resorts U.S., Inc.					
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1375 Buena Vista Drive MAILING ADDRESS Line Two	CITY		STATE	POSTAL CODE	COUNTRY
WAILING ADDICESS Line 1 WO	Lake Buena Vista		FL	32830	USA
4. This FINANCING STATEMENT covers the fo	llowing collateral:				
ALL FIXTURES AND IN ALL FURNITUR	KE, FURNISHINGS, MERCHANDISE,	SUPPLIES, MA	ACHINERY	Y, APPLIANCES	AND
OTHER EQUIPMENT WHICH ARE NOW	PRESENT OR WHICH HEREAFTER	MAY BE PLAC	CED IN OR	UPON THE PR	EMISES
(INCLUDING ANY AND ALL ADDITION	IS, IMPROVEMENTS, SUBSTITUTIO	ONS AND REPL	ACEMEN	IS OF ANY OF	TIDDIC AND
FOREGOING), AND ALSO IN ALL PROC	EEDS, AND PRODUCTS OF AND AC	CCESSIONS TO	SUCH PR	OPERTY (INCL	ON OF
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DESTRUCTION OF OR DAMAGE TO AN	IY SUCH PROPERTY).				
The Premises shown on Exhibit "A" attached	d hereto and made a part hereof				
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Florida Documentary Stamp Tax is not	required.				
necessaria.					
7. OPTIONAL FILER REFERENCE DATA	Johnston & Murphy- Disney Springs®				



A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Lowell Flatford 407-828-3038 B. Email Address C. SEND ACKNOWLEDGEMENT TO: Name: Joyce M. Bowers, Esq. Address: Walt Disney Parks and Resorts U.S., Inc. Address: 1375 Buena Vista Drive City/State/Zip: Lake Buena Vista, FL 32830

DOC # 20160192157

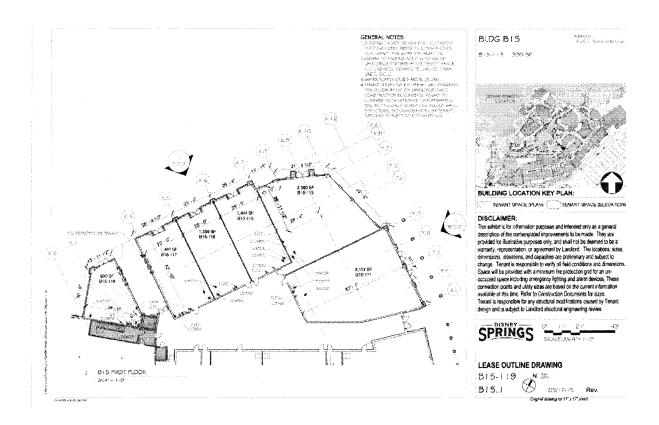
04/18/2016 08:13 AM Page 1 of 2

Rec Fee: \$18.50 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

City/State/2/p. Bake Bucha vista, FE 32030		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
I. DEBTOR'S EXACT FULL LEGAL NAME – II	NSERT ONLY ONE DEBTOR NAME (1a OR	1b) – Do Not Abbreviate or Combi	ne Names		
1.a ORGANIZATION'S NAME MELISSA ORLANDO LLC					
1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NA	ADDITIONAL NAME(S)/INITIAL(S)		
1.c MAILING ADDRESS Line One 520 West 27th Street, Suite 601		This space not available			
MAILING ADDRESS Line Two	CITY New York	STATE NY	POSTAL CODE 10001	COUNTRY USA	
2. ADDITIONAL DEBTOR'S EXACT FULL L 2.a ORGANIZATION'S NAME	EGAL NAME – INSERT ONLY ONE DEBTO	OR NAME (2a OR 2b) – Do Not Al	obreviate or Combine	Names	
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MAILING ADDRESS Line Two	CITY	STATE	POSTAL CODE	COUNTRY	
3.b INDIVIDUAL'S SURNAME 3.c MAILING ADDRESS Line One	FIRST PERSONAL NAME				
Walt Disney Parks and Resorts U.S., Inc. 3.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NA	ADDITIONAL NAME(S)/INITIAL(S)		
1375 Buena Vista Drive MAILING ADDRESS Line Two	CITY	This space not available. STATE	POSTAL CODE	COUNTRY	
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4. This FINANCING STATEMENT covers the for ALL FIXTURES AND IN ALL FURNITUR OTHER EQUIPMENT, INVENTORY AND UPON THE PREMISES (INCLUDING AN'ANY OF THE FOREGOING), AND ALSO (INCLUDING ANY RIGHTS UNDER INSUREASON OF DESTRUCTION OF OR DAN The Premises shown on Exhibit "A" attached	E, FURNISHINGS, MERCHANDISI GOODS WHICH ARE NOW PRESI Y AND ALL ADDITIONS, IMPROV IN ALL PROCEEDS, AND PRODUC URANCE POLICIES OR INSURANC MAGE TO ANY SUCH PROPERTY)	ENT OR WHICH HEREAFT EMENTS, SUBSTITUTION CTS OF AND ACCESSIONS CE PROCEEDS WHICH MA	ER MAY BE PL S AND REPLAC S TO SUCH PRO	ACED IN O CEMENTS O PERTY	
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6. Florida DOCUMENTARY STAMP TAX – Y All documentary stamps due and payab Florida Documentary Stamp Tax is not	le or to become due and payable pursu		en paid.		
7 OPTIONAL FILER REFERENCE DATA	Melissa Shoes- Disney Springs®				



A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Lowell Flatford 407-828-3038 B. Email Address C. SEND ACKNOWLEDGEMENT TO: Name: Joyce M. Bowers, Esq. Address: Walt Disney Parks and Resorts U.S., Inc. Address: 1375 Buena Vista Drive City/State/Zip: Lake Buena Vista, FL 32830

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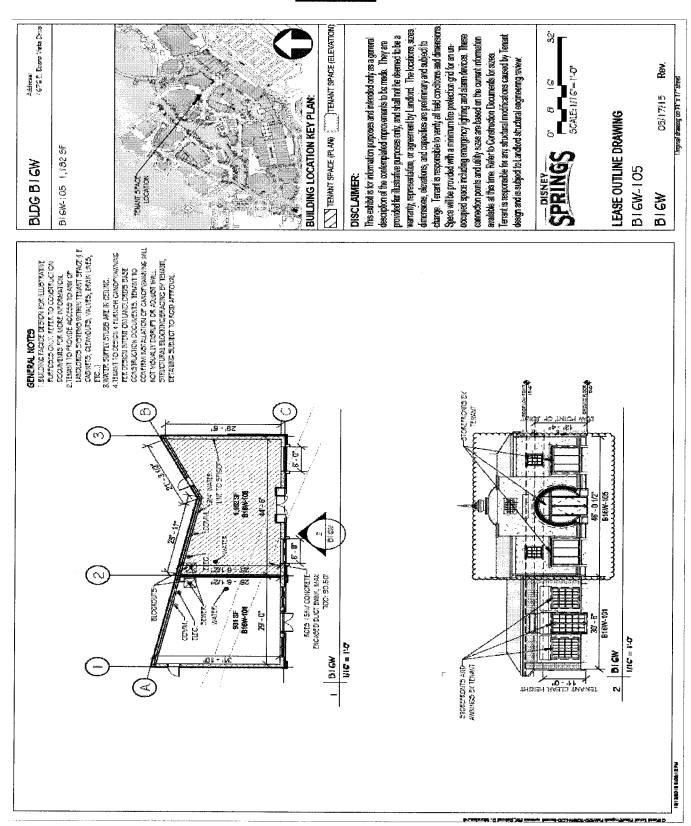
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Martha O. Haynie, Comptroller

Orange County, FL Ret To: SIMPLIFILE LC

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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FINANCING STATEMENT FORM A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Lowell Flatford 407-828-3038 B. Email Address C. SEND ACKNOWLEDGEMENT TO: Name: Joyce M. Bowers, Esq. Address: Walt Disney Parks and Resorts U.S., Inc. Address: 1375 Buena Vista Drive City/State/Zip: Lake Buena Vista, FL 32830

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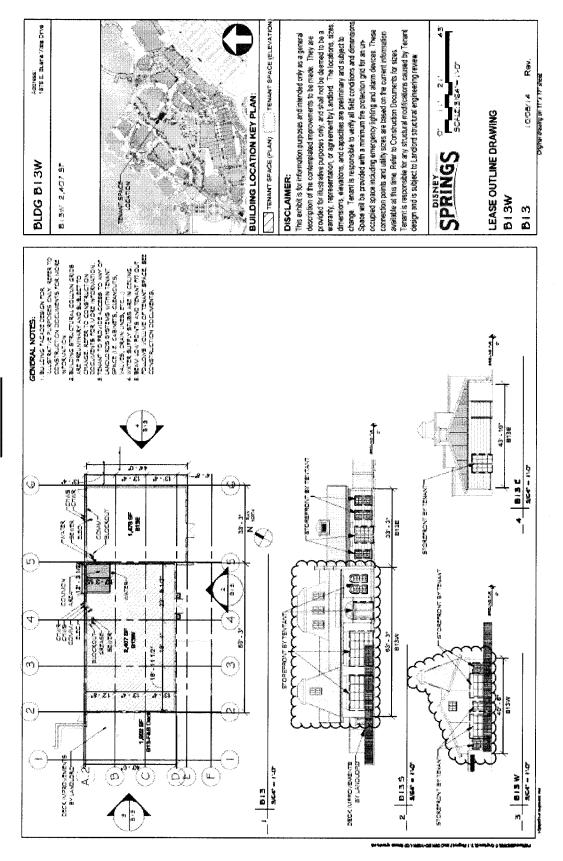
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Martha O. Haynie, Comptroller

Orange County, FL Ret To: SIMPLIFILE LC

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

		1b) – Do Not Abbre	eviate or Combi	ne Names		
SPRINKLES CUPCAKES FL, LLC 1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADI	ADDITIONAL NAME(S)/INITIAL(S)			
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422 North La Cienega Blvd.		This space not available.				
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	Lake Buena Vista		FL	32830	USA	
4. This FINANCING STATEMENT covers the fol IN ALL FIXTURES AND IN ALL FURNIT OTHER EQUIPMENT, INVENTORY AND UPON THE PREMISES (INCLUDING ANY ANY OF THE EQUECOING), AND ALSO	URE, FURNISHINGS, MERCHAND GOODS WHICH ARE NOW PRESE AND ALL ADDITIONS, IMPROVE IN ALL PROCEEDS, AND PRODUC	ENT OR WHICH EMENTS, SUBS ETS OF AND AG	I HEREAFT STITUTION CCESSIONS	ER MAY BE PL S AND REPLAC S TO SUCH PRO	ACED IN OF EMENTS OF	
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