

**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM**

DOC # 20160192083

04/18/2016 08:01 AM Page 1 of 4

Rec Fee: \$35.50

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

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

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 8760 Clay Road		This space not available.		
MAILING ADDRESS Line Two	CITY Houston	STATE TX	POSTAL CODE 77080	COUNTRY 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 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 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.

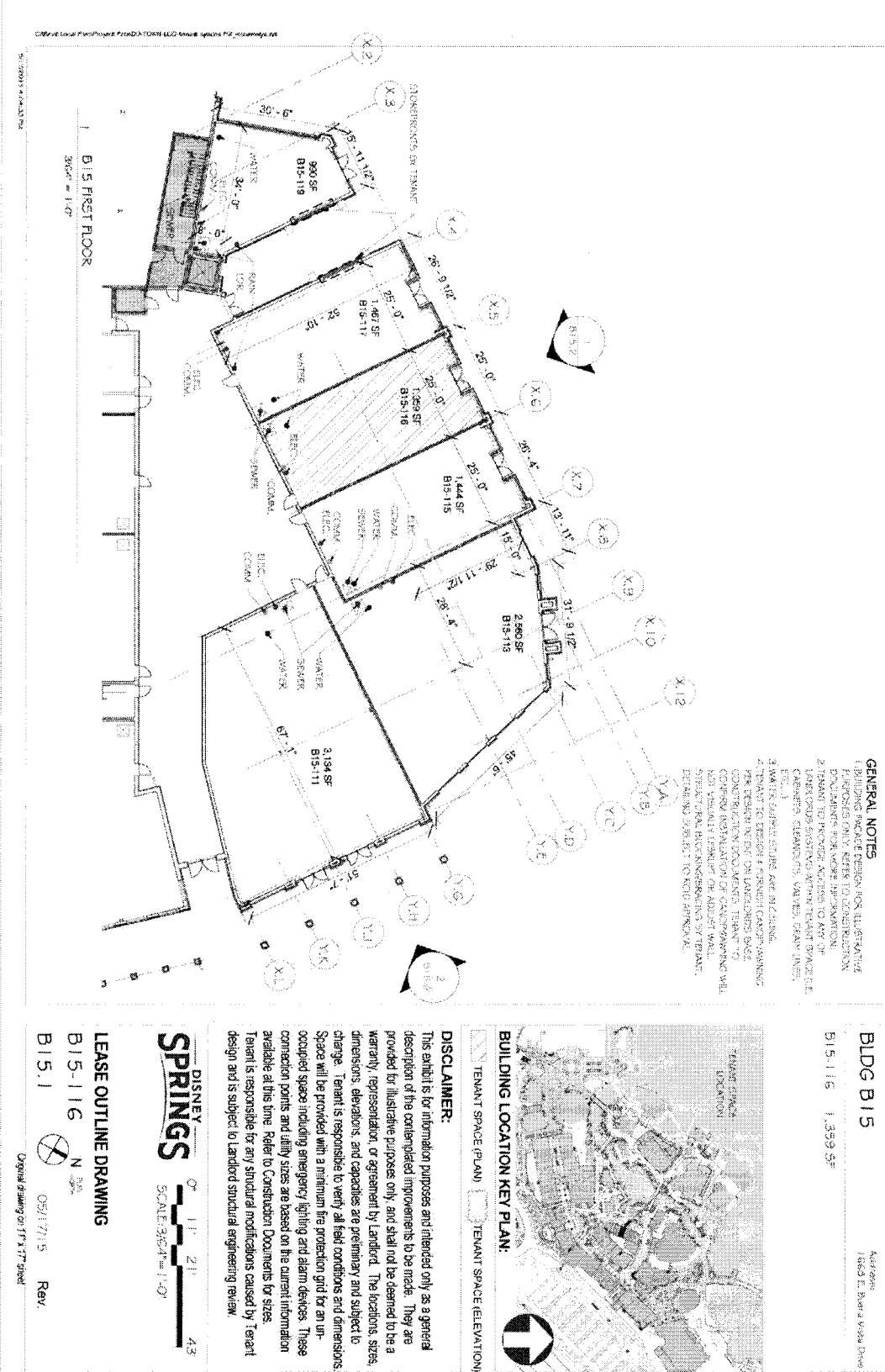
5. ALTERNATE DESIGNATION (if applicable) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR
 AG LIEN NON-UCC FILING SELLER/BUYER

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 Springs®

EXHIBIT A

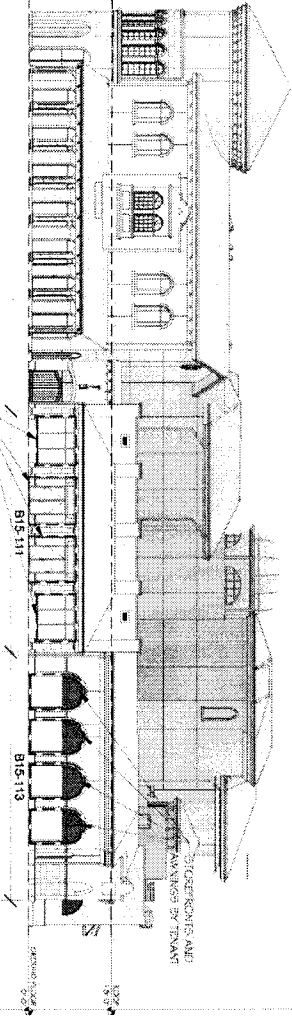


C:\Work\Local Files\Project\Plan001_TOMM 100 tenant spaces PLN_20160109.rvt

3/27/2015 4:04 PM

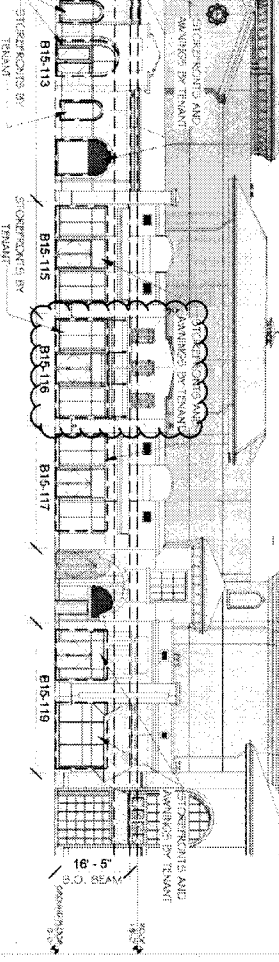
2 B15 N
SCALE = 1/8"

STOREROOMS BY TENANT



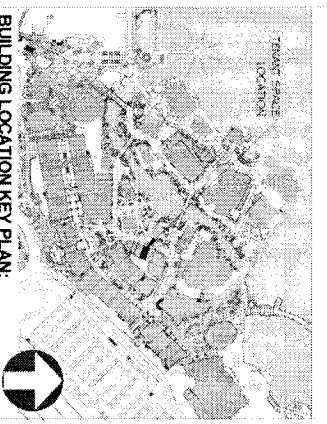
1 B15 W
SCALE = 1/8"

TENANT CLEAR HEIGHT 13'-0"



- GENERAL NOTES**
1. GENERAL NOTES FOR ALL STRUCTURE DRAWINGS ONLY. REFER TO CONSTRUCTION DOCUMENTS FOR MORE INFORMATION.
 2. TENANT TO PROVIDE ACCESS TO ANY OF LANDLORD'S SYSTEMS WITHIN TENANT SPACE (E.G. CABLES, CLEANINGS, VAVLES, DRAIN LINES, ETC.)
 3. WATER SUPPLY SYSTEMS ARE IN CEILING.
 4. TENANT TO DESIGN & PROVIDE CONDUITWORKING PER DESIGN & REFER TO LANDLORD'S BASE CODES. ALL CONDUITWORKING TO BE PROVIDED BY TENANT. CONDUITWORKING SHALL NOT VIOLATE DESIGN OR ASBESTOS AND STRUCTURAL REQUIREMENTS AS BY TENANT. DETAILS SUBJECT TO RFP APPROVAL.

BLDG B15
B15-116 1,359 SF
As of 03/27/15
FIELD E. SEWELL VMAA DVM



DISCLAIMER:
This exhibit is for information purposes and intended only as a general description of the contemplated improvements to be made. They are provided for illustrative purposes only and shall not be deemed to be a warranty, representation, or agreement by Landlord. The locations, sizes, dimensions, elevations, and capacities are preliminary and subject to change. Tenant is responsible to verify all field conditions and dimensions. Space will be provided with a minimum fire protection grid for an un-occupied space including emergency lighting and alarm devices. These connection points and utility sizes are based on the current information available at this time. Refer to Construction Documents for sizes. Tenant is responsible for any structural modifications caused by Tenant design and is subject to Landlord structural engineering review.

LEASE OUTLINE DRAWING
B15-116
B15.2
03/17/15 Rev.
Original drawing of 11' x 17' sheet



**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM**

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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

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 DI WATCH AND DESIGN OF FLORIDA, LTD.				
1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1.c MAILING ADDRESS Line One 1530 E. Buena Vista Drive #1D		This space not available.		
MAILING ADDRESS Line Two	CITY Lake Buena Vista	STATE FL	POSTAL CODE 32830	COUNTRY 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 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 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).

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

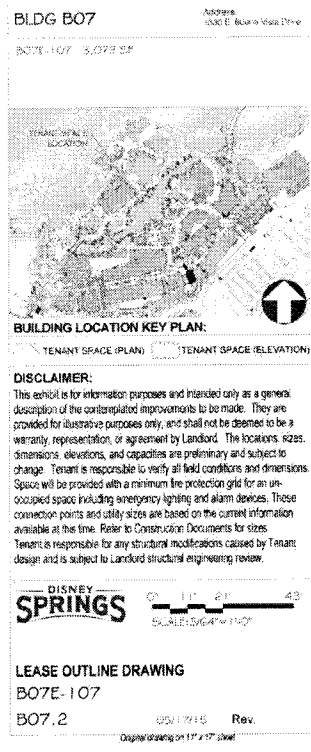
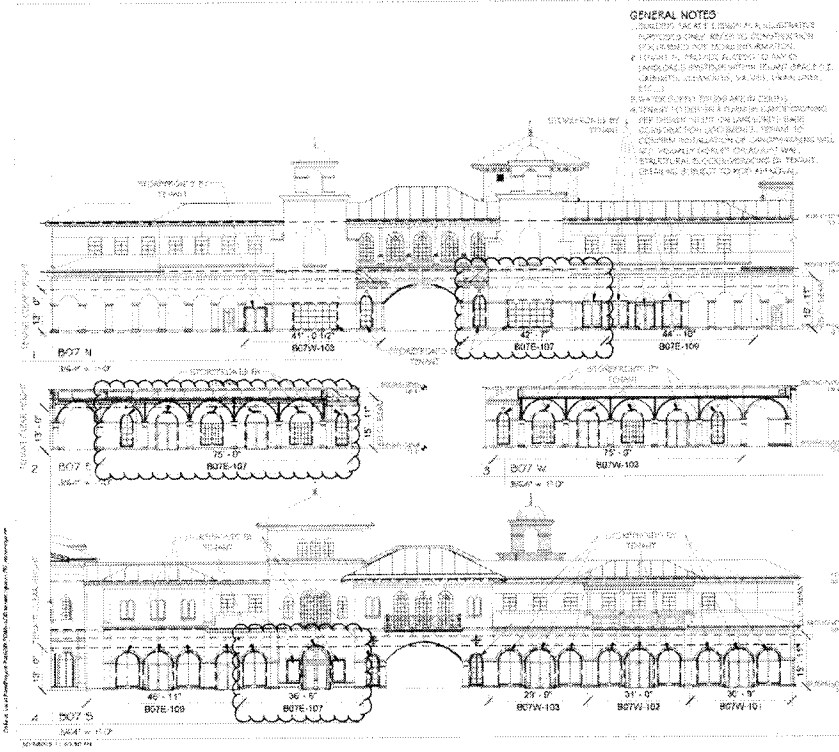
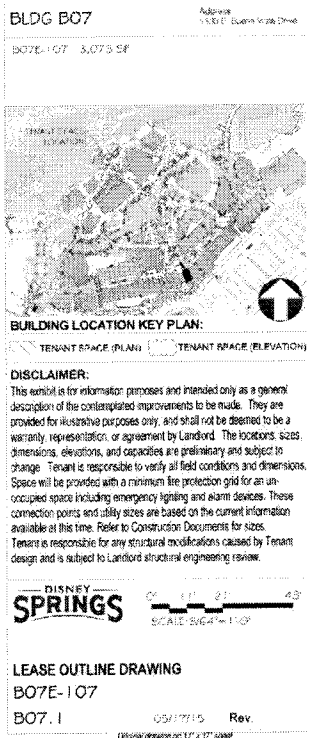
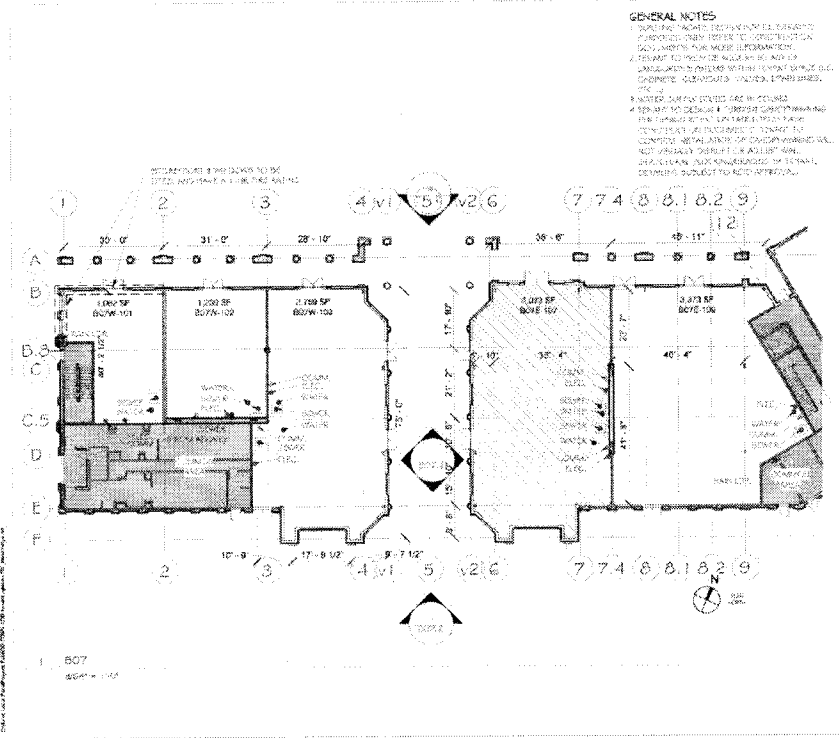
5. ALTERNATE DESIGNATION (if applicable) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR
 AG LIEN NON-UCC FILING SELLER/BUYER

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 Luxury of Time– Disney Springs®

EXHIBIT A



**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM**

DOC # 20160192085

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

Orange County, FL

Ret To: SIMPLIFILE LC

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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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 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 40 West 23rd Street		This space not available.		
MAILING ADDRESS Line Two 3 rd Floor	CITY New York	STATE NY	POSTAL CODE 10010	COUNTRY 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 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 following collateral:

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).

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

5. ALTERNATE DESIGNATION (if applicable)

<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR
<input type="checkbox"/> AG LIEN	<input type="checkbox"/> NON-UCC FILING	<input type="checkbox"/> SELLER/BUYER

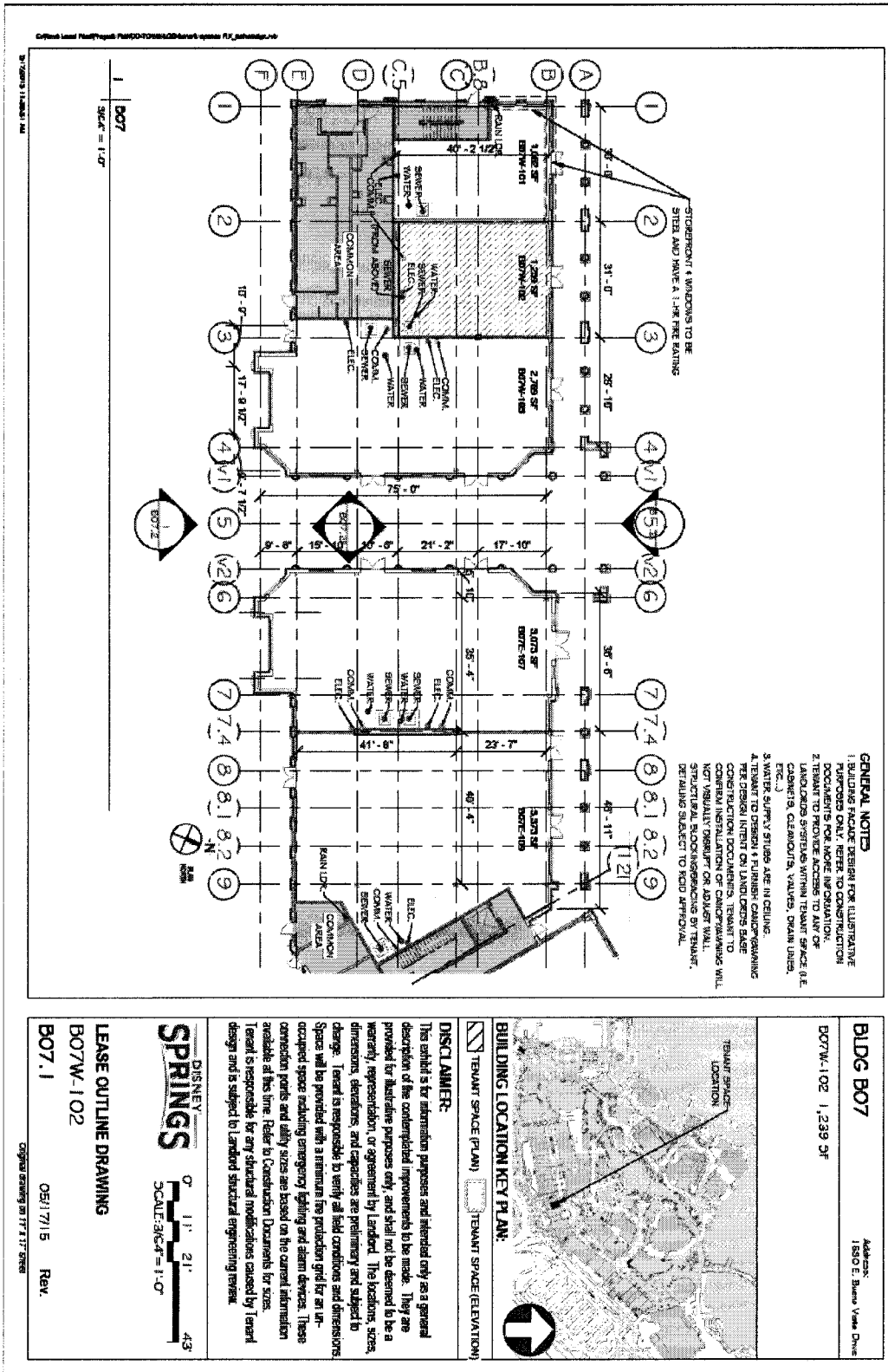
6. Florida DOCUMENTARY STAMP TAX – YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX

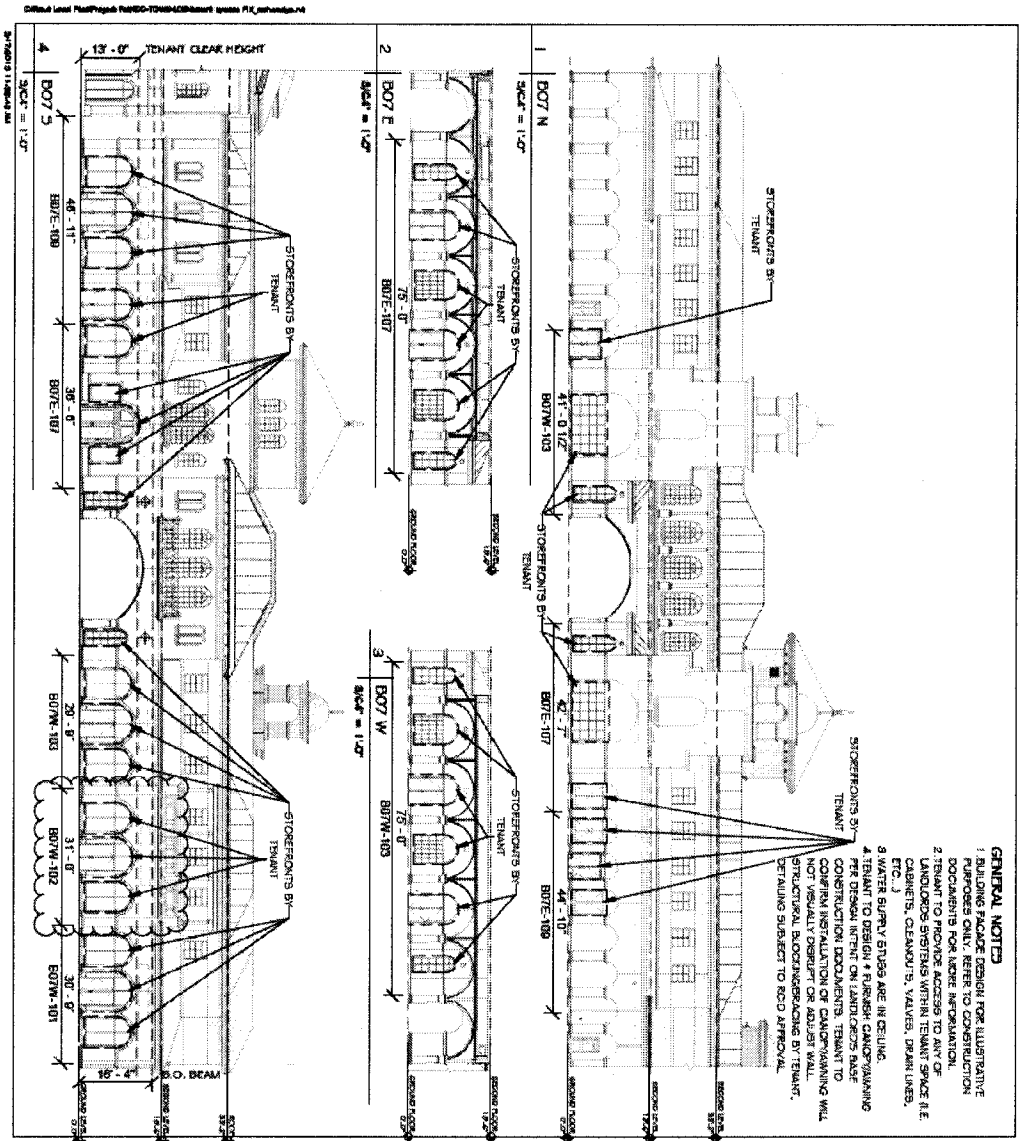
All documentary stamps due and payable or to become due and payable pursuant to s. 201.22 F.S., have been paid.

Florida Documentary Stamp Tax is not required.

7. OPTIONAL FILER REFERENCE DATA MAC– Disney Springs®

EXHIBIT A





GENERAL NOTES

1. BUILDING FACADE ELEVATION FOR ILLUSTRATIVE PURPOSES ONLY. REFER TO CONSTRUCTION DOCUMENTS FOR MORE INFORMATION.
2. TENANT TO PROVIDE ACCESS TO ANY OF LANDLORD'S SYSTEMS WITHIN TENANT SPACE (E.G. CABINETS, CLEANOUT'S, VALVES, DRAIN LINES, ETC.)
3. WATER SUPPLY BRASSES ARE TO BE CEILING MOUNTED WITHIN TENANT SPACE.
4. WATER SUPPLY BRASSES ARE TO BE CEILING MOUNTED WITHIN TENANT SPACE PER SPECIAL REPORT ON LANDLORD'S PART.
5. CONFIRM INSTALLATION OF CALDWELLING WILL NOT VISUALLY DISRUPT OR ADJUST WALL STRUCTURAL BACKSHEETING BY TENANT. DETAILS SUBJECT TO RCD APPROVAL.

<p>BLDG BO7</p> <p>Address: 1593 E. Green View Drive</p>	<p>BO7W-102 2,339 SF</p> <p>BUILDING LOCATION KEY PLAN:</p> <p> <input checked="" type="checkbox"/> TENANT SPACE (PLAN) <input type="checkbox"/> TENANT SPACE (ELEVATION) </p>
<p>DISCLAIMER:</p> <p>This exhibit is for information purposes and intended only as a general description of the contemplated improvements to be made. There are provided for illustrative purposes only, and shall not be deemed to be a warranty, representation, or agreement by Landlord. The locations, sizes, dimensions, elevations, and capacities are preliminary and subject to change. Tenant is responsible to verify all field conditions and dimensions. Space will be provided with a minimum fire protection grid for an unoccupied space including emergency lighting and alarm devices. Those connection points and utility sizes are based on the current information available at this time. Refer to Construction Documents for sizes. Tenant is responsible for any structural modifications caused by Tenant design and is subject to Landlord structural engineering review.</p>	<p>LEASE OUTLINE DRAWING</p> <p>BO7W-102</p> <p>BO7.2</p> <p>05/17/15 Rev.</p> <p>Original drawing on 11"x17" sheet</p>

**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM**

DOC # 20160192086

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
 Orange County, FL
 Ret To: SIMPLIFILE LC

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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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 VOLCOM, LLC				
1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1.c MAILING ADDRESS Line One 740 Monrovia Avenue		This space not available		
MAILING ADDRESS Line Two	CITY Costa Mesa	STATE CA	POSTAL CODE 92627	COUNTRY 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 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 following collateral:

IN ALL FIXTURES AND IN ALL FURNITURE, FURNISHINGS, MERCHANDISE, SUPPLIES, MACHINERY, APPLIANCES AND OTHER EQUIPMENT, INVENTORY AND GOODS (EXCLUDING TENANT'S MERCHANDISE, TRADE FIXTURES AND OTHER PERSONAL PROPERTY) 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.

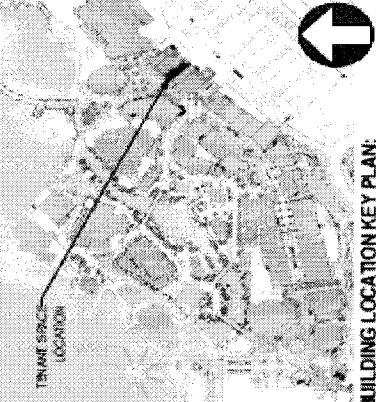

5. ALTERNATE DESIGNATION (if applicable) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR
 AG LIEN NON-UCC FILING SELLER/BUYER

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.

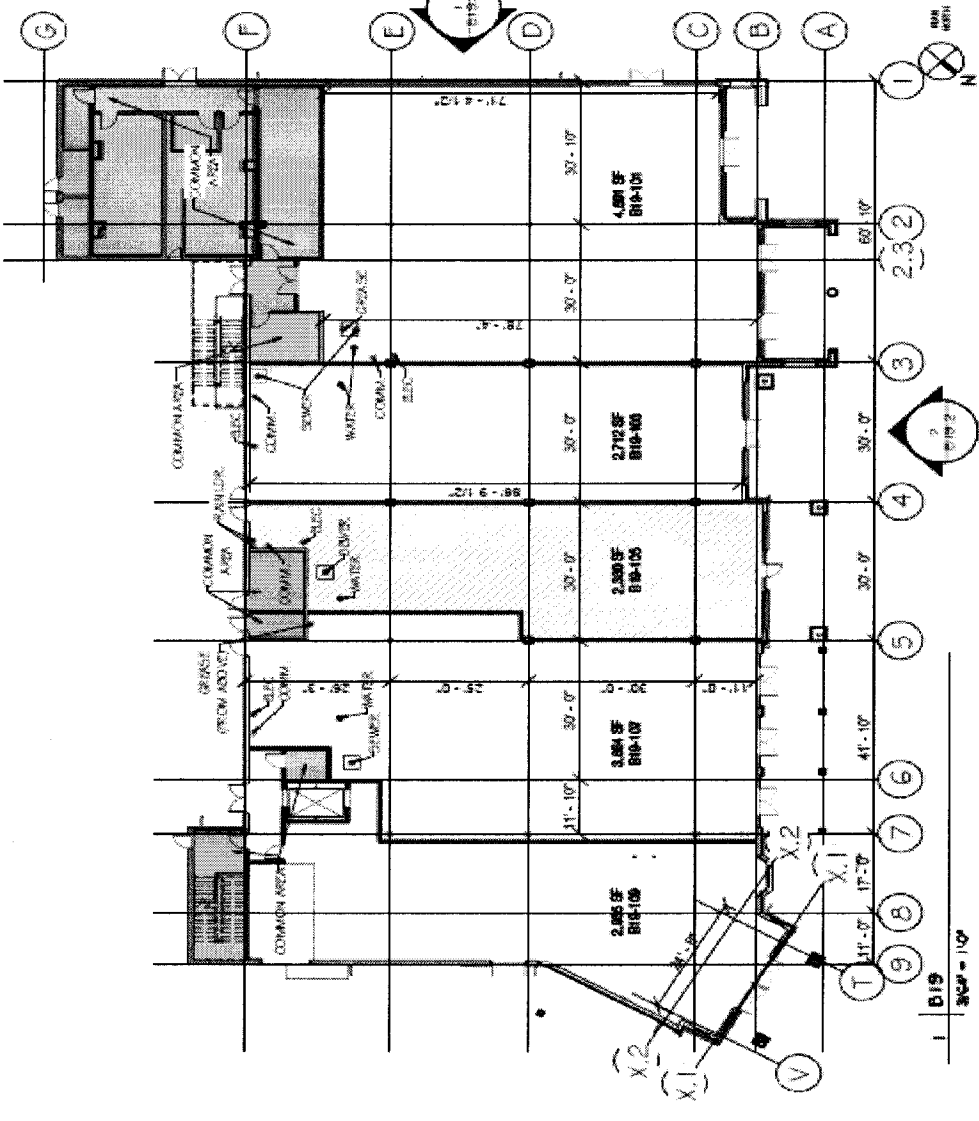
7. OPTIONAL FILER REFERENCE DATA Volcom– Disney Springs®

EXHIBIT A

BLDG B19 B19-105 2,260 SF	ADDRESS: 1538 E. RIVER ROAD DRIVE	 <p style="text-align: center;">TENANT SPACE LOCATION</p> <p style="text-align: center;">BUILDING LOCATION KEY PLAN:</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> TENANT SPACE (PLAN) <input type="checkbox"/> TENANT SPACE (ELEVATION) </p>	<p>DISCLAIMER:</p> <p>This exhibit is for information purposes and intended only as a general description of the contemplated improvements to be made. They are provided for illustrative purposes only, and shall not be deemed to be a warranty, representation, or agreement by Landlord. The locations, sizes, dimensions, elevations, and capacities are preliminary and subject to change. Tenant is responsible to verify all field conditions and dimensions. Space will be provided with a minimum fire protection for an unoccupied space including emergency lighting and alarm devices. These construction costs and utility sizes are based on the current information available at this time. Refer to Construction Documents for sizes. Landlord is responsible for any structural modifications caused by Tenant design and is subject to Landlord structural engineering review.</p>
		SCALE: 3/8" = 1'-0" 0" 1' 2' 4'	LEASE OUTLINE DRAWING B19-105 B19.1 02/05/15 Rev.

GENERAL NOTES

1. BUILDING FACILITY DESIGN FOR ILLUSTRATIVE PURPOSES ONLY. REFER TO CONSTRUCTION DOCUMENTS FOR MORE INFORMATION.
2. TENANT TO PROVIDE ACCESS TO ALL OF LANDLORD'S SYSTEMS WITHIN TENANT SPACE (E.G. CANNISTER, CLEANOUTS, VALVES, DRAIN LINES, ETC.).
3. WATER SUPPLY SERVICES ARE IN CEILING.



1 | B19
 SCALE = 1/8"

**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM**

DOC # 20160192087

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

Orange County, FL

Ret To: SIMPLIFILE LC

A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Lowell Flatford 407-828-3038
B. Email Address
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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)				
1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1.c MAILING ADDRESS Line One 428 Westlake Avenue N., Suite 388				
This space not available				
MAILING ADDRESS Line Two	CITY Seattle	STATE WA	POSTAL CODE 98109	COUNTRY 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 1375 Buena Vista Drive				
This space not available				
MAILING ADDRESS Line Two	CITY Lake Buena Vista	STATE FL	POSTAL CODE 32830	COUNTRY USA

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5. ALTERNATE DESIGNATION (if applicable)	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR
	<input type="checkbox"/> AG LIEN	<input type="checkbox"/> NON-UCC FILING	<input type="checkbox"/> SELLER/BUYER

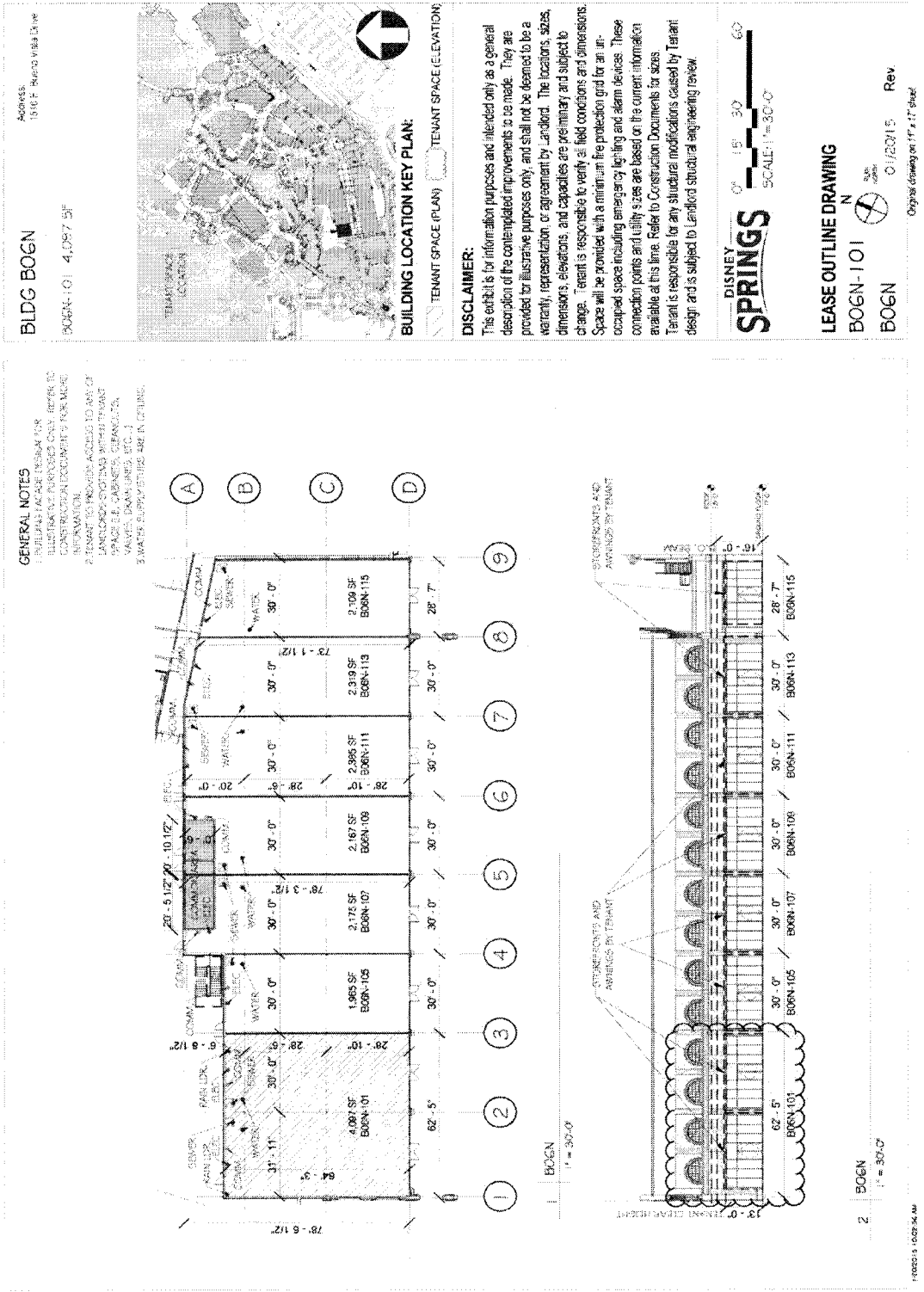
6. Florida DOCUMENTARY STAMP TAX – YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX

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 Tommy Bahama– Disney Springs®

EXHIBIT A



**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM**

DOC # 20160192088

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

Orange County, FL

Ret To: SIMPLIFILE LC

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

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)				
1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1.c MAILING ADDRESS Line One 800 Third Avenue				
This space not available.				
MAILING ADDRESS Line Two	CITY King of Prussia	STATE PA	POSTAL CODE 19406	COUNTRY 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 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 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.

5. ALTERNATE DESIGNATION (if applicable)	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR
	<input type="checkbox"/> AG LIEN	<input type="checkbox"/> NON-UCC FILING	<input type="checkbox"/> 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 Lilly Pulitzer– Disney Springs®

EXHIBIT A

BLDG B065
 B065-109 2,336 SF

Address:
 1516 E. Buena Vista Drive

BUILDING LOCATION KEY PLAN:

Legend: TENANT SPACE (PLAN) TENANT SPACE (ELEVATION)

DISCLAIMER:
 This exhibit is for information purposes and intended only as a general description of the contemplated improvements to be made. They are provided for illustrative purposes only, and shall not be deemed to be a warranty, representation, or agreement by Landlord. The locations, sizes, dimensions, elevations, and capacities are preliminary and subject to change. Tenant is responsible to verify all field conditions and dimensions. Space will be provided with a minimum fire protection grid for an unoccupied space including emergency lighting and alarm devices. These connection points and utility sizes are based on the current information available at this time. Refer to Construction Documents for sizes. Tenant is responsible for any structural modifications caused by Tenant design and is subject to Landlord structural engineering review.

DISNEY SPRINGS
 SCALE: 1"=50'-0"

LEASE OUTLINE DRAWING
 B065-109
 B065
 01/21/15 Rev.
 Original drawing on 11' x 17' sheet

GENERAL NOTES

1. BUILDING PACKAGE DESIGN FOR BLDG B065-109 ONLY. REFER TO CONSTRUCTION DOCUMENTS FOR MORE INFORMATION.
2. TENANT TO PROVIDE ACCESS TO ALL OF LANDLORD'S SYSTEMS WITHIN "BENT" SPACE (E.G. DUCTS, CHIMNEYS, VENTING, DRAIN LINES, ETC.).
3. WATER SUPPLY STIVES ARE IN CEILING.

ST. COLUMNS AND ARCHES BY TENANT

ST. COLUMNS AND ARCHES BY TENANT

2 B065
 1"=50'-0"

**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM**

DOC # 20160192089

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

Orange County, FL

Ret To: SIMPLIFILE LC

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	

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 8671 Robert Fulton Drive		This space not available.		
MAILING ADDRESS Line Two	CITY Columbia	STATE MD	POSTAL CODE 21046	COUNTRY 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 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 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).

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

5. ALTERNATE DESIGNATION (if applicable)	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR
	<input type="checkbox"/> AG LIEN	<input type="checkbox"/> NON-UCC FILING	<input type="checkbox"/> 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 Springs®

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

Filing Office Copy

Approved by the Secretary of State, State of Florida

c:\users\sewss001\appdata\local\temp\workshare\tdu2kf3g.1pt\1\ucc 1_orange county.doc

EXHIBIT A

BLDG B13E
B13E 1,477 SF

Address:
1676 E. Buena Vista Drive

BUILDING LOCATION KEY PLAN:
 TENANT SPACE (PLAN)
 TENANT SPACE (ELEVATION)

DISCLAIMER:
 This exhibit is for information purposes and intended only as a general description of the contemplated improvements to be made. They are provided for illustrative purposes only, and shall not be deemed to be a warranty, representation, or agreement by Landlord. The locations, sizes, dimensions, elevations, and capacities are preliminary and subject to change. Tenant is responsible to verify all field conditions and dimensions. Space will be provided with a minimum fire protection grid for an unoccupied space including emergency lighting and alarm devices. These connection points and utility sizes are based on the current information available at this time. Refer to Construction Documents for sizes. Tenant is responsible for any future structural modifications caused by Tenant interior design and is subject to Landlord structural engineering review.

0' 1' 2' 43'

SCALE: 3/64" = 1'-0"

LEASE OUTLINE DRAWING
B13E
B13 06/07/14 Rev.

Original drawing on 11' x 17' sheet

GENERAL NOTES

- 1. ALL THIS PACKAGE DRAWINGS ARE FOR INFORMATION PURPOSES ONLY AND ARE SUBJECT TO CHANGE WITHOUT NOTICE.
- 2. ALL DIMENSIONS ARE IN FEET AND INCHES UNLESS OTHERWISE NOTED.
- 3. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF ALL APPLICABLE CODES AND REGULATIONS.
- 4. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF ALL APPLICABLE CODES AND REGULATIONS.

1 B13E
366'4" = 1'-0"

2 B13W
366'4" = 1'-0"

3 B13W
366'4" = 1'-0"

4 B13E
366'4" = 1'-0"

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

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
LUCKY BRAND DUNGAREES STORES, LLC
1.b INDIVIDUAL'S SURNAME
FIRST PERSONAL NAME
ADDITIONAL NAME(S)/INITIAL(S)
SUFFIX
1.c MAILING ADDRESS Line One
540 South Santa Fe Avenue
This space not available
MAILING ADDRESS Line Two
CITY Los Angeles
STATE CA
POSTAL CODE 90013
COUNTRY 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
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 following collateral:

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).

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

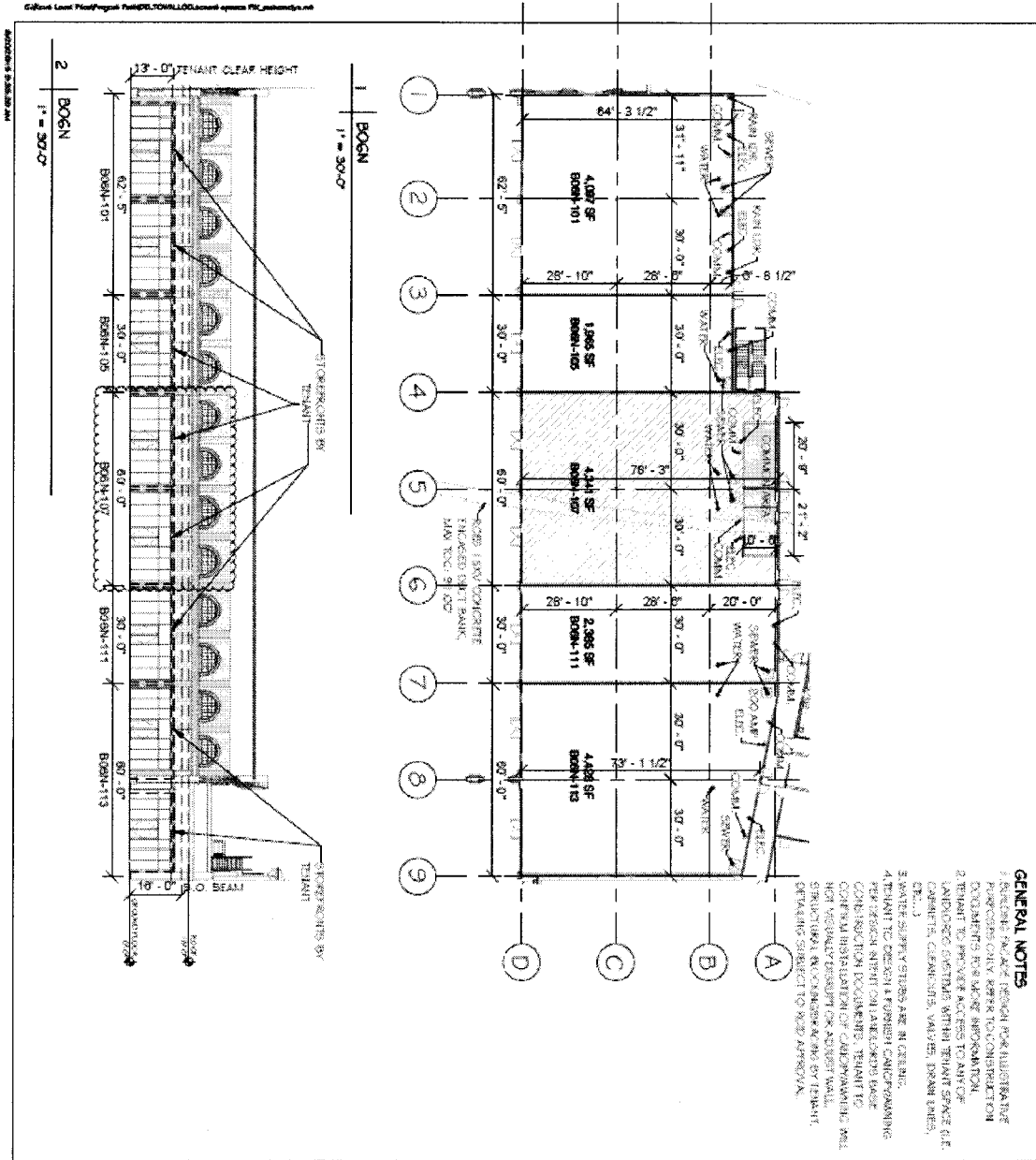
5. ALTERNATE DESIGNATION (if applicable)
LESSEE/LESSOR
CONSIGNEE/CONSIGNOR
BAILEE/BAILOR
AG LIEN
NON-UCC FILING
SELLER/BUYER

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 Lucky Brand- Disney Springs®

EXHIBIT A



GENERAL NOTES

1. FINISHED FLOOR LEVELS FROM SUBSTRATE FINISHES ONLY REFER TO CONSTRUCTION DOCUMENTS FOR EACH SECTION.
2. TENANT TO PROVIDE ACCESS TO ANY/ALL LANDSCAPE CONDITIONS WITHIN TENANT SPACE (E.G., CONCRETE, CEMENTOUS, VALVES, DOWN LINES, ETC.).
3. WATER SUPPLY STOPS ARE IN CEILING.
4. TENANT TO DESIGN & FURNISH CONCEALING PER SECTION WITHIN LABELLED BASE CONSTRUCTION DOCUMENTS. TENANT TO CONFIRM INSTALLATION OF CONCEALING WILL NOT BE UNDERMINED OR SUBJECT WALL STRUCTURE IN CONTACT WITH TENANT OFFERING SUBJECT TO FIELD APPROVAL.

BLDG BOGN Address: 138 E. Buena Vista Drive

BOGN-107 4,341 SF

BUILDING LOCATION KEY PLAN:

DISCLAIMER:

This exhibit is for information purposes and intended only as a general description of the contemplated improvements to be made. They are provided for illustrative purposes only, and shall not be deemed to be a warranty, representation, or agreement by Landlord. The locations, sizes, dimensions, elevations, and capacities are preliminary and subject to change. Tenant is responsible to verify all field conditions and dimensions. Spaces will be provided with a minimum fire protection grid for an unoccupied space including emergency lighting and alarm devices. These connection points and utility sizes are based on the current information available at this time. Refer to Construction Documents for sizes. Tenant is responsible for any structural modifications caused by Tenant design and is subject to Landlord structural engineering review.

DISNEY SPRINGS

SCALE: 1"=30'-0"

LEASE OUTLINE DRAWING

BOGN-107

BOGN

08/20/15 Rev.

08/20/15 Rev.

**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM**

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

Orange County, FL

Ret To: SIMPLIFILE LC

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

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 VERA BRADLEY SALES, LLC				
1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1.c MAILING ADDRESS Line One 12420 Stonebridge Road		This space not available.		
MAILING ADDRESS Line Two	CITY Roanoke	STATE IN	POSTAL CODE 46783	COUNTRY 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 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 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).

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

5. ALTERNATE DESIGNATION (if applicable)	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR
	<input type="checkbox"/> AG LIEN	<input type="checkbox"/> NON-UCC FILING	<input type="checkbox"/> SELLER/BUYER

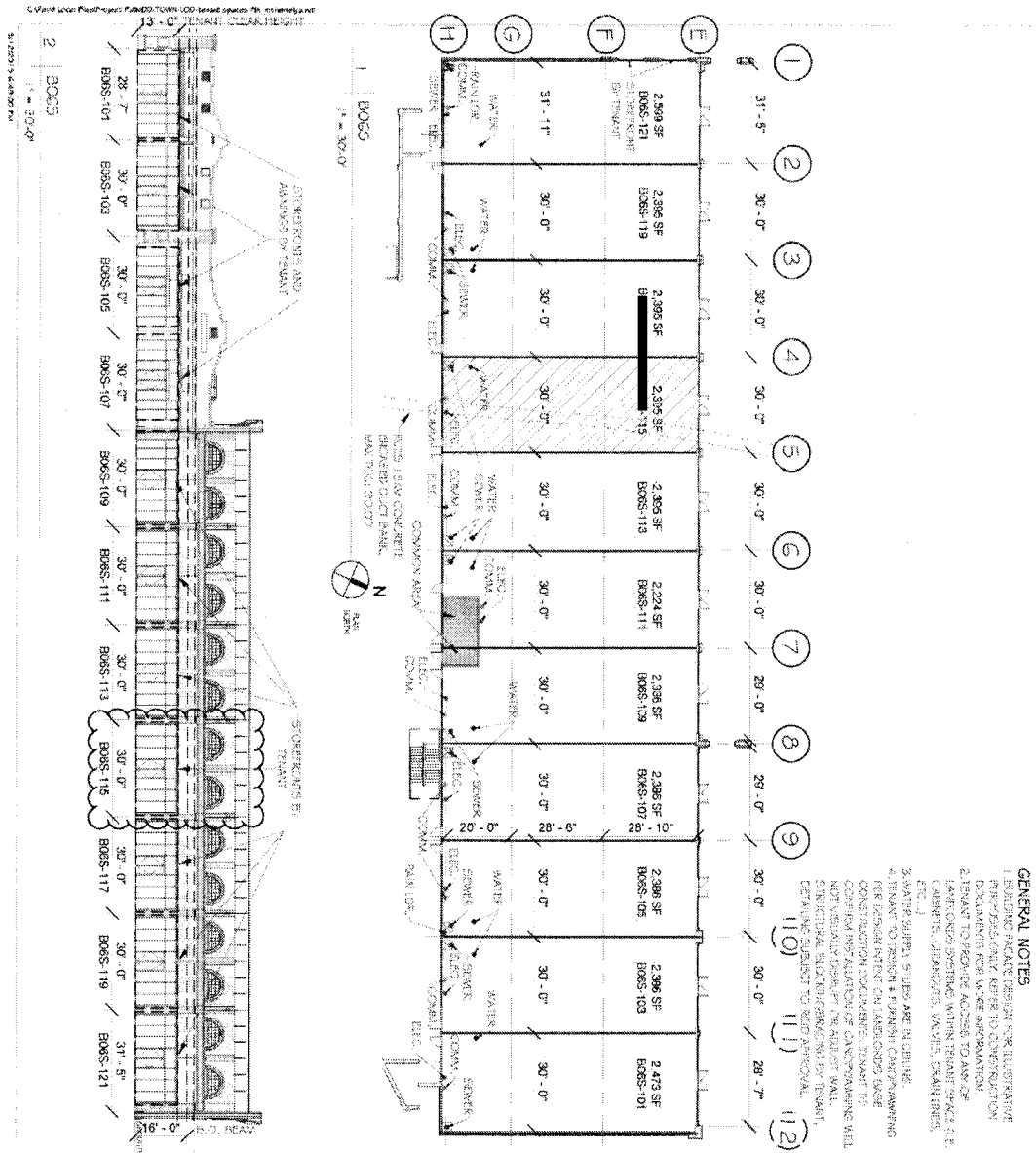
6. Florida DOCUMENTARY STAMP TAX – YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX

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 Vera Bradley– Disney Springs®

EXHIBIT A



BLDG BO65
BO65-115 2,395 SF

ADDRESS:
1518 E. BURNS VALLEY DRIVE

DISNEY SPRINGS

SCALE: 1" = 30'-0"

0' 15' 30' 60'

LEASE OUTLINE DRAWING

BO65-115

05/12/15 Rev.

Original Drawing on 11" x 17" Sheet

DISCLAIMER:

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BUILDING LOCATION KEY PLAN:

Legend: TENANT SPACE (PLAN) TENANT SPACE (ELEVATION)

**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM**

DOC # 20160192092
 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
 Orange County, FL
 Ret To: SIMPLIFILE LC

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

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.				
1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1.c MAILING ADDRESS Line One 1020 Hull Street		This space not available		
MAILING ADDRESS Line Two	CITY Baltimore	STATE MD	POSTAL CODE 21230	COUNTRY 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 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 following collateral:

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).

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5. ALTERNATE DESIGNATION (if applicable)	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR
	<input type="checkbox"/> AG LIEN	<input type="checkbox"/> NON-UCC FILING	<input type="checkbox"/> SELLER/BUYER

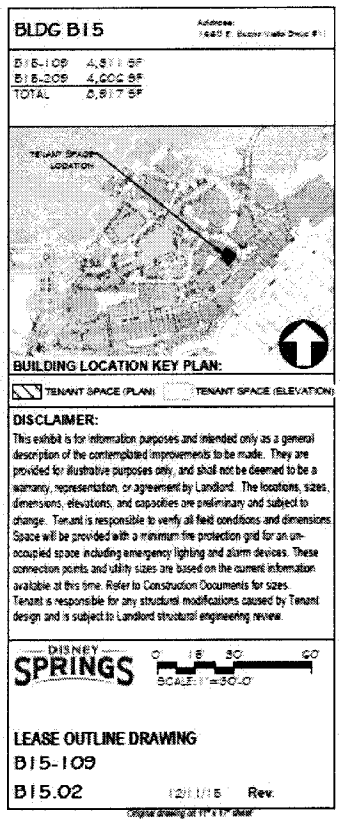
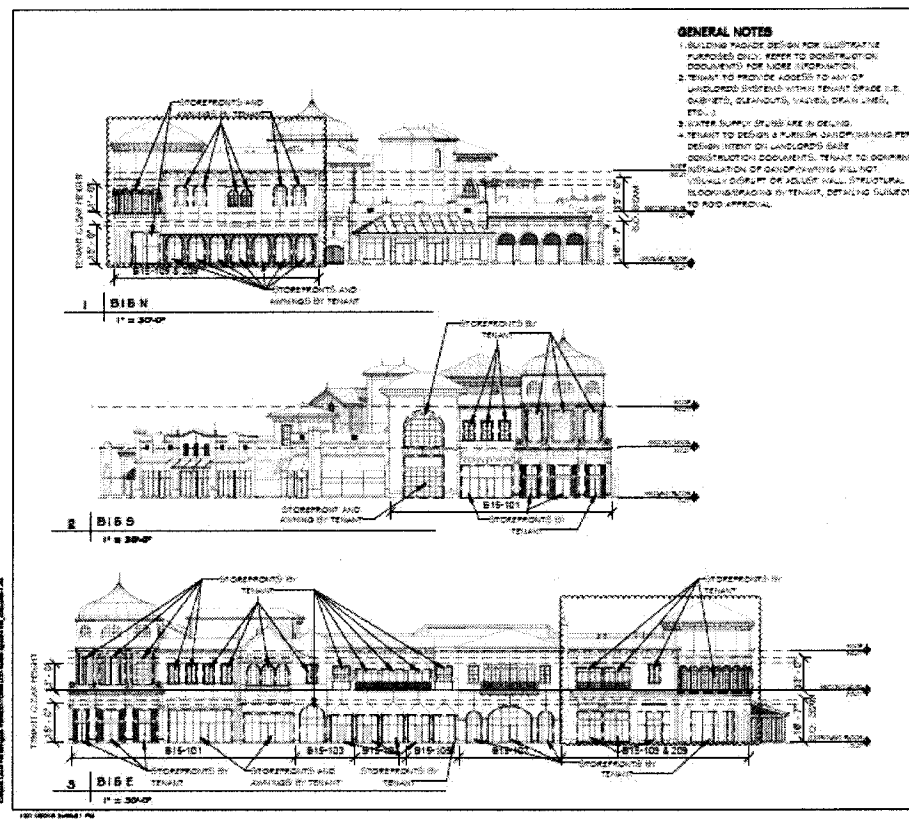
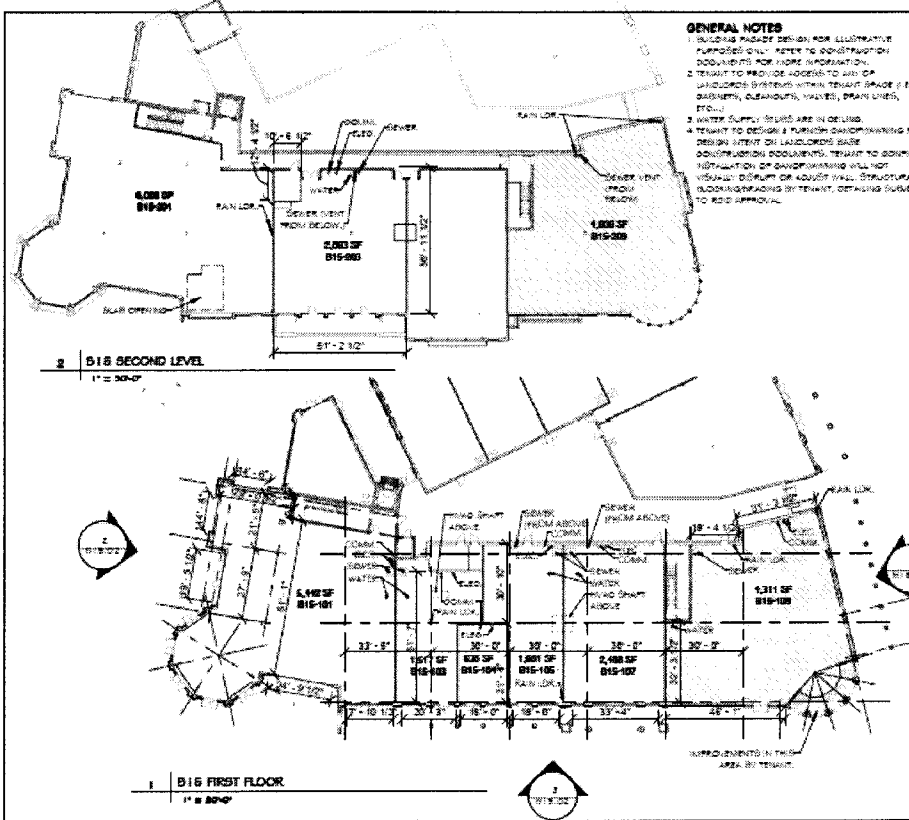
6. Florida DOCUMENTARY STAMP TAX – YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX

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®

EXHIBIT A



**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM**

DOC # 20160192093

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

Orange County, FL

Ret To: SIMPLIFILE LC

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

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 ZARA USA, Inc.				
1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1.c MAILING ADDRESS Line One 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 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 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 following collateral:

IN ALL FIXTURES AND IN ALL FURNITURE, FURNISHINGS, SUPPLIES, 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)	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR
	<input type="checkbox"/> AG LIEN	<input type="checkbox"/> NON-UCC FILING	<input type="checkbox"/> SELLER/BUYER

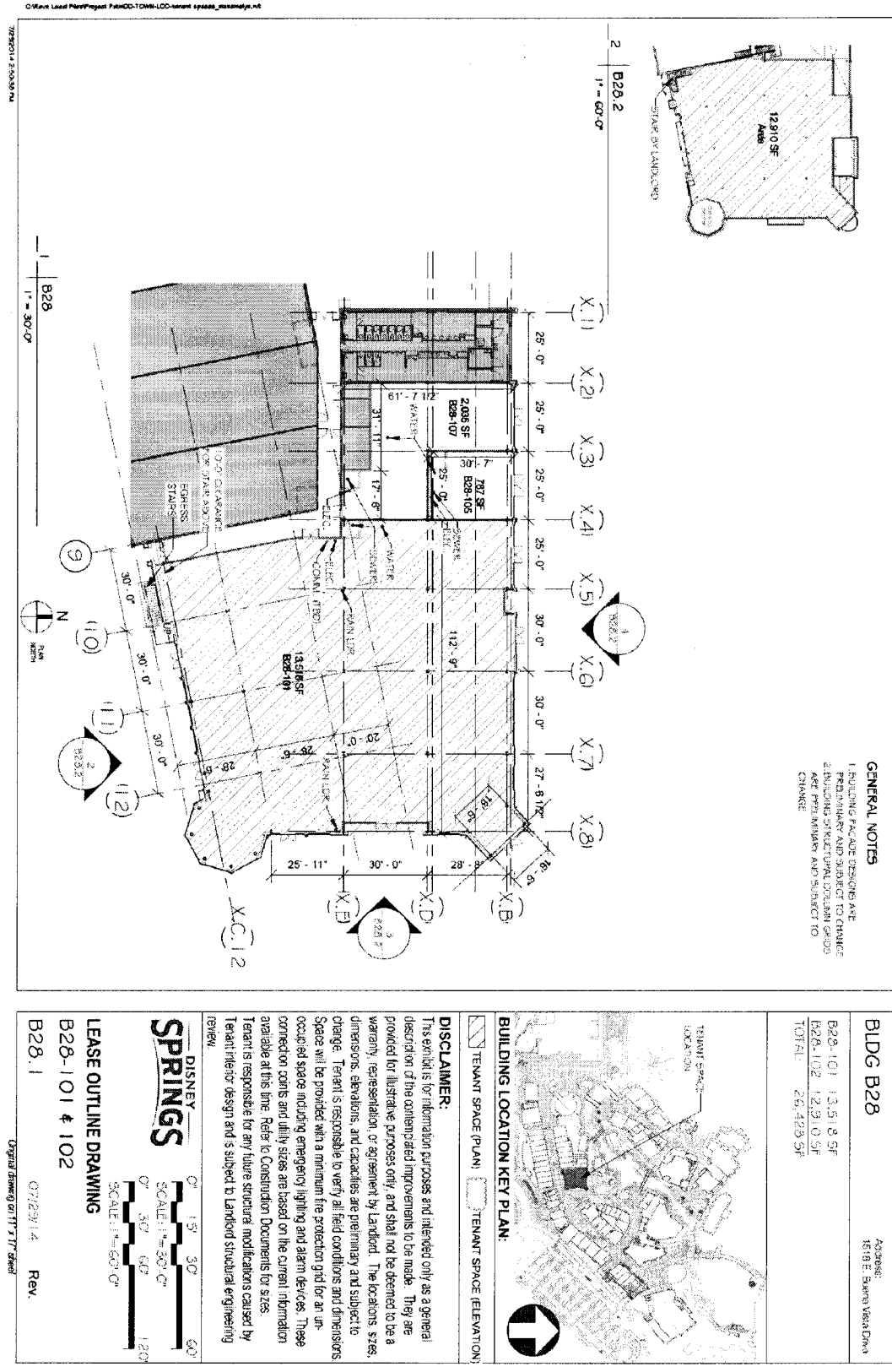
6. Florida DOCUMENTARY STAMP TAX – YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX

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 Zara– Disney Springs®

EXHIBIT A



**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM**

DOC # 20160192134

04/18/2016 08:09 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

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

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 20 North Orange Avenue, 16th Floor		This space not available.		
MAILING ADDRESS Line Two	CITY Orlando	STATE FL	POSTAL CODE 32801	COUNTRY 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 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 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).

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

5. ALTERNATE DESIGNATION (if applicable)	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR
	<input type="checkbox"/> AG LIEN	<input type="checkbox"/> NON-UCC FILING	<input type="checkbox"/> SELLER/BUYER

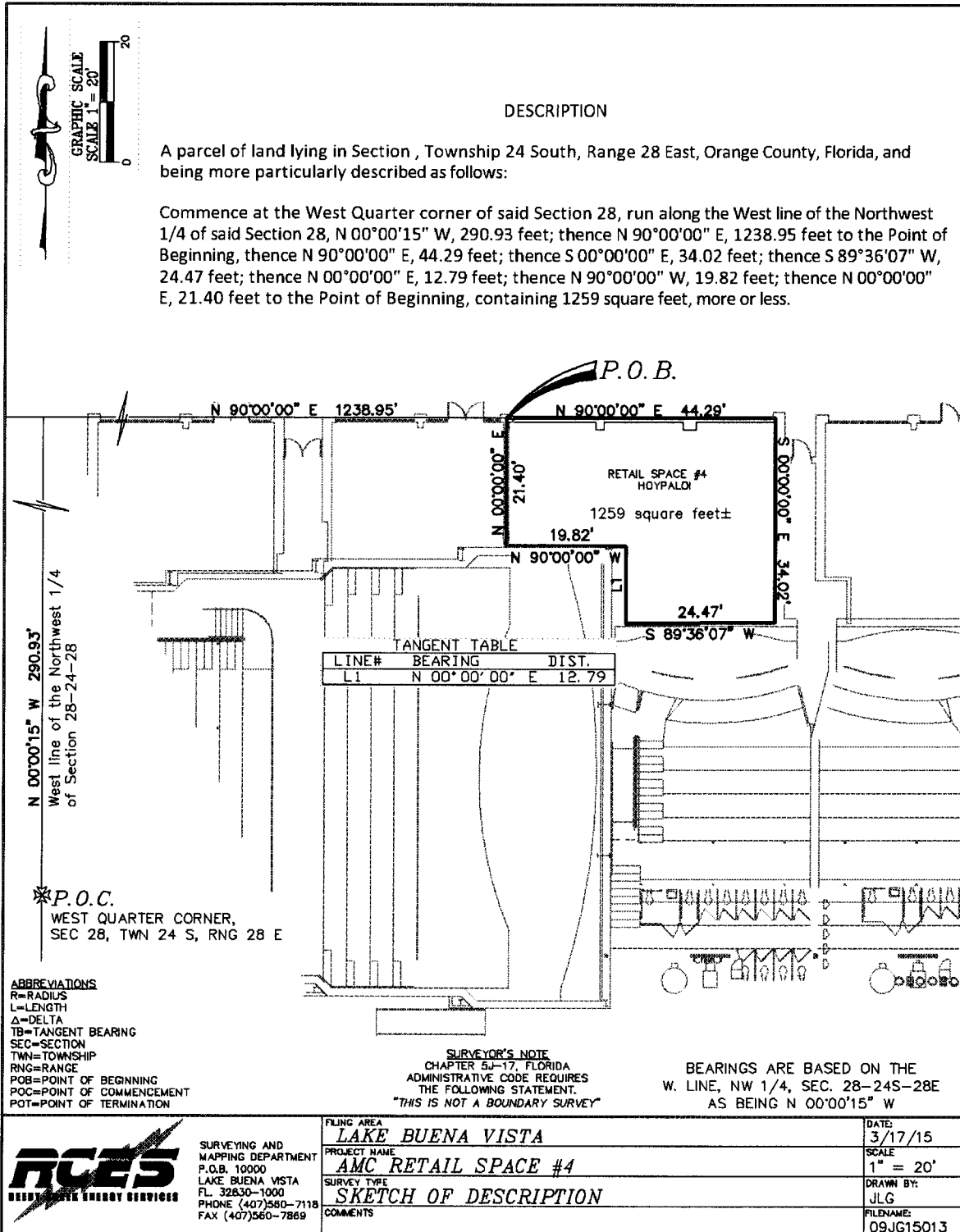
6. Florida DOCUMENTARY STAMP TAX – YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX

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 United World Soccer– Disney Springs®

EXHIBIT A



**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

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 SEPHORA USA, INC.				
1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1.c MAILING ADDRESS Line One First Market Tower		This space not available.		
MAILING ADDRESS Line Two 525 Market Street, 32nd Floor	CITY San Francisco	STATE CA	POSTAL CODE 94105	COUNTRY 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 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 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.

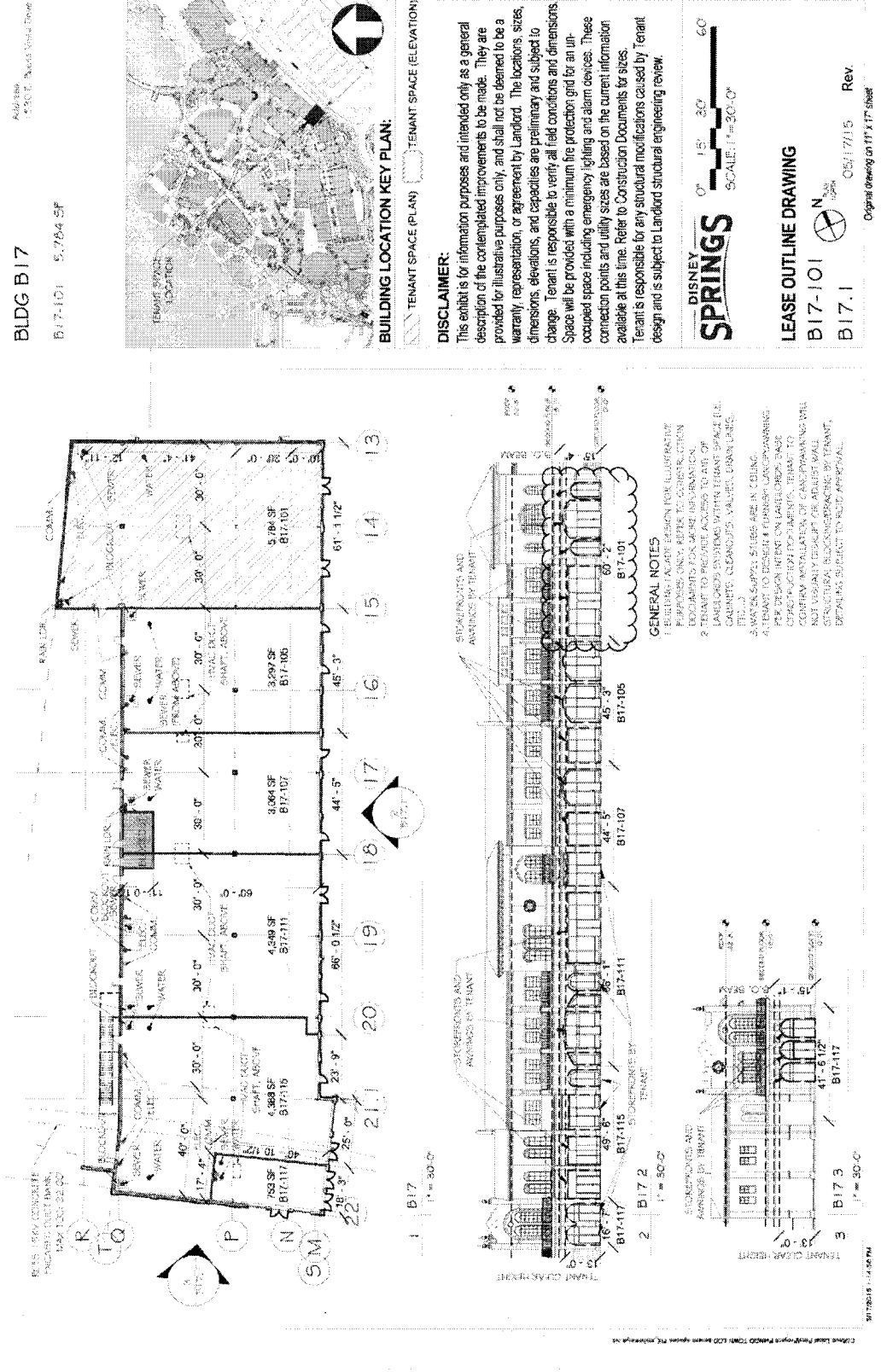
5. ALTERNATE DESIGNATION (if applicable) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR
 AG LIEN NON-UCC FILING SELLER/BUYER

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 Sephora– Disney Springs®

EXHIBIT A



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

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
ALEX AND ANI, LLC
1.b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
1.c MAILING ADDRESS Line One
2000 Chapel View Blvd., Suite 360
MAILING ADDRESS Line Two CITY STATE POSTAL CODE COUNTRY
Cranston RI 02920 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
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
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 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).

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

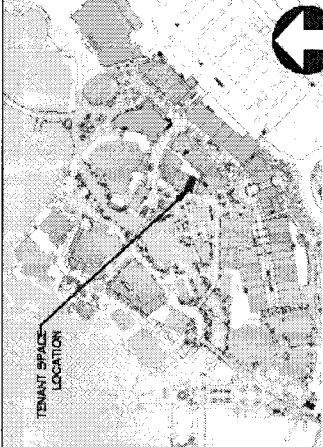


5. ALTERNATE DESIGNATION (if applicable)
LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR
AG LIEN NON-UCC FILING SELLER/BUYER

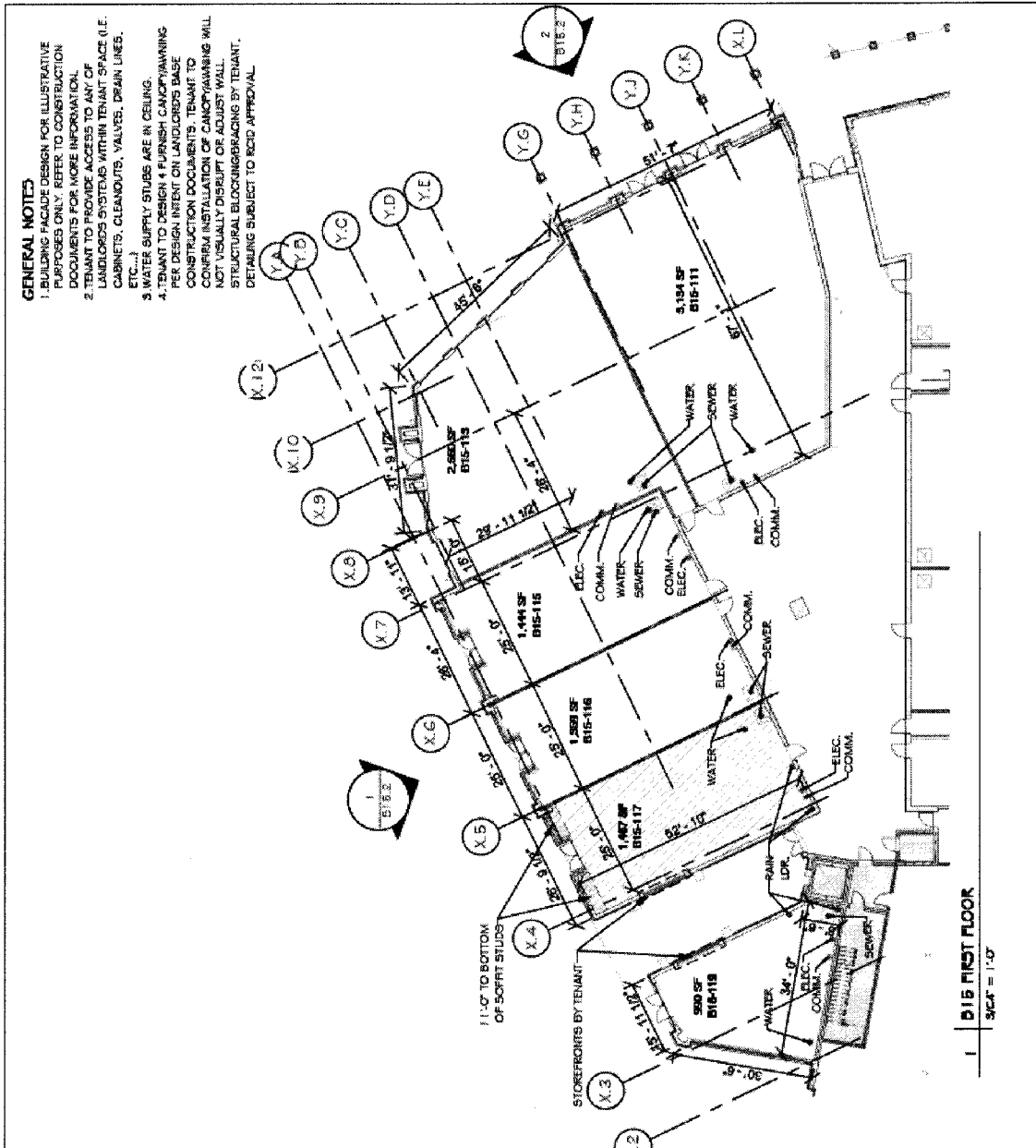
6. Florida DOCUMENTARY STAMP TAX - YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX

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 Alex and Ani- Disney Springs®

EXHIBIT A

<p>BLDG B15</p> <p>B15-117 1,467 SF</p>	<p>Address: 1000 E. Buena Vista Drive</p>	 <p>TENANT SPACE LOCATION</p>	<p>BUILDING LOCATION KEY PLAN:</p> <p>  </p> <p>DISCLAIMER: This exhibit is for information purposes and intended only as a general description of the contemplated improvements to be made. They are provided for illustrative purposes only, and shall not be deemed to be a warranty, representation, or agreement by Landlord. The locations, sizes, dimensions, elevations, and capacities are preliminary and subject to change. Tenant is responsible to verify all field conditions and dimensions occupied space including emergency lighting and alarm devices. These connection points and utility sizes are based on the current information available at this time. Refer to Construction Documents for sizes. Tenant is responsible for any structural modifications caused by Tenant design and is subject to Landlord structural engineering review.</p>
<p>DISNEY SPRINGS</p> <p>SCALE: 3/8" = 1'-0"</p>		<p>0' 11' 21' 43'</p> <p>3/8" = 1'-0"</p>	
<p>LEASE OUTLINE DRAWING</p> <p>B15-117 N.M.M.</p> <p>B15.1  05/13/15 Rev.</p>		<p>Original drawing on 11" x 17" sheet</p>	



**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

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 AMERICAN THREADS ORLANDO LLC				
1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1.c MAILING ADDRESS Line One 3111 Main Street		This space not available		
MAILING ADDRESS Line Two	CITY Duluth	STATE GA	POSTAL CODE 30096	COUNTRY 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 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 following collateral:

IN ALL FIXTURES AND IN ALL FURNITURE, FURNISHINGS, SUPPLIES, MACHINERY, APPLIANCES AND OTHER EQUIPMENT 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.

5. ALTERNATE DESIGNATION (if applicable)	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR
	<input type="checkbox"/> AG LIEN	<input type="checkbox"/> NON-UCC FILING	<input type="checkbox"/> 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.

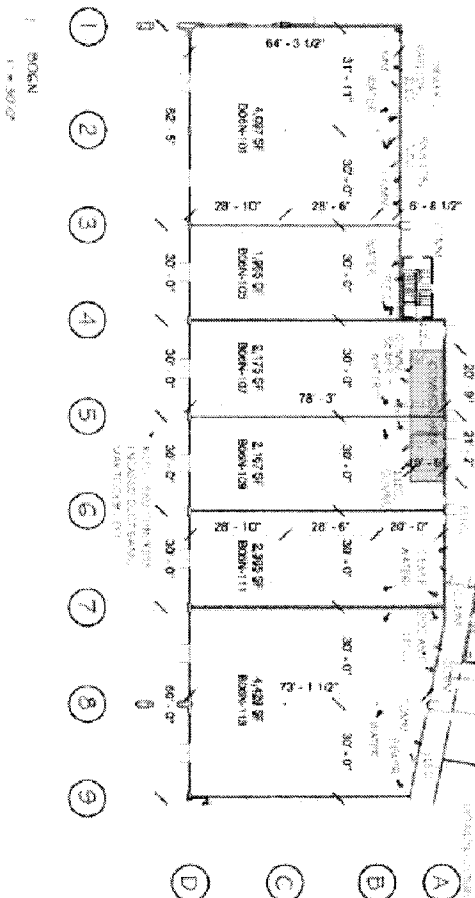
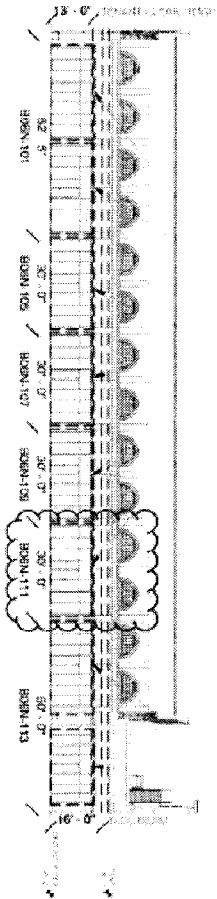
7. OPTIONAL FILER REFERENCE DATA American Threads– Disney Springs®

EXHIBIT A

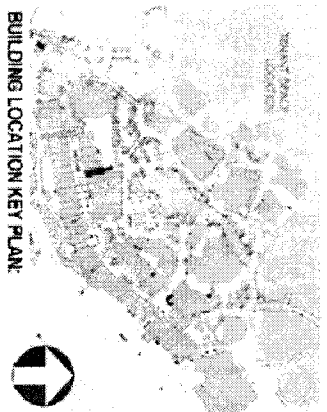
Client: Bogn Properties LLC, 10000 W. 10th Avenue, Suite 100, Denver, CO 80202

Project: Bogn

2 Bogn
1" = 30'-0"



GENERAL NOTES:
 1. ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.
 2. ALL ROOMS SHALL BE FINISHED TO THE FINISHES SHOWN ON THE FINISH SCHEDULE.
 3. ALL WALLS SHALL BE 1/2" GYP BOARD ON STUDS.
 4. ALL CEILING SHALL BE 1/2" GYP BOARD ON 16" OC RAFTERS.
 5. ALL FLOORS SHALL BE 4" CONCRETE ON 8" OC JOISTS.
 6. ALL DOORS SHALL BE 1 3/4" MINIMUM CLEARANCE.
 7. ALL WINDOWS SHALL BE 1/2" MINIMUM CLEARANCE.
 8. ALL OPENINGS SHALL BE 1/2" MINIMUM CLEARANCE.
 9. ALL ROOMS SHALL BE VENTILATED TO THE OUTSIDE.
 10. ALL ROOMS SHALL BE HEATED TO THE OUTSIDE.
 11. ALL ROOMS SHALL BE COOLED TO THE OUTSIDE.
 12. ALL ROOMS SHALL BE LIGHTED TO THE OUTSIDE.
 13. ALL ROOMS SHALL BE SOUNDED TO THE OUTSIDE.
 14. ALL ROOMS SHALL BE FIRE RATED TO THE OUTSIDE.
 15. ALL ROOMS SHALL BE SEISMIC RATED TO THE OUTSIDE.



BLDG BOGN
 Bogn-111 2,395 SF
 Address: 12 16th Avenue, Suite 200

DISCLAIMER:
 This exhibit is for information purposes and intended only as a general description of the contemplated improvements to be made. They are provided for illustrative purposes only, and shall not be deemed to be a warranty, representation, or agreement by Landlord. The location, size, dimensions, elevations, and conditions are preliminary and subject to change. Tenant is responsible to verify all field conditions and dimensions. Space will be provided with a minimum fire protection grid for an unoccupied space including emergency lighting and alarm devices. These connection points and utility sizes are based on the current information available at this time. Refer to Construction Documents for sizes. Tenant is responsible for any structural modifications caused by Tenant design and is subject to Landlord structural engineering review.

DISNEY SPRINGS
 SCALE: 1" = 30'-0"

LEASE OUTLINE DRAWING
 Bogn-111
 Bogn
 05/12/15 Rev
 Original Drawing of 11' x 17' Sheet

**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM**

DOC # 20160192153

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

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

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 ORLANDO BATHING SUIT, LLC				
1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1.c MAILING ADDRESS Line One Corporate Office		This space not available.		
MAILING ADDRESS Line Two 5337 Millenia Lakes Blvd #400	CITY Orlando	STATE FL	POSTAL CODE 32839	COUNTRY 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 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 following collateral:

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).

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

5. ALTERNATE DESIGNATION (if applicable)	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR
	<input type="checkbox"/> AG LIEN	<input type="checkbox"/> NON-UCC FILING	<input type="checkbox"/> SELLER/BUYER

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

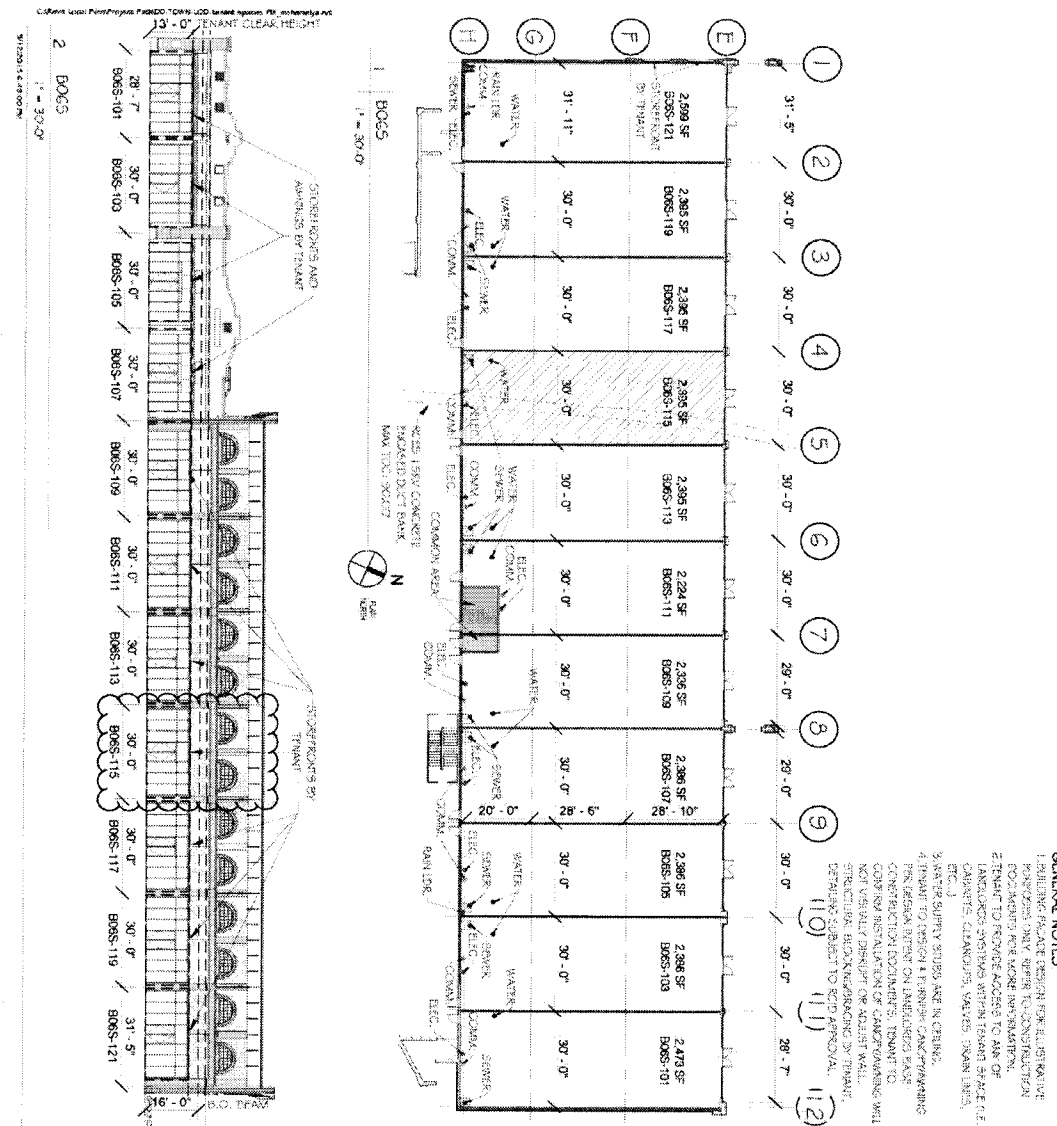
All documentary stamps due and payable or to become due and payable pursuant to s. 201.22 F.S., have been paid.

Florida Documentary Stamp Tax is not required.

7. OPTIONAL FILER REFERENCE DATA Everything But Water– Disney Springs®

EXHIBIT A

LEGAL DESCRIPTION



BLDG BOGS

BOGS-115 2,295 SF

Address: 1516 E. Barbara Vista Drive

DISCLAIMER:

This exhibit is for information purposes and intended only as a general description of the contemplated improvements to be made. They are provided for illustrative purposes only, and shall not be deemed to be a warranty, representation, or agreement by Landlord. The locations, sizes, dimensions, elevations, and capacities are preliminary and subject to change. Tenant is responsible to verify all field conditions and dimensions. Space will be provided with a minimum fire protection grid for an unoccupied space including emergency lighting and alarm devices. These connection points and utility sizes are based on the current information available at this time. Refer to Construction Documents for sizes. Tenant is responsible for any structural modifications caused by Tenant design and is subject to Landlord structural engineering review.

DISNEY SPRINGS

SCALE: 1" = 30'-0"

LEASE OUTLINE DRAWING

BOGS-115

BOGS

05/12/15 Rev

Original Drawing on 11" x 17" Sheet

BUILDING LOCATION KEY PLAN:

**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM**

DOC # 20160192154

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

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

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 c/o Art Smith, LLC		This space not available.		
MAILING ADDRESS Line Two 1615 West Ohio Street	CITY Chicago	STATE IL	POSTAL CODE 60622	COUNTRY 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 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 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.

5. ALTERNATE DESIGNATION (if applicable)	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR
	<input type="checkbox"/> AG LIEN	<input type="checkbox"/> NON-UCC FILING	<input type="checkbox"/> 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 Chef Art Smith– Disney Springs®

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

Filing Office Copy

Approved by the Secretary of State, State of Florida

c:\users\sewss001\appdata\local\temp\workshare\rzoo3jqz.q51\l\ucc 1_orange county.doc

EXHIBIT A

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.

**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM**

DOC # 20160192155

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

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

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 HUSH PUPPIES RETAIL, LLC				
1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1.c MAILING ADDRESS Line One 9341 Courtyard Drive NE		This space not available.		
MAILING ADDRESS Line Two	CITY Rockford	STATE MI	POSTAL CODE 49351	COUNTRY 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 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 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.

Florida Documentary Stamp Tax is not required.

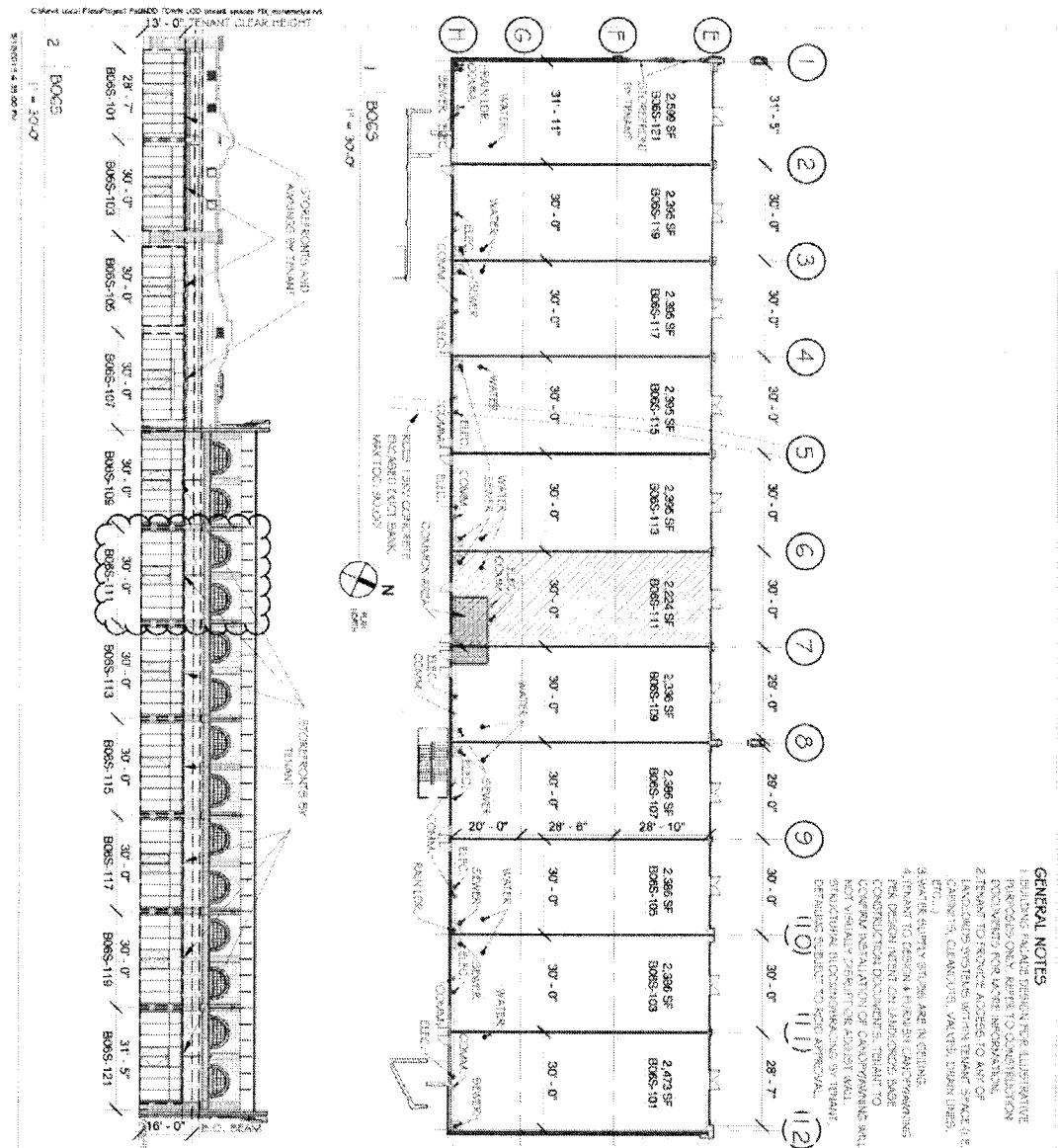
7. OPTIONAL FILER REFERENCE DATA Sperry– Disney Springs®

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

Filing Office Copy

Approved by the Secretary of State, State of Florida

EXHIBIT A



BLDG BOGS

BOGS-111 2,224 SF

Address: 1216 E. Santa Ana Dr

DISCLAIMER:

This exhibit is for information purposes and intended only as a general description of the contemplated improvements to be made. They are provided for illustrative purposes only, and shall not be deemed to be a warranty, representation, or agreement by Landlord. The locations, sizes, dimensions, elevations, and capacities are preliminary and subject to change. Tenant is responsible to verify all field conditions and dimensions. Space will be provided with a minimum fire protection grid for an IFC occupied space including emergency lighting and alarm devices. These connection points and utility sizes are based on the current information available at this time. Refer to Construction Documents for sizes. Tenant is responsible for any structural modifications caused by Tenant design and is subject to Landlord structural engineering review.

SCALE = 3/32" = 1'-0"

LEASE OUTLINE DRAWING

BOGS-111

BOGS

05/17/15 Rev

Original drawing on 11" x 17" sheet

BUILDING LOCATION KEY PLAN:

TENANT SPACE (PLAN) TENANT SPACE (ELEVATION)

**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM**

DOC # 20160192156

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

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

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 GENESCO INC.				
1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1.c MAILING ADDRESS Line One 1415 Murfreesboro Pike, Suite 622				
This space not available.				
MAILING ADDRESS Line Two	CITY Nashville	STATE TN	POSTAL CODE 37217	COUNTRY 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 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 following collateral:

ALL FIXTURES AND IN ALL FURNITURE, FURNISHINGS, MERCHANDISE, SUPPLIES, 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)	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR
	<input type="checkbox"/> AG LIEN	<input type="checkbox"/> NON-UCC FILING	<input type="checkbox"/> 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 Johnston & Murphy– Disney Springs®

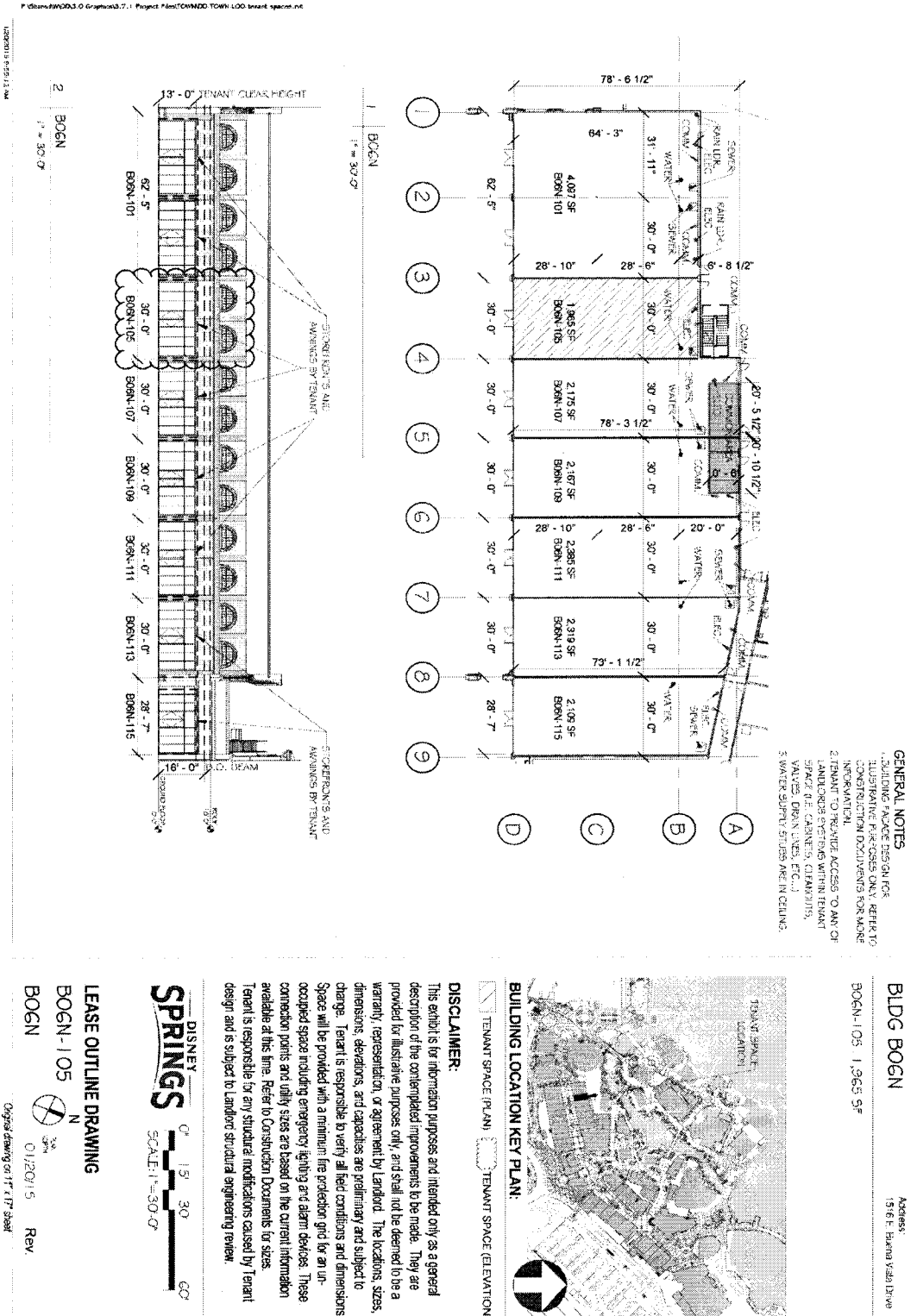
STANDARD FORM - FORM UCC-1 (REV.05/2013)

Filing Office Copy

Approved by the Secretary of State, State of Florida

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EXHIBIT A



**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM**

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

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

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 MELISSA ORLANDO LLC				
1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
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 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 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 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.

5. ALTERNATE DESIGNATION (if applicable)	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR
	<input type="checkbox"/> AG LIEN	<input type="checkbox"/> NON-UCC FILING	<input type="checkbox"/> SELLER/BUYER

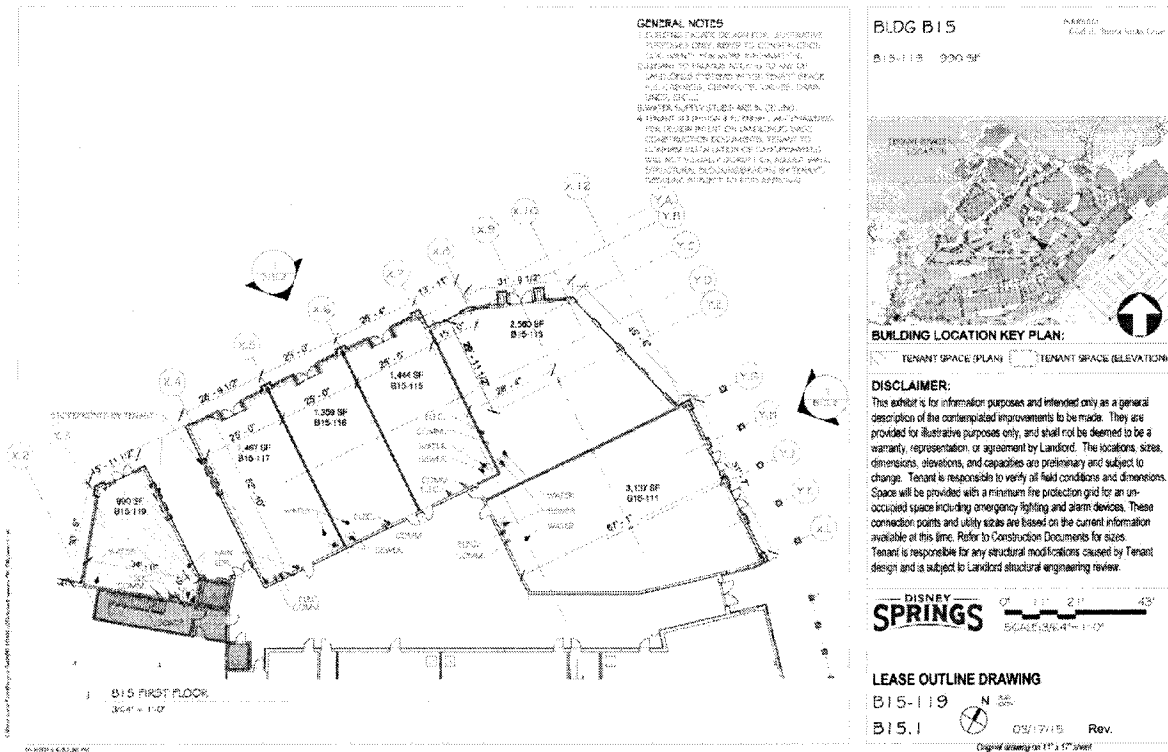
6. Florida DOCUMENTARY STAMP TAX – YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX

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 Melissa Shoes– Disney Springs®

EXHIBIT A



**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

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 NA HOKU, INC.				
1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1.c MAILING ADDRESS Line One 3049 Ualena Street, 12th Floor		This space not available		
MAILING ADDRESS Line Two	CITY Honolulu	STATE HI	POSTAL CODE 96819-1942	COUNTRY 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 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 following collateral:

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).

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

5. ALTERNATE DESIGNATION (if applicable)	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR
	<input type="checkbox"/> AG LIEN	<input type="checkbox"/> NON-UCC FILING	<input type="checkbox"/> SELLER/BUYER

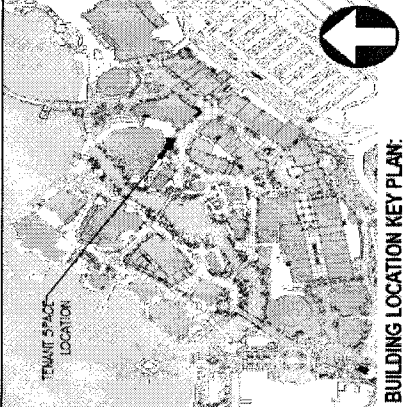
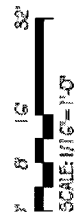
6. Florida DOCUMENTARY STAMP TAX – YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX

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.

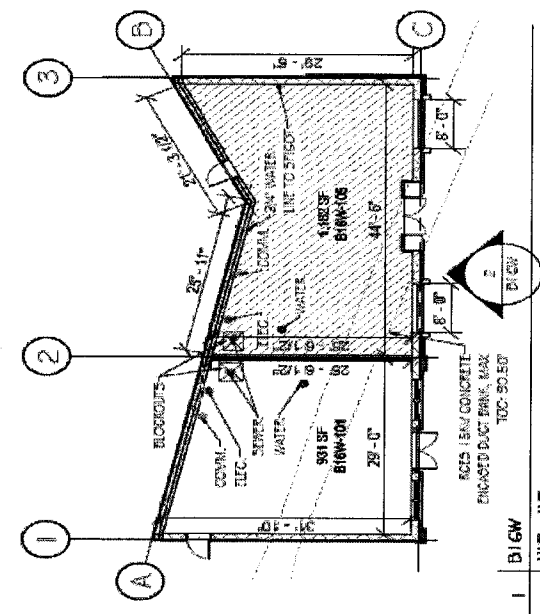
7. OPTIONAL FILER REFERENCE DATA Na Hoku– Disney Springs®

EXHIBIT A

<p>BLDG B I/GW</p>	<p>Address: 1674 E. Euro Vista Drive</p>		<p>TENANT SPACE (ELEVATION)</p>
<p>B I/GW-105 1,182 SF</p>		<p>BUILDING LOCATION KEY PLAN:</p>	
<p>DISCLAIMER: This exhibit is for information purposes and intended only as a general description of the contemplated improvements to be made. They are provided for illustrative purposes only, and shall not be deemed to be a warranty, representation, or agreement by Landlord. The locations, sizes, dimensions, elevations, and capacities are preliminary and subject to change. Tenant is responsible to verify all field conditions and dimensions. Space will be provided with a minimum fire protection grid for an unoccupied space including emergency lighting and alarm devices. These connection points and utility sizes are based on the current information available at this time. Refer to Construction Documents for sizes. Tenant is responsible for any structural modifications caused by Tenant design and is subject to standard structural engineering review.</p>			<p>DISNEY SPRINGS</p>
<p>LEASE OUTLINE DRAWING B I/GW-105</p>		<p>B I/GW 05/17/15 Rev.</p>	

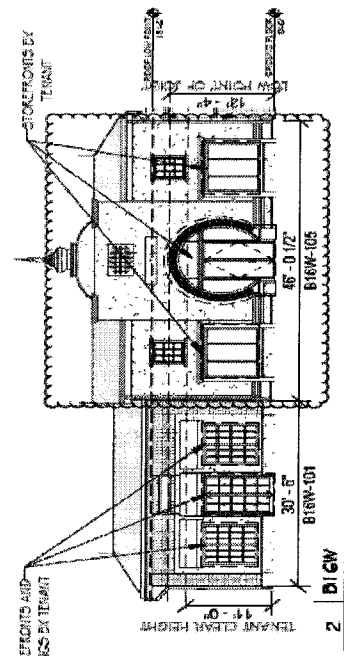
GENERAL NOTES

1. BUILDING FRAME DESIGN FOR ILLUSTRATIVE PURPOSES ONLY. REFER TO CONSTRUCTION DOCUMENTS FOR MORE INFORMATION.
2. TENANT TO PROVIDE ACCESS TO ANY OF LANDLORD'S SYSTEMS WITHIN TENANT SPACE (I.E. CABINETS, CLEAROUTS, VALVES, DRAIN LINES, ETC.)
3. WATER SUPPLY STUDS ARE IN CEILING.
4. TENANT TO DESIGN & FURNISH CANNOPAINING FOR DESIGN INTENT ON LANDLORD'S FACE.
5. CONFIRM BEST PRACTICES OF CANNOPAINING WILL NOT NEARLY DISRUPT OR ADJUST WALL STRUCTURAL BEHAVIOR/LOADING BY TENANT, DETAILS SUBJECT TO AISC APPROVAL.



1 **B I/GW** **1/16\" = 1'-0\"**

2 **B I/GW** **1/16\" = 1'-0\"**



**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM**

DOC # 20160192159

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

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

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 SPRINKLES CUPCAKES FL, LLC				
1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1.c MAILING ADDRESS Line One 422 North La Cienega Blvd.				
This space not available.				
MAILING ADDRESS Line Two	CITY Los Angeles	STATE CA	POSTAL CODE 90048	COUNTRY 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 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 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).

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

5. ALTERNATE DESIGNATION (if applicable)	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR
	<input type="checkbox"/> AG LIEN	<input type="checkbox"/> NON-UCC FILING	<input type="checkbox"/> 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 Sprinkles– Disney Springs®

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

Filing Office Copy

Approved by the Secretary of State, State of Florida

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EXHIBIT A

BLDG B13W	Address: 1875 E. BLUESHIRE DRIVE	
B13W 2,407 SF		
<p>BUILDING LOCATION KEY PLAN:</p> <p> <input type="checkbox"/> TENANT SPACE (PLAN) <input type="checkbox"/> TENANT SPACE (ELEVATION) </p>		<p>DISCLAIMER:</p> <p>This exhibit is for information purposes and intended only as a general description of the contemplated improvements to be made. They are provided for illustrative purposes only, and shall not be deemed to be a warranty, representation, or agreement by Landlord. The locations, sizes, dimensions, elevations, and capacities are preliminary and subject to change. Tenant is responsible to verify all field conditions and dimensions. Spaces will be provided with a minimum fire protection grid for an unoccupied space including emergency lighting and alarm devices. These connection points and utility sizes are based on the current information available at this time. Refer to Construction Documents for sizes. Tenant is responsible for any structural modifications caused by Tenant design and is subject to Landlord structural engineering review.</p>
<p>DISNEY SPRINGS</p> <p>LEASE OUTLINE DRAWING</p> <p>B13W</p> <p>B13</p> <p>1/05/14 REV.</p> <p>Copyright © 2014 Disney</p>		<p>Scale: 1" = 1'-0"</p> <p>Scale: 1" = 1'-0"</p>

GENERAL NOTES:

1. BUILDING FACILITY DESIGN FOR ILLUSTRATIVE PURPOSES ONLY. REFER TO CONSTRUCTION DOCUMENTS FOR MORE INFORMATION.
2. BUILDING STRUCTURAL COLUMN GRIDS ARE PRELIMINARY AND SUBJECT TO CHANGE. REFER TO CONSTRUCTION DOCUMENTS FOR MORE INFORMATION.
3. TENANT TO PROVIDE ACCESS TO ANY OF LANDLORD'S SYSTEMS WITHIN TENANT SPACE (E.G. CABINETS, CLEANOUTS, VALVES, DRAIN LINES, ETC.).
4. WATER SUPPLY STUBS ARE IN CEILING.
5. REFER TO CONSTRUCTION DOCUMENTS FOR MORE INFORMATION.
6. REFER TO CONSTRUCTION DOCUMENTS FOR MORE INFORMATION.

1 B13
Scale = 1/4" = 1'-0"

2 B13 S
Scale = 1/4" = 1'-0"

3 B13 W
Scale = 1/4" = 1'-0"

**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

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 ARS REI USA CORP.				
1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1.c MAILING ADDRESS Line One 11 W 36th Street, 6th Floor				
This space not available.				
MAILING ADDRESS Line Two	CITY New York	STATE NY	POSTAL CODE 10018	COUNTRY 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 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 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).

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

5. ALTERNATE DESIGNATION (if applicable)	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR
	<input type="checkbox"/> AG LIEN	<input type="checkbox"/> NON-UCC FILING	<input type="checkbox"/> SELLER/BUYER

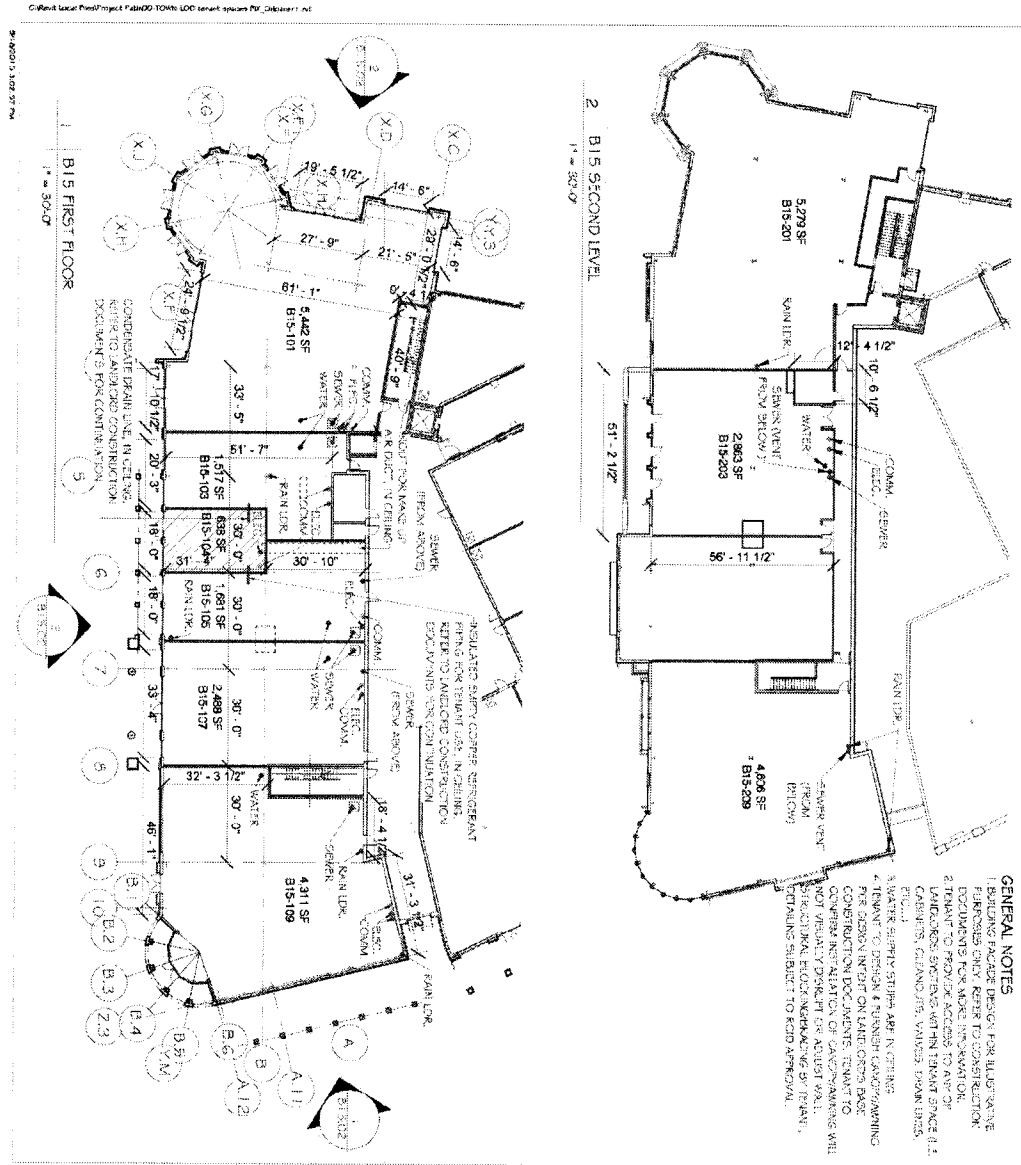
6. Florida DOCUMENTARY STAMP TAX – YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX

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Florida Documentary Stamp Tax is not required.

7. OPTIONAL FILER REFERENCE DATA Uno de 50– Disney Springs®

EXHIBIT A



<p>BLDG B15</p> <p>Address: 1500 E. Disney Blvd, Suite 2000</p> <p>B15-104 630 SF</p>	<p>TENANT SPACE (PLAN)</p> <p>TENANT SPACE (ELEVATION)</p>	<p>DISCLAIMER:</p> <p>This exhibit is for information purposes and intended only as a general description of the contemplated improvements to be made. They are provided for illustrative purposes only, and shall not be deemed to be a warranty, representation, or agreement by Landlord. The locations, sizes, dimensions, elevations, and capacities are preliminary and subject to change. Tenant is responsible to verify all field conditions and dimensions. Spaces will be provided with a minimum fire protection grid for an unoccupied space including emergency lighting and alarm devices. These connection points and utility sizes are based on the current information available at this time. Refer to Construction Documents for sizes. Tenant is responsible for any structural modifications caused by Tenant design and is subject to Landlord structural engineering review.</p> <p>DISNEY SPRINGS</p> <p>SCALE: 1" = 30'-0"</p> <p>LEASE OUTLINE DRAWING</p> <p>B15-104</p> <p>B15.01</p> <p>09/18/15 Rev.</p> <p>Original drawing on 17 x 11" sheet</p>
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