

Permit Number: _____
Folio/Parcel ID #: _____
Prepared by: _____

Return to: Richard Owens - WDI
300 Showbiz Blvd., Ops 2 Building
Lake Buena Vista, FL 32830

DOC # 20170193917
04/10/2017 13:45 PM Page 1 of 4
Rec Fee: \$35.50
Deed Doc Tax: \$0.00
Mortgage Doc Tax: \$0.00
Intangible Tax: \$0.00
Phil Diamond, Comptroller
Orange County, FL
Ret To: CSC INC

NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

- Description of property** (legal description of the property, and street address if available)
384 Cypress Drive, Bay Lake, FL 32830 - Parcel # 36-24-27-0000-00003
- General description of improvement**
Project D - 1004 - Amendment #3 - Secondary Rockwork Steel Package
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name Walt Disney Imagineering
Address P.O. Box 10321, Lake Buena Vista, FL 32830
Interest in Property Fee Simple
Name and address of fee simple titleholder (if different from Owner listed above)
Name Not Applicable
Address Not Applicable
- Contractor**
Name Ref. Attach. A for multiple IPD Agmt Parties Telephone Number N/A
Address Not Applicable
- Surety** (if applicable, a copy of the payment bond is attached)
Name Not Applicable Telephone Number N/A
Address Not Applicable Amount of Bond \$ N/A
- Lender**
Name None Telephone Number N/A
Address Not Applicable
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
Name Russell Stokes Telephone Number 407-560-7697
Address 1365 Avenue of the Stars, Lake Buena Vista, FL 32830
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
Name WDI Contract Accounting Telephone Number 407-560-7858
Address 1365 Avenue of the Stars, Lake Buena Vista, FL 32830
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) September 26, 2019

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

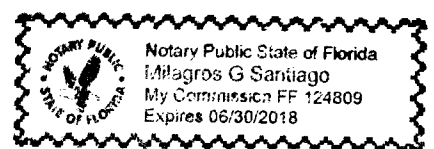
I certify that this Notice of Commencement has been filed for recording with Orange County.

[Signature] PLD Vice President
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager Signatory's Title/Office

The foregoing instrument was acknowledged before me this 12 day of April 2017 by Egbert L. Swets
as Vice President for WALT DISNEY IMAGINEERING
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

[Signature]
Signature of Notary Public - State of Florida
MILAGROS G. SANTIAGO
Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID
Type of ID Produced _____



Attachment "A"

This NOC pertains to a Poly-Party Integrated Project Delivery (IPD) Agreement for the Project D project, which includes all Parties identified below:

Owner Walt Disney Parks and Resorts (US), Inc., d/b/a Walt Disney Imagineering	Egbert L. Swets Vice President Walt Disney Imagineering 1365 Avenue of the Stars Lake Buena Vista, FL 32830
---	---

The following "Contractors," as defined by F.S. §713.01(8), are in direct contract with Owner for the purpose of improving real property pursuant to the Poly-Party IPD Agreement:

Construction Manager/General Contractor (DLR-CA and DHS-FL) The Whiting-Turner Contracting Company	Bob Minutoli Vice President The Whiting-Turner Contracting Company 135 West Central Blvd., Suite 840 Orlando, FL 32801
Architect (DLR-CA and DHS-FL) Cunningham + Morris, A Joint Venture	Jim Younglove & Doug Lowe Vice President Cunningham + Morris, A Joint Venture 622 E. Washington Street, Suite 500 Orlando, FL 32801 and 8665 Hayden Place Culver City, CA 90232
Structural Design Partner (DLR-CA and DHS-FL) Walter P. Moore and Associates, Inc.	Ryan Seckinger Principal Walter P. Moore and Associates, Inc. 1301 McKinney Street, Suite 1100 Houston, TX 77010
Electrical Design Partner (DLR-CA and DHS-FL) exp US Services, Inc.	David Rossetti Account Executive exp US Services, Inc. 2601 Westhall Lane Maitland, FL 32751
Mechanical Design Partner (DLR-CA and DHS-FL) Southland Industries, Inc.	Ken Lindsey Principal Southland Industries, Inc. 7390 Lincoln Way Garden Grove, CA 92841

Electrical Trade Partner (DLR-CA) Morrow-Meadows Corporation	Dean Knupp Sr. Vice President Morrow-Meadows Corporation 231 Benton Court City of Industry, CA 91789
Electrical Trade Partner (DHS-FL) Tri-City Electrical Contractors, Inc.	Michael Germana Chief Financial Officer Tri-City Electrical Contractors, Inc. 430 West Drive Altamonte Springs, FL 32714
Structural Steel Trade Partner (DLR-CA and DHS-FL) Steel Fabricators, LLC	Sid Blaauw Vice President Steel Fabricators, LLC 721 NE 44 th Street Oakland Park, FL 33334
Mechanical Trade Partner (DLR-CA) Southland Industries, Inc.	Ken Lindsey Principal Southland Industries, Inc. 7390 Lincoln Way Garden Grove, CA 92841
Mechanical Trade Partner (DHS-FL) Bernhard MCC, LLC	Michael Cooper Principal Bernhard MCC, LLC 3001 Seventeenth Street Metairie, LA 70002
Concrete Trade Partner (DLR-CA) T.B. Penick & Sons, Inc.	Tim Penick President T.B. Penick & Sons, Inc. 15435 Innovation Drive, Suite 100 San Diego, CA 92128
Concrete Trade Partner (DHS-FL) CCK Construction Services, Inc.	Christopher Colasanti President CCK Construction Services, Inc. 6250 Hazeltine National Drive, Suite 106 Orlando, FL 32822
Framing, Drywall & Themed Plaster Concrete Trade Partner (DLR-CA) Keenan, Hopkins, Suder & Stowell Contractors, Inc.	David Suder President Keenan, Hopkins, Suder & Stowell Contractors, Inc. 5109 East La Palma Ave., Suite A Anaheim, CA 92807

Framing, Drywall & Themed Plaster Concrete Trade Partner (DHS-FL) Keenan, Hopkins, Schmidt & Stowell Contractors, Inc. dba KHS&S Contractors	Michael Cannon President Keenan, Hopkins, Schmidt & Stowell Contractors, Inc. dba KHS&S Contractors 5422 Bay Center Drive, Suite 200 Tampa, FL 33609
Fire Protection Trade Partner (DLR-CA) Western States Fire Protection Company	Wesley Sue Area Manager Western States Fire Protection Company 3720 Industry Ave., Suite 107 Lakewood, CA 90712
Fire Protection Trade Partner (DHS-FL) Grunau Company, Inc.	Ted Angelo Executive Vice President Grunau Company, Inc. 1100 West Anderson Court Oak Creek, CA 53154

Permit Number: _____
 Folio/Parcel ID #: _____
 Prepared by: Dylan DeBerardine
1365 Avenue of the Stars
Lake Buena Vista, FL 32830
 Return to: Dylan DeBerardine
1365 Avenue of the Stars
Lake Buena Vista, FL 32830

NOTICE OF COMMENCEMENT

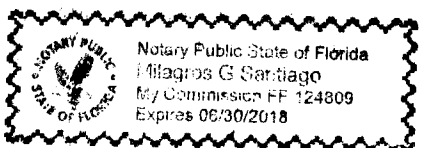
State of Florida, County of Orange
 The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property** (legal description of the property, and street address if available)
585 Stage Lane, Bay Lake, FL 32830 TAX PARCEL NUMBER: 36-24-27-0000-00003
2. **General description of improvement**
HS - BOH Project A - Install Barricades
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Walt Disney Imagineering
 Address P.O. Box 10321, Lake Buena Vista, FL 32830
 Interest in Property Fee Simple
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name N/A
 Address N/A
4. **Contractor**
 Name Buena Vista Construction Company Telephone Number 407-934-6070
 Address P.O. Box 10000 Lake Buena Vista, FL, 32830
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name Not Applicable Telephone Number N/A
 Address N/A Amount of Bond \$ Not Required
6. **Lender**
 Name NONE Telephone Number N/A
 Address N/A
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
 Name Russell Stokes Telephone Number 407-560-7858
 Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake Buena Vista, FL 32830-0321
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
 Name Contract Accounting Telephone Number 407-560-7858
 Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake Buena Vista, FL 32830-0321
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

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

[Signature] KLO VP
 Signature of Owner or Lessee or Owner's or Lessee's Authorized Officer/Director/Partner/Manager Signatory's Title/Office
 The foregoing instrument was acknowledged before me this 7th day of April 2017 by Egbert L. Swets
 as Vice President for Walt Disney Imagineering
 Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed
[Signature] MILAGROS G. SANTIAGO
 Signature of Notary Public - State of Florida Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID _____
 Type of ID Produced _____



Permit Number: _____
Folio/Parcel Identification Number: _____
Prepared by: Maria McCabe
Buena Vista Construction Company
Return to: P.O. Box 10000, Lake Buena Vista, FL 32830

NOTICE OF COMMENCEMENT

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

1. **Description of property** (legal description of the property, and street address if available)
HS - Shunt Trip Repairs, 150 SHOWBIZ BLVD # A JRHS7064
2. **General description of improvement**
Provide labor, material and/or electrical for construction
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
Name Walt Disney World Resort
Address P.O. Box 10000, Lake Buena Vista, FL 32830
Interest in Property _____
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
4. **Contractor**
Name Buena Vista Construction Company Telephone Number 407-934-6070
Address P.O. Box 10000, Lake Buena Vista, FL 32830
5. **Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
6. **Lender**
Name _____ Telephone Number _____
Address _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
Name Dave Ellis, Mgr, Sourcing & Procurement Telephone Number 407-828-3582
Address P.O. Box 10000, Lake Buena Vista, FL 32830
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
Name Doug Scharfenberg, Construction Manager Telephone Number 407-934-6070
Address P.O. Box 10000, Lake Buena Vista, Florida 32830
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) _____

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

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

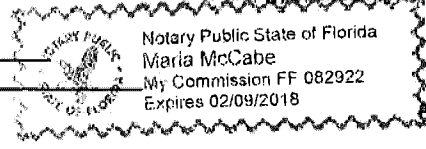
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager _____ Director
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 07 day of Apr 17 by Tom Troffer
month/year name of person

as Director for Buena Vista Construction Company
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Signature of Notary Public - State of Florida _____ Maria McCabe
Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID _____
Type of ID Produced _____



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

Document Number: 2016059077a
Book Number: _____
Page Number: _____

AMENDMENT TO NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

1. **Description of property** (legal description of the property, & street address if available)
See Attached
2. **General description of improvement**
Roofing
3. **Owner information of Lessee information if the Lessee contracted for the improvement**
Name: Walt Disney World Resort
Address: P.O. Box 10000, Lake Buena Vista, FL 32830
Interest in Property: Owner
Name & address of fee simple titleholder (if different from Owner listed above)
Name: _____
Address: _____
4. **Contractor**
Name: Neth & Son Inc Telephone Number: 407-855-9096
Address: 360 E Landstreet Rd, Orlando, FL 32824
5. **Surety** (if applicable, a copy of the payment bond is attached)
Name: _____ Telephone Number: _____
Address: _____ Amount of Bond \$ _____
6. **Lender**
Name: _____ Telephone Number: _____
Address: _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-4631
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Kent (Robert) Bradley Telephone Number: (407)939-4771
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
9. **Expiration date of notice of commencement**
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

Jul 28, 2017

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

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

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

Kent Bradley / APM
Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 6th day of April 2017, by Kent Bradley
month/year

as _____ Authorized Signatory _____ for _____
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed
Bonnie L. Craig
Signature of Notary Public - State of Florida

Print, type, or stamp name of Notary Public
Notary Public State of Florida
Bonnie L. Craig
My Commission FF 112965
Expires 04/22/2018

Personally known OR Produced ID _____
Type of ID Produced _____

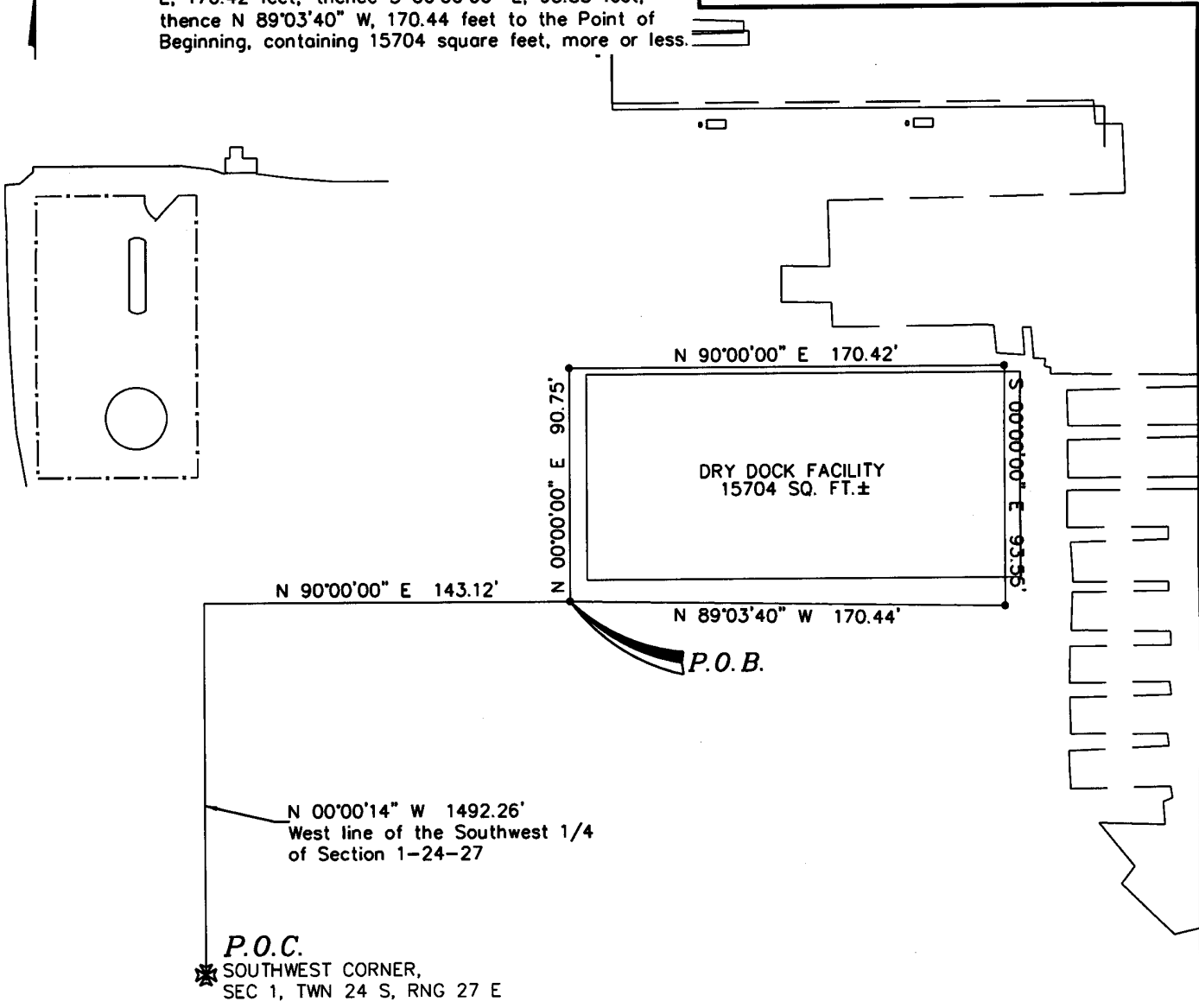
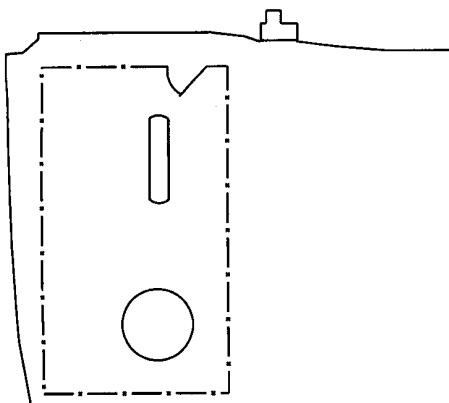
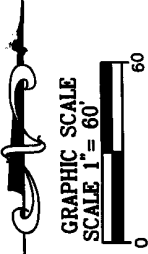
DOCH 20170195956
04/11/2017 12:09:12 PM Page 1 of 2
Rec Fee: \$18.50
Phil Diamond, Comptroller
Orange County, FL
MB - Ret To: WALT DISNEY WORLD RESORT-



LAND DESCRIPTION: DRY DOCK FACILITY

A parcel of land lying in Section 1, Township 24 South, Range 27 East, Orange County, Florida, and being more particularly described as follows:

Commence at the Southwest corner of said Section 1, run along the West line of the Southwest 1/4 of said Section 1, N 00°00'14" W, 1492.26 feet; thence N 90°00'00" E, 143.12 feet to the Point of Beginning; thence N 00°00'00" E, 90.75 feet; thence N 90°00'00" E, 170.42 feet; thence S 00°00'00" E, 93.55 feet; thence N 89°03'40" W, 170.44 feet to the Point of Beginning, containing 15704 square feet, more or less.



- ABBREVIATIONS**
 R=RADIUS
 L=LENGTH
 Δ=DELTA
 TB=TANGENT BEARING
 SEC=SECTION
 TWN=TOWNSHIP
 RNG=RANGE
 POB=POINT OF BEGINNING
 POC=POINT OF COMMENCEMENT

SURVEYOR'S NOTE
 CHAPTER 61G17-6, FLORIDA
 ADMINISTRATIVE CODE REQUIRES
 THE FOLLOWING STATEMENT.
"THIS IS NOT A BOUNDARY SURVEY"

BEARINGS ARE BASED ON THE
 W. LINE, SW 1/4, SEC. 1-24-27
 AS BEING N 00°00'14" W

	SURVEYING AND MAPPING DEPARTMENT P.O.B. 10000 LAKE BUENA VISTA FL. 32830-1000 PHONE (407)560-7118 FAX (407)560-7869	PROJECT AREA NORTH SERVICE AREA	DATE: 10/27/16
		UNIT NAME DRY DOCK BUILDING	SCALE 1" = 60'
		SHEET TITLE SKETCH OF DESCRIPTION	DRAWN BY: MF
		COMMENTS NOTICE OF COMMENCEMENT	FILENAME: 01mf07444


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

Document Number: 2016046208
Book Number: NA
Page Number: NA

AMENDMENT TO NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

1. **Description of property** (legal description of the property, & street address if available)
See attached
2. **General description of improvement**
Electrical
3. **Owner information of Lessee information if the Lessee contracted for the improvement**
Name: Walt Disney World Resort
Address: P.O. Box 10000, Lake Buena Vista, FL 32830
Interest in Property: Owner
Name & address of fee simple titleholder (if different from Owner listed above)
Name: _____
Address: _____
4. **Contractor**
Name: Barton Malow Company Telephone Number: 248-648-7797
Address: 26500 American Drive, Southfield, MI 48034
5. **Surety** DOCH 20170195957 (if applicable, a copy of the payment bond is attached)
Name: 04/11/2017 12:09:12 PM Page 1 of 2 Telephone Number: _____
Address: Rec Fee: \$18.50 Amount of Bond \$ _____
Phil Diamond, Comptroller
Orange County, FL
MB - Ret To: WALT DISNEY WORLD RESORT-
6. **Lender**
Name:  Telephone Number: _____
Address: _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-4631
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Renee Frith Telephone Number: (407)939-4581
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
9. **Expiration date of notice of commencement**
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

May 26, 2017

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

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

Renee Frith Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager
Renee Frith Project Manager / FAM Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 11th day of April, 2017, by Renee Frith

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

Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public

Personally known OR Produced ID _____
Type of ID Produced _____

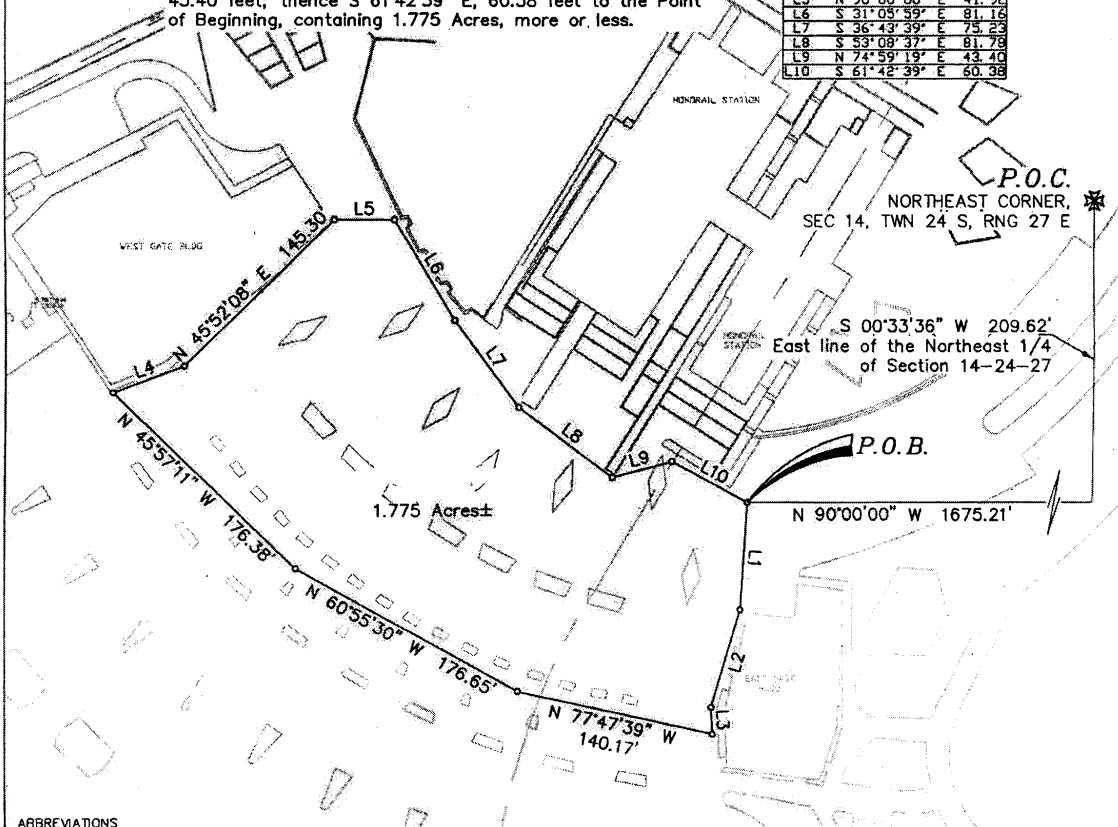
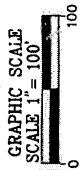


LAND DESCRIPTION: TTC ENTRANCE

A parcel of land lying in Section 14, Township 24 South, Range 27 East, Orange County, Florida, and being more particularly described as follows:

Commence at the Northeast corner of said Section 14, run along the East line of the Northeast 1/4 of said Section 14, S 00°33'36" W, 209.62 feet; thence N 90°00'00" W, 1675.21 feet to the Point of Beginning; thence S 03°55'13" W, 74.78 feet; thence S 16°37'42" W, 71.46 feet; thence S 03°10'53" E, 18.42 feet; thence N 77°47'39" W, 140.17 feet; thence N 60°55'30" W, 176.65 feet; thence N 45°57'11" W, 176.38 feet; thence N 69°27'11" E, 52.41 feet; thence N 45°52'08" E, 145.30 feet; thence N 90°00'00" E, 41.92 feet; thence S 31°05'59" E, 81.16 feet; thence S 36°43'39" E, 75.23 feet; thence S 53°08'37" E, 81.78 feet; thence N 74°59'19" E, 43.40 feet; thence S 61°42'39" E, 60.38 feet to the Point of Beginning, containing 1.775 Acres, more or less.

LINE#	BEARING	DIST.
L1	S 03°55'13" W	74.78
L2	S 16°37'42" W	71.46
L3	S 03°10'53" E	18.42
L4	N 69°27'11" E	52.41
L5	N 90°00'00" E	41.92
L6	S 31°05'59" E	81.16
L7	S 36°43'39" E	75.23
L8	S 53°08'37" E	81.78
L9	N 74°59'19" E	43.40
L10	S 61°42'39" E	60.38



ABBREVIATIONS
R=RADIUS
L=LENGTH
Δ=DELTA
TB=TANGENT BEARING
SEC=SECTION
TWN=TOWNSHIP
RNG=RANGE
POB=POINT OF BEGINNING
POC=POINT OF COMMENCEMENT

SURVEYOR'S NOTE
CHAPTER 81G17-6 OF THE FLORIDA ADMINISTRATIVE CODE REQUIRES THAT THE FOLLOWING STATEMENT BE PUT ON THIS SKETCH.
"THIS IS NOT A BOUNDARY SURVEY"

BEARINGS ARE BASED ON THE E. line, NE 1/4, SEC. 14-24-27 AS BEING S 00°33'36" W

REEDY CREEK ENERGY SERVICES
SURVEY AND MAPPING DEPARTMENT
P.O.B. 10000, LAKE BUENA VISTA, FL 32830-1000
TELEPHONE (407)828-2506 FAX (407)828-2260

PROJECT AREA	DATE
MAIN ENTRANCE - TTC	08/10/16
UNIT NAME	SCALE
ENTRANCE	1" = 100'
SHEET TITLE	DRAWN BY:
SKETCH OF DESCRIPTION	MF
COMMENTS	FILENAME:
NOTICE OF COMMENCEMENT	06mf01440

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

Document Number: 20160461209
Book Number: N/A
Page Number: N/A

AMENDMENT TO NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

- 1. **Description of property** (legal description of the property, & street address if available)
See attached
- 2. **General description of improvement**
Electrical
- 3. **Owner information of Lessee information if the Lessee contracted for the improvement**
Name: Walt Disney World Resort
Address: P.O. Box 10000, Lake Buena Vista, FL 32830
Interest in Property: Owner
Name & address of fee simple titleholder (if different from Owner listed above)
Name:
Address:
- 4. **Contractor**
Name: Barton Malow Company Telephone Number: 248-648-7797
Address: 26500 American Drive, Southfield, MI 48034
- 5. **Surety** (if applicable, a copy of the payment bond is attached)
Name: **DOCH 20170195958** Telephone Number:
04/11/2017 12:09:12 PM Page 1 of 2
Rec Fee: \$18.50
Address: Phil Diamond, Comptroller Amount of Bond \$
Orange County, FL
MB - Ret To: WALT DISNEY WORLD RESORT-
- 6. **Lender**
Name: Telephone Number:
Address:
- 7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-4631
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- 8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Renee Frith Telephone Number: (407)939-4581
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- 9. **Expiration date of notice of commencement**
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

May 26, 2017

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

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

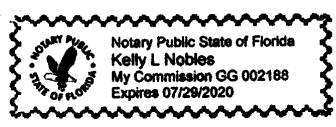
Renee Frith Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager
RENEE FRITH Project Manager / FAM Signatory's Printed Name/Title/Office

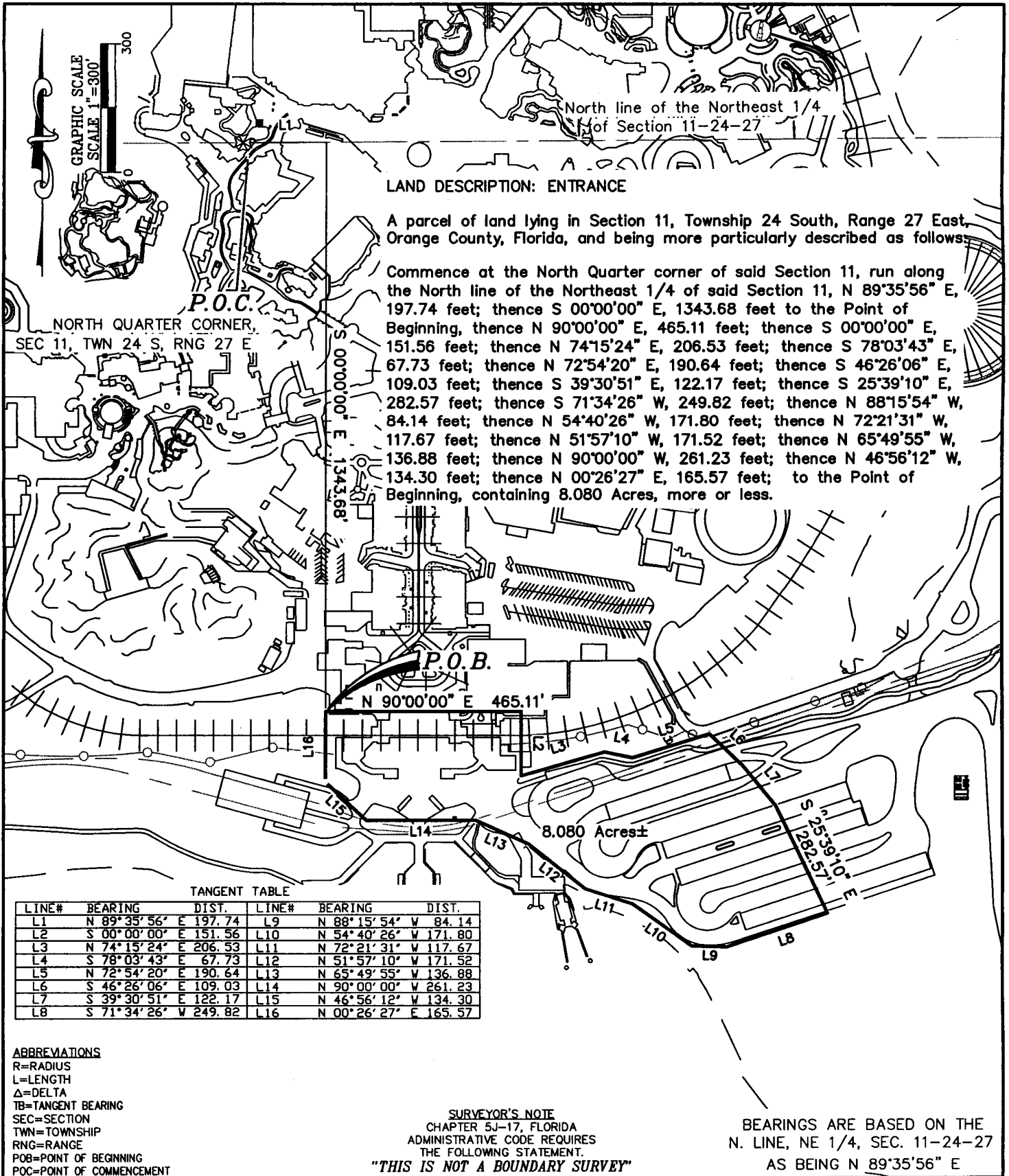
The foregoing instrument was acknowledged before me this 11th day of April 2017, by Renee Frith


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

Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public

Personally known OR Produced ID
Type of ID Produced _____





 <p>ACES READY TO MEET YOUR ENERGY SERVICES</p>	<p>SURVEYING AND MAPPING DEPARTMENT P.O.B. 10000 LAKE BUENA VISTA FL 32830-1000 PHONE (407)560-7118 FAX (407)560-7889</p>	<p>FILING AREA MAGIC KINGDOM</p>	<p>DATE: 08/09/16</p>
		<p>PROJECT NAME ENTRANCE</p>	<p>SCALE 1"=300'</p>
		<p>SURVEY TYPE SKETCH OF DESCRIPTION</p>	<p>DRAWN BY: AK</p>
		<p>COMMENTS NOTICE OF COMMENCEMENT</p>	<p>FILENAME: 02AK16170</p>

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



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

1. **Description of property** (legal description of the property, & street address if available)
 Legal Description Attached
2. **General description of improvement**
 Low Voltage Electrical
3. **Owner information of Lessee information if the Lessee contracted for the improvement**
 Name: Walt Disney World Resort
 Address: P.O. Box 10000, Lake Buena Vista, FL 32830
 Interest In Property: Owner
 Name & address of fee simple titleholder (if different from Owner listed above)
 Name:
 Address:
4. **Contractor**
 Name: Siemens Building Technologies Telephone Number: 407-619-3080
 Address: 2700 Bonnet Creek Rd, Lake Buena Vista, FL 32830
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name: Telephone Number:
 Address: Amount of Bond \$
6. **Lender**
 Name: Telephone Number:
 Address:
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**
 Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-4631
 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Llenor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**
 Name: Tim Keith Telephone Number: (407)560-4168
 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
9. **Expiration date of notice of commencement**
 (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

Oct 31, 2017

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

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

Timothy Keith Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager
TIMOTHY KEITH / POS. MANAGER / F.A.M. - EPCOT Signatory's Printed Name/Title/Office

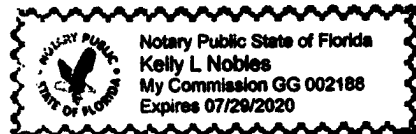
The foregoing instrument was acknowledged before me this 11th day of April 2017, by TIMOTHY KEITH
month/year

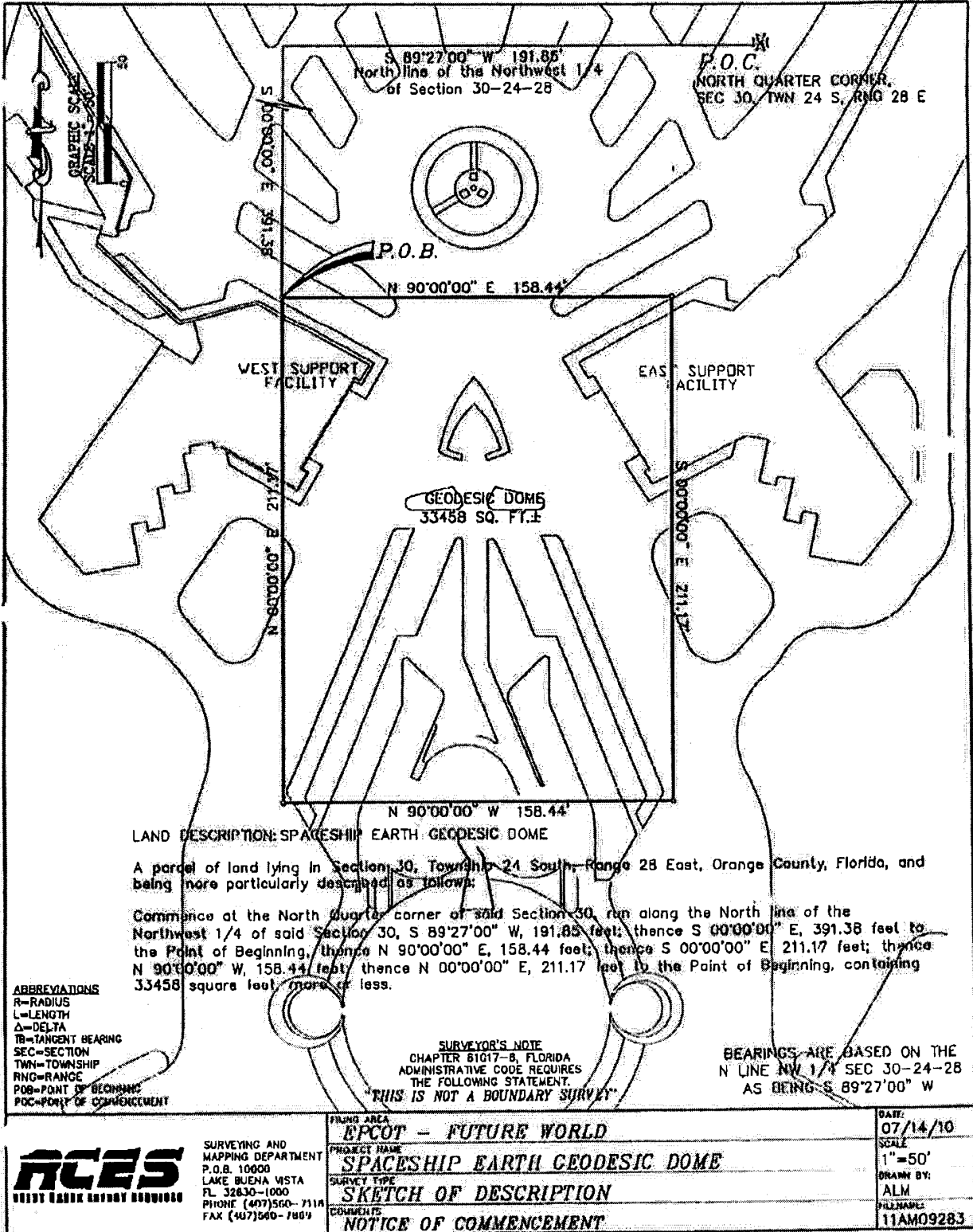
as [Signature] Authorized Signatory for Walt Disney World Resort
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

[Signature] Signature of Notary Public - State of Florida [Blank] Print, type, or stamp name of Notary Public

Personally known OR Produced ID

Type of ID Produced _____





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



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

- 1. **Description of property** (legal description of the property, & street address if available)
Legal Description Attached
- 2. **General description of improvement**
Electrical and HVAC
- 3. **Owner information of Lessee information if the Lessee contracted for the improvement**
Name: Walt Disney World Resort
Address: P.O. Box 10000, Lake Buena Vista, FL 32830
Interest in Property: Owner
Name & address of fee simple titleholder (if different from Owner listed above)
Name:
Address:
- 4. **Contractor**
Name: Mechanical Svcs of Central Florida Telephone Number: 407 857-3510
Address: 9820 Satellite Blvd., Orlando, FL 32837
- 5. **Surety** (if applicable, a copy of the payment bond is attached)
Name: Telephone Number:
Address: Amount of Bond \$
- 6. **Lender**
Name: Telephone Number:
Address:
- 7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-4631
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- 8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Tim Keith Telephone Number: (407)560-4168
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- 9. **Expiration date of notice of commencement**
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

Oct 31, 2017

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

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

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

TIMOTHY KEITH / PROJECT MANAGER | F.A.M. -
Signature's Printed Name/Title/Office | EPCOT

The foregoing instrument was acknowledged before me this 11th day of April 2017, by TIMOTHY KEITH

as [Signature] Authorized Signatory
Type of authority, e.g., officer, trustee, attorney in fact

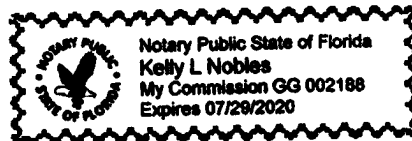
for Walt Disney World Resort
Name of party on behalf of whom instrument was executed

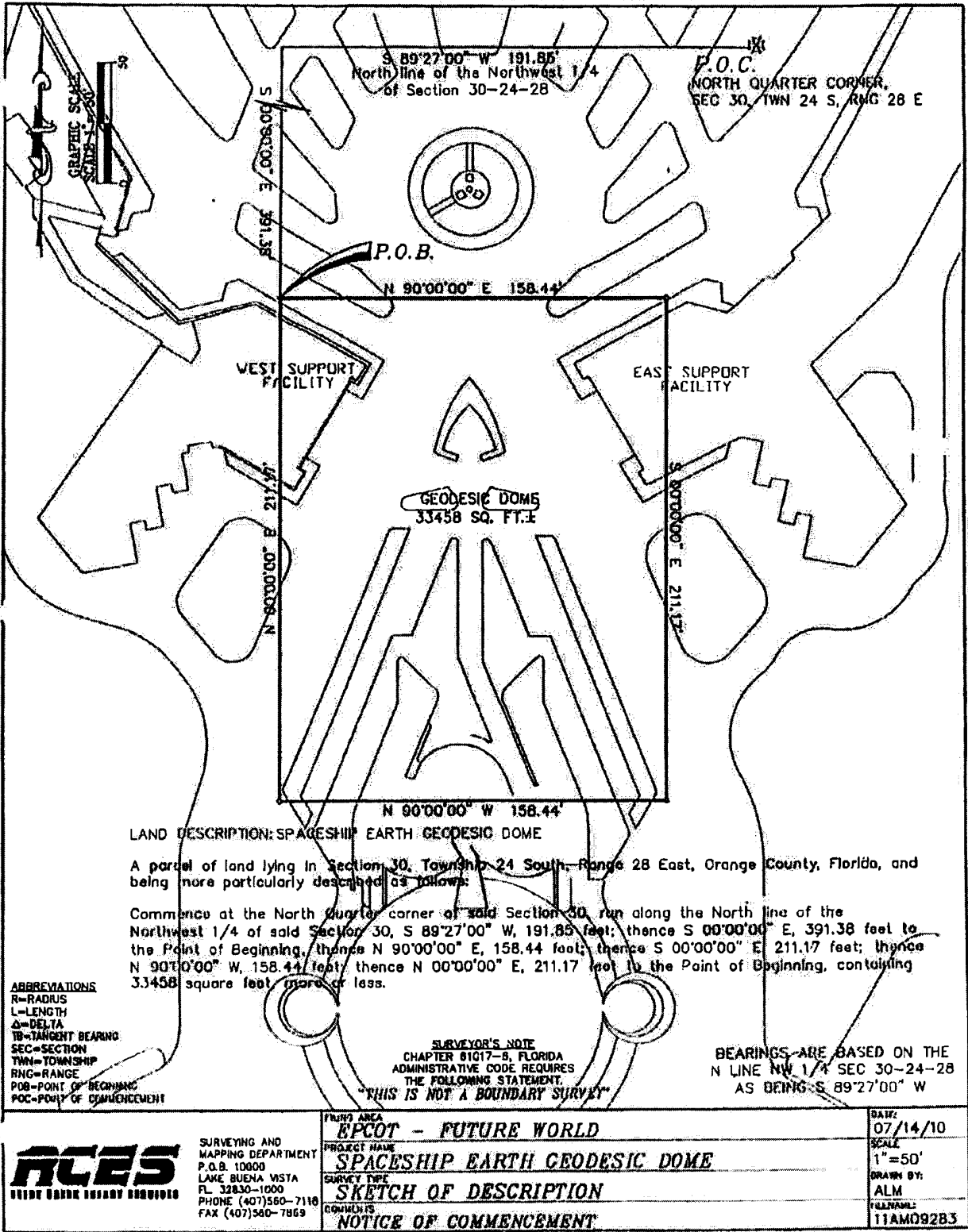
[Signature]
Signature of Notary Public - State of Florida

[Blank]
Print, type, or stamp name of Notary Public

Personally known OR Produced ID

Type of ID Produced _____





LAND DESCRIPTION: SPACESHIP EARTH GEODESIC DOME

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

Commence at the North Quarter corner of said Section 30, run along the North line of the Northwest 1/4 of said Section 30, S 89°27'00" W, 191.85 feet; thence S 00°00'00" E, 391.38 feet to the Point of Beginning, thence N 90°00'00" E, 158.44 feet; thence S 00°00'00" E, 211.17 feet; thence N 90°00'00" W, 158.44 feet; thence N 00°00'00" E, 211.17 feet to the Point of Beginning, containing 3,345.8 square feet, more or less.

ABBREVIATIONS
 R=RADIUS
 L=LENGTH
 Δ=DELTA
 TB=TANGENT BEARING
 SEC=SECTION
 TWP=TOWNSHIP
 RNG=RANGE
 POB=POINT OF BEGINNING
 POC=POINT OF COMMENCEMENT

SURVEYOR'S NOTE
 CHAPTER 81C17-5, FLORIDA
 ADMINISTRATIVE CODE REQUIRES
 THE FOLLOWING STATEMENT:
 "THIS IS NOT A BOUNDARY SURVEY"

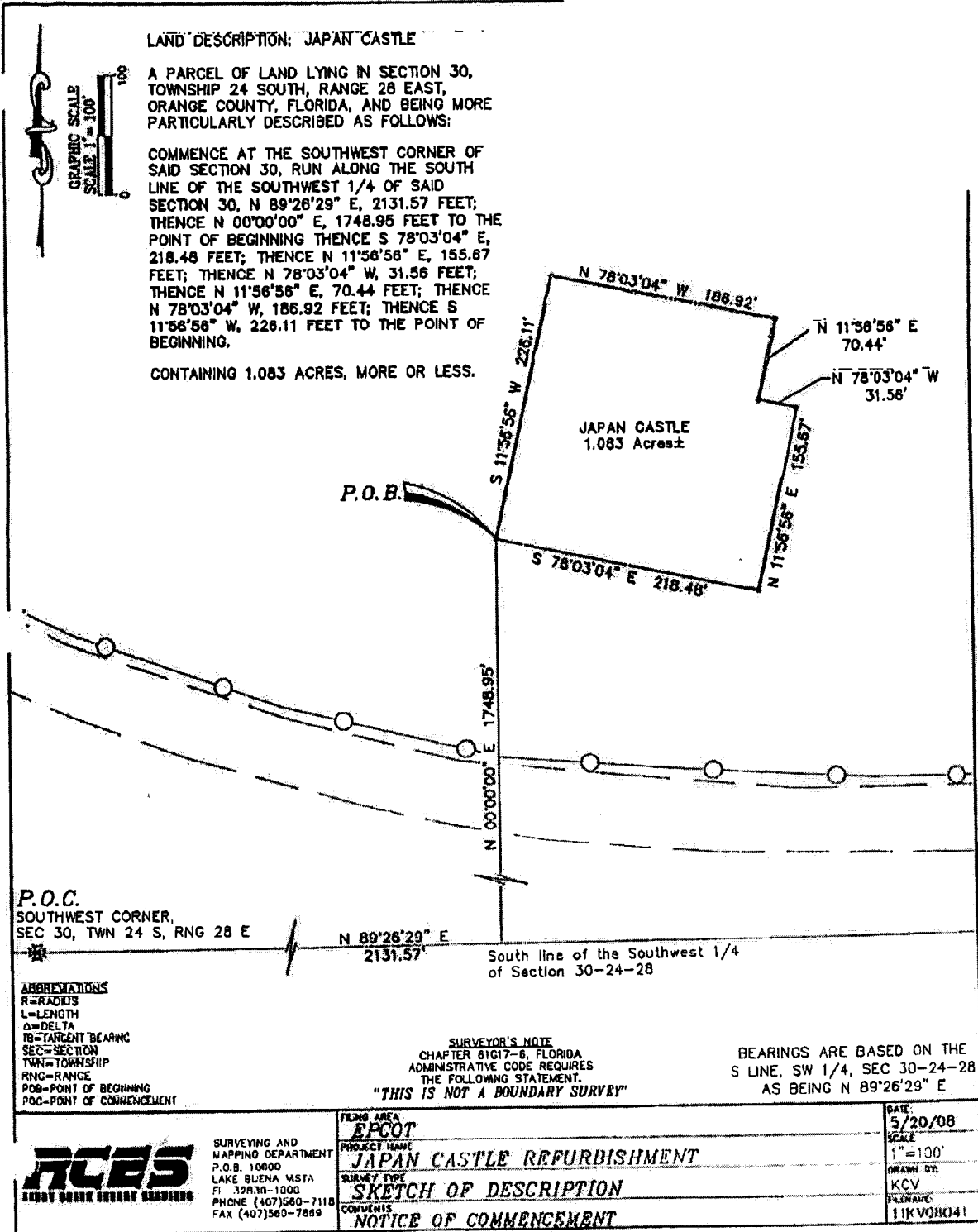
BEARINGS ARE BASED ON THE
 N LINE NW 1/4 SEC 30-24-28
 AS BEING S 89°27'00" W



SURVEYING AND
 MAPPING DEPARTMENT
 P.O.B. 10000
 LAKE BUENA VISTA
 FL 32830-1000
 PHONE (407)560-7110
 FAX (407)560-7869

PLANNING AREA
EPCOT - FUTURE WORLD
 PROJECT NAME
SPACESHIP EARTH GEODESIC DOME
 SURVEY TYPE
SKETCH OF DESCRIPTION
 COMMENTS
NOTICE OF COMMENCEMENT

DATE:
 07/14/10
 SCALE:
 1"=50'
 DRAWN BY:
 ALM
 PLENARIAL:
 11AM092B3



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

DOCH 20170195961
04/11/2017 12:09:12 PM Page 1 of 3
Rec Fee: \$27.00
Phil Diamond, Comptroller
Orange County, FL
MB - Ret To: WALT DISNEY WORLD RESORT-



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

1. **Description of property** (legal description of the property, & street address if available)
See Legal Description
2. **General description of improvement**
General Construction
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
Name: Walt Disney World Resort
Address: P.O. Box 10000, Lake Buena Vista, FL 32830
Interest in Property: Owner
Name & address of fee simple titleholder (if different from Owner listed above)
Name:
Address:
4. **Contractor**
Name: Southeastern Construction & Maint. Telephone Number: 407-933-7700
Address: 4712 Old Tampa Hwy, Kissimmee, FL 34746
5. **Surety** (if applicable, a copy of the payment bond is attached)
Name: Telephone Number:
Address: Amount of Bond \$
6. **Lender**
Name: Telephone Number:
Address:
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-4631
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Sarah A Chapman Telephone Number: 407-560-2055
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
9. **Expiration date of notice of commencement**
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

Sep 29, 2017

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

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

Sarah A Chapman
Signature of Owner or Lessee, or Owners or Lessee's
Authorized Officer/Director/Partner/Manager

Sarah Chapman / planner / FAM
Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this

11th day of April 2017, by SARAH CHAPMAN
month/year

as Authorized Signatory
Type of authority, e.g., officer, trustee, attorney in fact

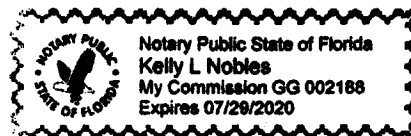
for Walt Disney World Resort
Name of party on behalf of whom instrument was executed

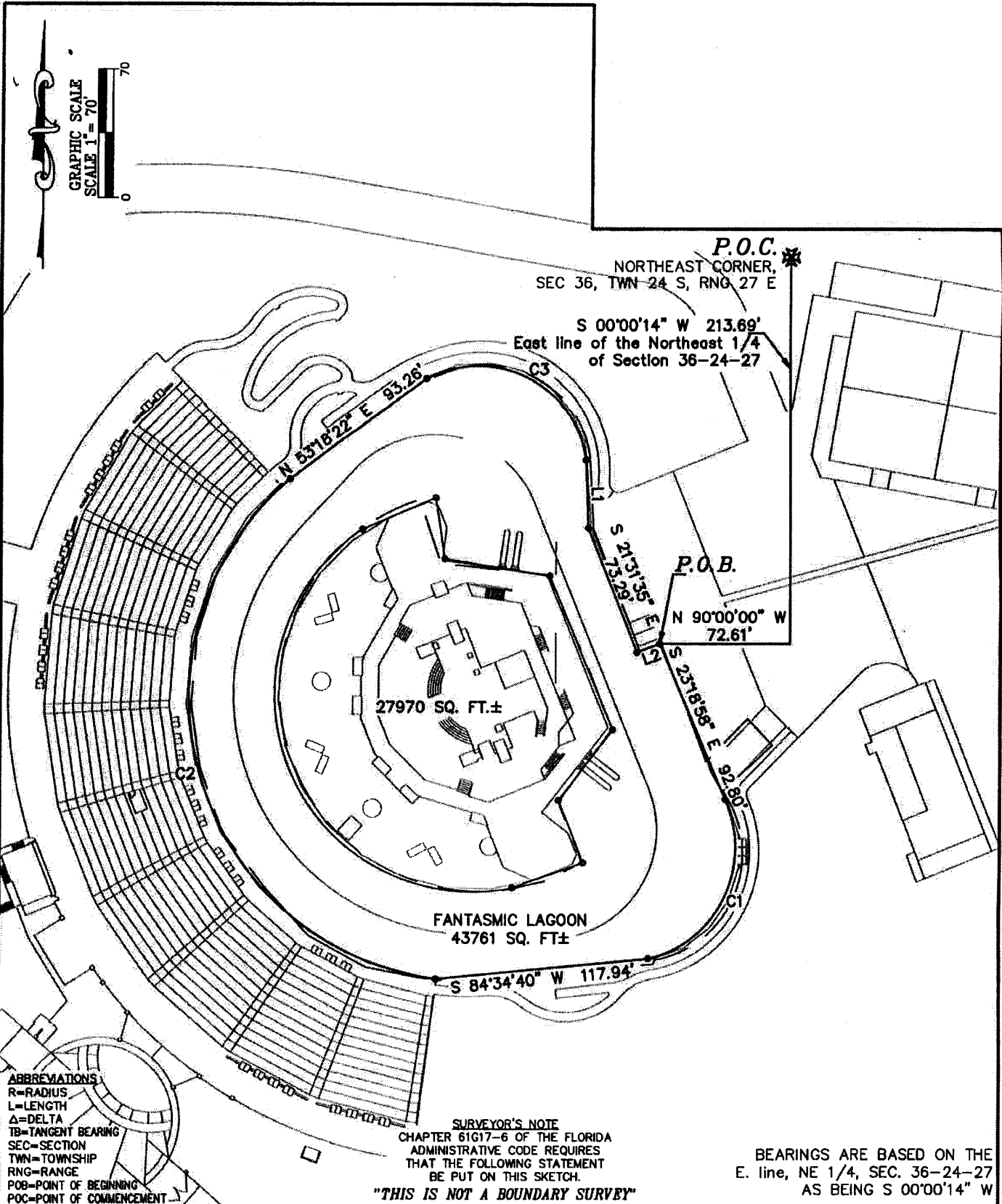
Signature of Notary Public - State of Florida

Print, type, or stamp name of Notary Public

Personally known OR Produced ID

Type of ID Produced _____





ABBREVIATIONS
 R=RADIUS
 L=LENGTH
 Δ=DELTA
 TB=TANGENT BEARING
 SEC=SECTION
 TWN=TOWNSHIP
 RNG=RANGE
 POS=POINT OF BEGINNING
 POC=POINT OF COMMENCEMENT

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

BEARINGS ARE BASED ON THE
 E. line, NE 1/4, SEC. 36-24-27
 AS BEING S 00°00'14" W



SURVEYING AND
 MAPPING DEPARTMENT
 P.O.B. 10000
 LAKE BUENA VISTA
 FL. 32830-1000
 PHONE (407)560-7118
 FAX (407)560-7896

PROJECT AREA STUDIO - ATTRACTIONS	DATE: 06/07/02
UNIT NAME FANTASMIC LAGOON	SCALE 1" = 70'
SHEET TITLE SKETCH OF DESCRIPTION	DRAWN BY: MF
COMMENTS NOTICE OF COMMENCEMENT - SHEET 1 OF 2	FILENAME: 12mf02223

LAND DESCRIPTION: FANTASMIC LAGOON

A parcel of land lying in Section 36, Township 24 South, Range 27 East, Orange County, Florida, and being more particularly described as follows:

Commence at the Northeast corner of said Section 36, run along the East line of the Northeast 1/4 of said Section 36, S 00°00'14" W, 213.69 feet; thence N 90°00'00" W, 72.61 feet to the Point of Beginning; thence S 23°18'58" E, 92.80 feet to a point on a non-tangent curve concave Northwesterly having a radius of 62.31 feet, and a central angle of 102°18'48"; thence from a tangent bearing of S 25°05'55" E run Southwesterly along the arc of said curve, 111.26 feet; thence S 84°34'40" W, 117.94 feet to a point on a non-tangent curve concave Easterly having a radius of 156.29 feet, and a central angle of 132°06'06"; thence from a tangent bearing of N 82°27'22" W run Northerly along the arc of said curve, 360.33 feet; thence N 53°18'22" E, 93.26 feet to a point on a non-tangent curve concave Southwesterly having a radius of 60.43 feet, and a central angle of 110°43'40"; thence from a tangent bearing of N 61°41'45" E run Southeasterly along the arc of said curve, 116.78 feet; thence S 02°00'38" E, 37.39 feet; thence S 21°31'35" E, 73.29 feet; thence N 69°47'06" E, 13.28 feet to the Point of Beginning, containing 43761 square feet, more or less.

TANGENT TABLE

LINE#	BEARING	DIST.
L1	S 02°00'38" E	37.39
L2	N 69°47'06" E	13.28

CURVE TABLE

CURVE	RADIUS	DELTA	LENGTH	TANG. BRG.
C1	62.31	102°18'48"	111.26	S 25°05'55" E
C2	156.29	132°06'06"	360.33	N 82°27'22" W
C3	60.43	110°43'40"	116.78	N 61°41'45" E



SURVEYING AND
MAPPING DEPARTMENT
P.O.B. 10000
LAKE BUENA VISTA
FL 32830-1000
PHONE (407)560-7118
FAX (407)560-7896

PROJECT AREA STUDIO - ATTRACTIONS	DATE: 06/07/02
UNIT NAME FANTASMIC LAGOON	SCALE: N/A
SHEET TITLE SKETCH OF DESCRIPTION	DRAWN BY: MF
COMMENTS NOTICE OF COMMENCEMENT - SHEET 2 OF 2	FILENAME: 12mf02223

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

DOCH 20170195962
04/11/2017 12:09:12 PM Page 1 of 2
Rec Fee: \$18.50
Phil Diamond, Comptroller
Orange County, FL
MB - Ret To: WALT DISNEY WORLD RESORT-



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

- 1. **Description of property** (legal description of the property, & street address if available)
See Legal Description
- 2. **General description of improvement**
General Construction
- 3. **Owner information of Lessee information if the Lessee contracted for the improvement**
Name: Walt Disney World Resort
Address: P.O. Box 10000, Lake Buena Vista, FL 32830
Interest in Property: Owner
Name & address of fee simple titleholder (if different from Owner listed above)
Name:
Address:
- 4. **Contractor**
Name: CEC General Contractors Inc Telephone Number: 407-938-0177
Address: PO Box 22621, Lake Buena Vista, FL 32830
- 5. **Surety** (if applicable, a copy of the payment bond is attached)
Name: Telephone Number:
Address: Amount of Bond \$
- 6. **Lender**
Name: Telephone Number:
Address:
- 7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-4631
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- 8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Tim Kendrick Telephone Number:
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- 9. **Expiration date of notice of commencement**
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

Sep 29, 2017

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

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

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

TIM KENDRICK / PLANNER / FAM

Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 11th day of April 2017, by TIM KENDRICK

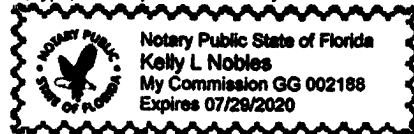
as Authorized Signatory for Walt Disney World Resort
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Signature of Notary Public - State of Florida

Print, type, or stamp name of Notary Public

Personally known OR Produced ID _____

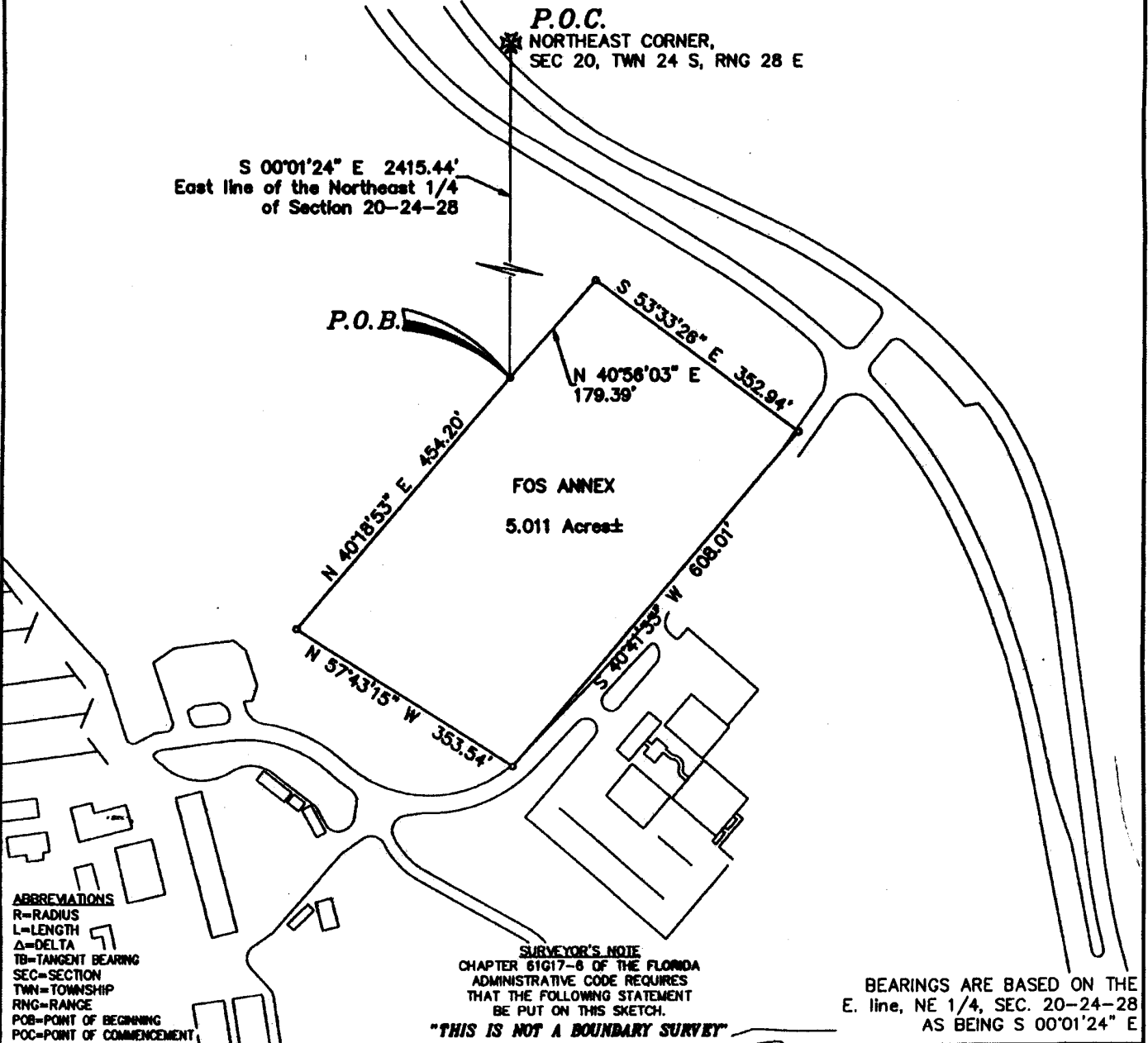
Type of ID Produced _____



LAND DESCRIPTION: FOS ANNEX

A parcel of land lying in Sections 20 & 21, Township 24 South, Range 28 East, Orange County, Florida, and being more particularly described as follows:

Commence at the Northeast corner of said Section 20, run along the East line of the Northeast 1/4 of said Section 20, S 00°01'24" E, 2415.44 feet, to the Point of Beginning; thence N 40°58'03" E, 179.39 feet; thence S 53°33'26" E, 352.94 feet; thence S 40°41'33" W, 608.01 feet; thence N 57°43'15" W, 353.54 feet; thence N 40°18'53" E, 454.20 feet to the Point of Beginning, containing 5.011 Acres, more or less.



- ABBREVIATIONS**
 R=RADIUS
 L=LENGTH
 Δ=DELTA
 TB=TANGENT BEARING
 SEC=SECTION
 TWN=TOWNSHIP
 RNG=RANGE
 POB=POINT OF BEGINNING
 POC=POINT OF COMMENCEMENT

SURVEYOR'S NOTE
 CHAPTER 61G17-6 OF THE FLORIDA ADMINISTRATIVE CODE REQUIRES THAT THE FOLLOWING STATEMENT BE PUT ON THIS SKETCH.

"THIS IS NOT A BOUNDARY SURVEY"

BEARINGS ARE BASED ON THE E. line, NE 1/4, SEC. 20-24-28 AS BEING S 00°01'24" E

<p>REEDY CREEK ENERGY SERVICES SURVEY AND MAPPING DEPARTMENT P.O.B. 10000, LAKE BUENA VISTA, FL 32830-1000 TELEPHONE (407)560-7118 FAX (407)560-7898</p>	PROJECT AREA	LAKE BUENA VISTA - SARATOGA SPRINGS	DATE:	10/27/16
	UNIT NAME	FOS ANNEX	SCALE:	1" = 200'
	SHEET TITLE	SKETCH OF DESCRIPTION	DRAWN BY:	MF
	COMMENTS	NOTICE OF COMMENCEMENT	FILENAME:	09MF02553

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



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

1. **Description of property** (legal description of the property, & street address if available)
Legal Description Attached
2. **General description of improvement**
General Painting
3. **Owner information of Lessee information if the Lessee contracted for the improvement**
 Name: Walt Disney World Resort
 Address: P.O. Box 10000, Lake Buena Vista, FL 32830
 Interest in Property: Owner
Name & address of fee simple titleholder (if different from Owner listed above)
 Name: _____
 Address: _____
4. **Contractor**
 Name: Dan Thomas Painting, Inc. Telephone Number: 407-948-3598
 Address: 1025 Lester Ridge Ct, Kissimmee, FL 34747
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name: _____ Telephone Number: _____
 Address: _____ Amount of Bond \$ _____
6. **Lender**
 Name: _____ Telephone Number: _____
 Address: _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**
 Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-4631
 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**
 Name: Tim Keith Telephone Number: (407)560-4168
 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
9. **Expiration date of notice of commencement**
 (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

Aug 31, 2017

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

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

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

TIMOTHY KEITH / PROJECT MANAGER / F.A.M. - EPCOT
 Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 11th day of April, 2017, by Timothy Keith

as _____
 Type of authority, e.g., officer, trustee, attorney in fact

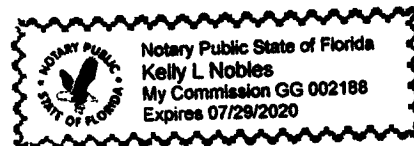
for Walt Disney World Resort
 Name of party on behalf of whom instrument was executed

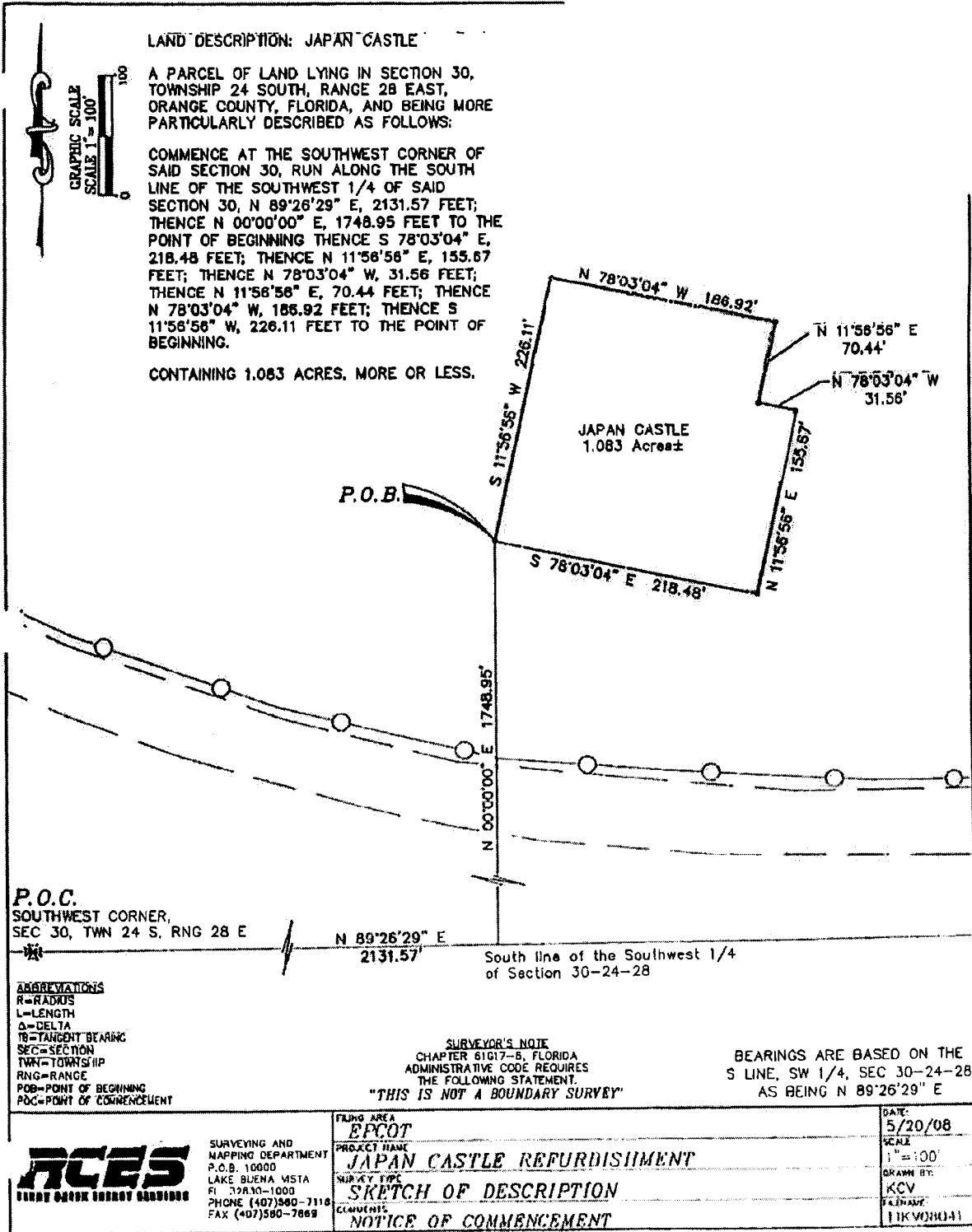
 Signature of Notary Public - State of Florida

 Print, type, or stamp name of Notary Public

Personally known OR Produced ID _____

Type of ID Produced _____





LAND DESCRIPTION: JAPAN CASTLE

A PARCEL OF LAND LYING IN SECTION 30, TOWNSHIP 24 SOUTH, RANGE 28 EAST, ORANGE COUNTY, FLORIDA, AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCE AT THE SOUTHWEST CORNER OF SAID SECTION 30, RUN ALONG THE SOUTH LINE OF THE SOUTHWEST 1/4 OF SAID SECTION 30, N 89°26'29" E, 2131.57 FEET; THENCE N 00°00'00" E, 1748.95 FEET TO THE POINT OF BEGINNING THENCE S 78°03'04" E, 218.48 FEET; THENCE N 11°56'56" E, 155.67 FEET; THENCE N 78°03'04" W, 31.56 FEET; THENCE N 11°56'56" E, 70.44 FEET; THENCE N 78°03'04" W, 186.92 FEET; THENCE S 11°56'56" W, 226.11 FEET TO THE POINT OF BEGINNING.

CONTAINING 1.083 ACRES, MORE OR LESS.

P.O.C.
SOUTHWEST CORNER,
SEC 30, TWN 24 S, RNG 28 E

ABBREVIATIONS
R=RADIUS
L=LENGTH
Δ=DELTA
TB=TANGENT BEARING
SEC=SECTION
TWN=TOWNSHIP
RNG=RANGE
POB=POINT OF BEGINNING
POC=POINT OF COMMENCEMENT

SURVEYOR'S NOTE
CHAPTER 61G17-5, FLORIDA
ADMINISTRATIVE CODE REQUIRES
THE FOLLOWING STATEMENT.
"THIS IS NOT A BOUNDARY SURVEY"

BEARINGS ARE BASED ON THE
S LINE, SW 1/4, SEC 30-24-28
AS BEING N 89°26'29" E



SURVEYING AND MAPPING DEPARTMENT
P.O.B. 10000
LAKE BUENA VISTA
FL 32830-1000
PHONE (407)560-3110
FAX (407)560-7869

FIELD AREA
EPCOT
PROJECT NAME
JAPAN CASTLE REFURDISIIMENT
MAP KEY TYPE
SKETCH OF DESCRIPTION
COMMENTS
NOTICE OF COMMENCEMENT

DATE:
5/20/08
SCALE:
1" = 100'
DRAWN BY:
KCV
FILE NAME:
11KWB00J41

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



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

- 1. **Description of property** (legal description of the property, & street address if available)
Parcel ID 36-24-27-0000-00-003 105 Cypress Dr., Bay Lake, FL
- 2. **General description of improvement**
Roofing
- 3. **Owner information of Lessee information if the Lessee contracted for the improvement**
Name: Walt Disney World Resort
Address: P.O. Box 10000, Lake Buena Vista, FL 32830
Interest in Property: Owner
Name & address of fee simple titleholder (if different from Owner listed above)
Name:
Address:
- 4. **Contractor**
Name: Neth & Son Inc Telephone Number: 407-855-9096
Address: 360 E Landstreet Rd, Orlando, FL 32824
- 5. **Surety** (if applicable, a copy of the payment bond is attached)
Name: Telephone Number:
Address: Amount of Bond \$
- 6. **Lender**
Name: Telephone Number:
Address:
- 7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-4631
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- 8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Kent (Robert) Bradley Telephone Number: (407)939-4771
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- 9. **Expiration date of notice of commencement**
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

Jul 21, 2017

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

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

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

Kent Bradley / APM
Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 10th day of April 2012, by Kent Bradley
month/year

as Authorized Signatory
Type of authority, e.g., officer, trustee, attorney in fact
Bonnie L Craig
Signature of Notary Public - State of Florida

for Walt Disney World Resort
Name of party on behalf of whom instrument was executed
Print, type, or stamp name of Notary Public

Personally known OR Produced ID
Type of ID Produced _____



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

DOCH 20170195965
04/11/2017 12:09:12 PM Page 1 of 1
Rec Fee: \$10.00
Phil Diamond, Comptroller
Orange County, FL
MB - Ret To: WALT DISNEY WORLD RESORT-

NOTICE OF COMMENCEMENT


State of Florida, County of Orange

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

1. **Description of property** (legal description of the property, & street address if available)
4041661-Asia Boat Dock; 780 WERIKHE WY; Tax ID 34-24-27-0000-00-003
2. **General description of improvement**
General Construction
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
Name: Walt Disney World Resort
Address: P.O. Box 10000, Lake Buena Vista, FL 32830
Interest in Property: Owner
Name & address of fee simple titleholder (if different from Owner listed above)
Name:
Address:
4. **Contractor**
Name: Faden Builders Telephone Number: 352-735-9805
Address: 736 S Rossiter St, Mt Dora, FL 32757
5. **Surety** (if applicable, a copy of the payment bond is attached)
Name: Telephone Number:
Address: Amount of Bond \$
6. **Lender**
Name: Telephone Number:
Address:
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Blaine Ramey (FAM) Telephone Number: (407) 939-4631
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Tammy Gatlin Telephone Number: (407)828-5165
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
9. **Expiration date of notice of commencement**
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

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

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


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

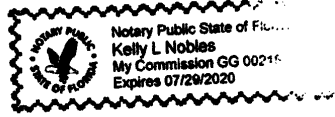
Tammy Gatlin / Assoc Project Mgr / FAM
Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 5th day of April/2017, by Tammy Gatlin
month/year

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

Signature of Notary Public - State of Florida
Print, type, or stamp name of Notary Public

Personally known OR Produced ID _____
Type of ID Produced _____



Permit Number: _____
Folio/Parcel ID #: _____
Prepared by: _____

DOC # 20170198784
04/12/2017 11:59 AM Page 1 of 1
Rec Fee: \$10.00
Deed Doc Tax: \$0.00
Mortgage Doc Tax: \$0.00
Intangible Tax: \$0.00
Phil Diamond, Comptroller
Orange County, FL
Ret To: CSC INC

Return to: Abby Brandenburg
1365 AVENUE OF THE STARS/PO BOX 10321
LAKE BUENA VISTA, FL 32830-0321

NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

- Description of property** (legal description of the property, and street address if available)
1090 SEA BREEZE DR., #A, BAY LAKE, FL; TAX PARCEL ID# 30-24-28-0000-00-002
- General description of improvement**
CONSTRUCTION ENTRANCE
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name WALT DISNEY IMAGINEERING
Address PO BOX 10321, LAKE BUENA VISTA, FL 32830-0321
Interest in Property N/A
Name and address of fee simple titleholder (if different from Owner listed above)
Name N/A
Address N/A
- Contractor**
Name PCL CONSTRUCTION SERVICES, INC. Telephone Number 407-363-0059
Address 6700 FORUM DR., SUITE 100, ORLANDO, FL 32821
- Surety** (if applicable, a copy of the payment bond is attached)
Name N/A Telephone Number N/A
Address N/A Amount of Bond \$ N/A
- Lender**
Name N/A Telephone Number N/A
Address N/A
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
Name RUSSELL STOKES Telephone Number 407-560-7697
Address PO BOX 10321, LAKE BUENA VISTA, FL 32830-0321
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
Name BETH DOUGHERTY - CONTRACT ACCOUNTING Telephone Number 407-560-3660
Address PO BOX 10321, LAKE BUENA VISTA, FL 32830-0321
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

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

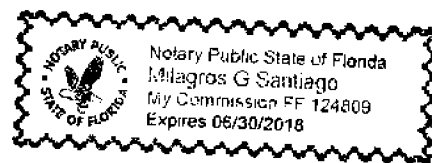
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager _____ VP
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 11th day of April 2017 by Egbert L. Swets
month/year name of person

as Vice President for Walt Disney Imagineering

Type of authority, e.g., officer, trustee, attorney in fact
Signature of Notary Public - State of Florida
Name of party on behalf of whom instrument was executed
Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID
Type of ID Produced



Permit Number: _____
 Folio/Parcel ID #: _____
 Prepared by: _____

 Return to: _____



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

1. **Description of property** (legal description of the property, and street address if available)
Bertazzon Venetian Carousel 1750 East Buena Vista Drive Lake Buena Vista FL 32830
2. **General description of improvement**
Replacing parts for like parts. General Maintenance
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Florida Games Inc. Clint Usery
 Address 4719 Hearthiside Drive Orlando FL 32837
 Interest in Property _____
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name Florida Games Inc. and Walt Disney World Company
 Address 1750 East Buena Vista Drive Lake Buena Vista FL 32830
4. **Contractor**
 Name Bruns Inc. #CGC1504192 Telephone Number 407-827-4338
 Address Box 981 Windermere FL 34786
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name NA Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name NA Telephone Number _____
 Address _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
 Name Clint Usery Telephone Number 321-436-7398
 Address _____
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
 Name _____ Telephone Number _____
 Address _____
9. **Expiration date of notice of commencement** (the expiration date will be 1 year from the date of recording unless a different date is specified) April 12 2018

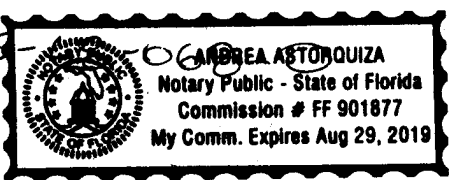
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED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

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

The foregoing instrument was acknowledged before me this 12 day of April / 17 by CLINTON EUGENE USERY
 as PRESIDENT for FLORIDA GAMES INC
Type of authority, e.g., officer, trustee, attorney in fact month/year name of person

Andrea Astorquiza Signature of Notary Public - State of Florida
ANDREA ASTORQUIZA Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID
 Type of ID Produced Florida DL # U260-103



Permit Number: _____
Folio/Parcel ID #: _____
Prepared by: _____

DOC # 20170200725
04/13/2017 08:28 AM Page 1 of 1
Rec Fee: \$10.00
Deed Doc Tax: \$0.00
Mortgage Doc Tax: \$0.00
Intangible Tax: \$0.00
Phil Diamond, Comptroller
Orange County, FL
Ret To: CSC INC

Return to: Abby Brandenburg
1365 AVENUE OF THE STARS/PO BOX 10321
LAKE BUENA VISTA, FL 32830-0321

NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

- Description of property** (legal description of the property, and street address if available)
1114 CAYMAN WAY H, BAY LAKE, FL; TAX ID PARCEL #30-24-28-0000-00-002
- General description of improvement**
PROJECT 88-1 DEMO OUTDOOR BAR BUILDING
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name WALT DISNEY IMAGINEERING
Address PO BOX 10321, LAKE BUENA VISTA, FL 32830-0321
Interest in Property N/A
Name and address of fee simple titleholder (if different from Owner listed above)
Name N/A
Address N/A
- Contractor**
Name AUSTIN COMMERCIAL, LP Telephone Number 214-532-9123
Address 450 S. ORANGE AVE., SUITE #150
- Surety** (if applicable, a copy of the payment bond is attached)
Name N/A Telephone Number N/A
Address N/A Amount of Bond \$ N/A
- Lender**
Name N/A Telephone Number N/A
Address N/A
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
Name RUSSELL STOKES Telephone Number 407-560-7697
Address PO BOX 10321, LAKE BUENA VISTA, FL 32830-0321
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
Name BETH DOUGHERTY - CONTRACT ACCOUNTING Telephone Number 407-560-3660
Address PO BOX 10321, LAKE BUENA VISTA, FL 32830-0321
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) July 1, 2018

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

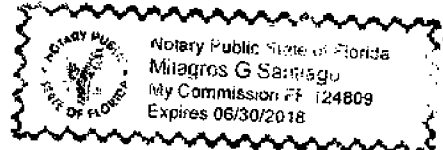
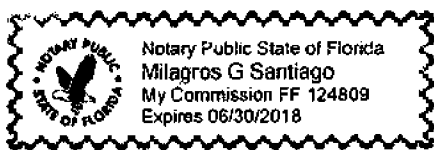
Signature of Owner or Lessee, or Agent's or Lessee's Authorized Officer/Director/Partner/Manager [Signature] VP
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 12th day of April 2017 by Egbert L. Swets
month/year name of person

as Vice President for Walt Disney Imagineering
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Signature of Notary Public - State of Florida [Signature] Print, type, or stamp commissioned name of Notary Public MILAGROS G. SANTIAGO

Personally Known OR Produced ID
Type of ID Produced _____



Permit Number: _____
Folio/Parcel Identification Number: _____
Prepared by: Maria McCabe
Buena Vista Construction Company
Return to: P.O. Box 10000, Lake Buena Vista, FL 32830

DOC # 20170201469
04/13/2017 10:36 AM Page 1 of 1
Rec Fee: \$10.00
Deed Doc Tax: \$0.00
Mortgage Doc Tax: \$0.00
Intangible Tax: \$0.00
Phil Diamond, Comptroller
Orange County, FL
Ret To: SIMPLIFILE LC

NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

- Description of property** (legal description of the property, and street address if available)
AK Africa Stage Relocation, 797 W Savannah Circle, Bay Lake, FL 32830 JFAK7053
- General description of improvement**
Provide labor, material and/or electrical for construction
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name Walt Disney World Resort
Address P.O. Box 10000, Lake Buena Vista, FL 32830
Interest in Property _____
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
- Contractor**
Name Buena Vista Construction Company Telephone Number 407-934-6070
Address P.O. Box 10000, Lake Buena Vista, FL 32830
- Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
- Lender**
Name _____ Telephone Number _____
Address _____
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
Name Dave Ellis, Mgr, Sourcing & Procurement Telephone Number 407-828-3582
Address P.O. Box 10000, Lake Buena Vista, FL 32830
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
Name Jimmy W Bellows, Construction Manager Telephone Number 407-934-6070
Address P.O. Box 10000, Lake Buena Vista, Florida 32830
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) _____

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

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

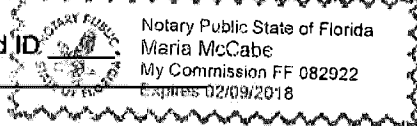
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager _____
Director _____
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 10 day of Apr 17 by Tom Troffer
month/year name of person

as Director for Buena Vista Construction Company
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Signature of Notary Public - State of Florida _____
Print, type, or stamp commissioned name of Notary Public Maria McCabe

Personally Known OR Produced ID
Type of ID Produced _____



Permit Number: _____
Folio/Parcel Identification Number: _____
Prepared by: Maria McCabe
Buena Vista Construction Company
Return to: P.O. Box 10000, Lake Buena Vista, FL 32830

NOTICE OF COMMENCEMENT

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

- Description of property** (legal description of the property, and street address if available)
CB Area Development / Utilities for Tent Area, 1114 Cayman Wy JFCB7006
- General description of improvement**
Provide labor, material and/or electrical for construction
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name Walt Disney World Resort
Address P.O. Box 10000, Lake Buena Vista, FL 32830
Interest in Property _____
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
- Contractor**
Name Buena Vista Construction Company Telephone Number 407-934-6070
Address P.O. Box 10000, Lake Buena Vista, FL 32830
- Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
- Lender**
Name _____ Telephone Number _____
Address _____
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
Name Dave Ellis, Mgr, Sourcing & Procurement Telephone Number 407-828-3582
Address P.O. Box 10000, Lake Buena Vista, FL 32830
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
Name John R Schrantz, Construction Manager Telephone Number 407-934-6070
Address P.O. Box 10000, Lake Buena Vista, Florida 32830
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) _____

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

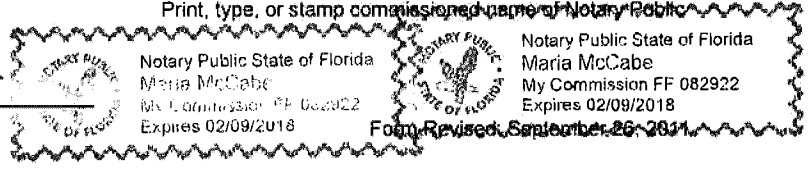
Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

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

The foregoing instrument was acknowledged before me this 12 day of Apr 17 by Tom Troffer
month/year name of person
as Director for Buena Vista Construction Company
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Signature of Notary Public - State of Florida _____
Print, type, or stamp commissioned name of Notary Public _____
Maria McCabe

Personally Known X OR Produced ID _____
Type of ID Produced _____



Permit Number: _____
Folio/Parcel Identification Number: _____
Prepared by: Maria McCabe
Buena Vista Construction Company

Rec Fee: \$10.00
Deed Doc Tax: \$0.00
Mortgage Doc Tax: \$0.00
Intangible Tax: \$0.00
Phil Diamond, Comptroller
Orange County, FL
Ret To: SIMPLIFILE LC

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

NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

- Description of property** (legal description of the property, and street address if available)
CB Area Development / Utilities for Tent Area, 1114 Cayman Wy JFCB7006
- General description of improvement**
Provide labor, material and/or electrical for construction
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name Walt Disney World Resort
Address P.O. Box 10000, Lake Buena Vista, FL 32830
Interest in Property _____
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
- Contractor**
Name Buena Vista Construction Company Telephone Number 407-934-6070
Address P.O. Box 10000, Lake Buena Vista, FL 32830
- Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
- Lender**
Name _____ Telephone Number _____
Address _____
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
Name Dave Ellis, Mgr, Sourcing & Procurement Telephone Number 407-828-3582
Address P.O. Box 10000, Lake Buena Vista, FL 32830
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
Name John R Schrantz, Construction Manager Telephone Number 407-934-6070
Address P.O. Box 10000, Lake Buena Vista, Florida 32830
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) _____

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

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

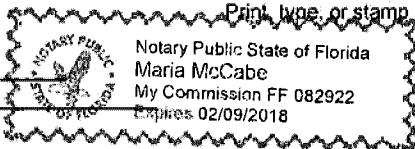
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Director
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 12 day of Apr 17 by Tom Troffer
month/year name of person
as Director for Buena Vista Construction Company
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Signature of Notary Public - State of Florida
Maria McCabe
Print, type, or stamp commissioned name of Notary Public

Personally Known X OR Produced ID
Type of ID Produced _____



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

DOCH 20170201817
04/13/2017 12:06:39 PM Page 1 of 1
Rec Fee: \$10.00
Phil Diamond, Comptroller
Orange County, FL
MB - Ret To: WALT DISNEY WORLD CO



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

1. **Description of property** (legal description of the property, & street address if available)
TRADING POST- 4859 CARIBBEAN WAY Tax ID: 11-24-27-0000-00-001
2. **General description of improvement**
GENERAL CONSTRUCTION
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
Name: Walt Disney World Resort
Address: P.O. Box 10000, Lake Buena Vista, FL 32830
Interest in Property: Owner
Name & address of fee simple titleholder (if different from Owner listed above)
Name: _____
Address: _____
4. **Contractor**
Name: Mcenany Roofing Inc Telephone Number: 863-558-4130
Address: 5650 State Road 557, Lake Alfred, FL 33850
5. **Surety** (if applicable, a copy of the payment bond is attached)
Name: _____ Telephone Number: _____
Address: _____ Amount of Bond \$ _____
6. **Lender**
Name: _____ Telephone Number: _____
Address: _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-4631
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Anne Campbell Telephone Number: 407-828-2165
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
9. **Expiration date of notice of commencement**
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

Nov 1, 2017

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

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

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

ANNE EM CAMPBELL / ASSOC PM
Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this

13th day of April, 2017, by Anne Campbell
month/year

as _____
Type of capacity, e.g., officer, trustee, attorney in fact

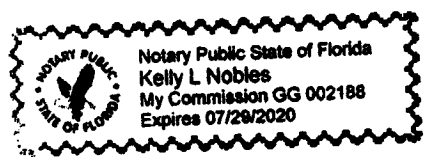
for Walt Disney World Resort
Name of party on behalf of whom instrument was executed

Signature of Notary Public - State of Florida

Print, type, or stamp name of Notary Public

Personally known OR Produced ID _____

Type of ID Produced _____



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



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

1. **Description of property** (legal description of the property, & street address if available)
CRYSTAL PALACE-4701 Caribbean Way Tax ID: 11-24-27-0000-00-001
2. **General description of improvement**
GENERAL CONSTRUCTION
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name: Walt Disney World Resort
 Address: P.O. Box 10000, Lake Buena Vista, FL 32830
 Interest in Property: Owner
 Name & address of fee simple titleholder (if different from Owner listed above)
 Name: _____
 Address: _____
4. **Contractor**
 Name: Mcenany Roofing Inc Telephone Number: 863-558-4130
 Address: 5650 State Road 557, Lake Alfred, FL 33850
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name: _____ Telephone Number: _____
 Address: _____ Amount of Bond \$ _____
6. **Lender**
 Name: _____ Telephone Number: _____
 Address: _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**
 Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-4631
 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**
 Name: Anne Campbell Telephone Number: 407-828-2165
 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
9. **Expiration date of notice of commencement**
 (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

Aug 31, 2017

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

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

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

ANNE EM CAMPBELL ASSOC PROJ MANAGER
 Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this

13th day of April 2017 by ANNE CAMPBELL
month/year

as _____
 Type of authority, e.g., officer, trustee, attorney in fact

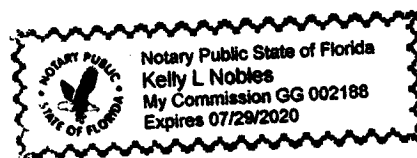
for Walt Disney World Resort
 Name of party on behalf of whom instrument was executed

 Signature of Notary Public - State of Florida

 Print, type, or stamp name of Notary Public

Personally known OR Produced ID _____

Type of ID Produced _____



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



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

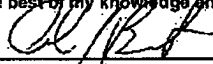
The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- 1. **Description of property** (legal description of the property, & street address if available)
Seven Dwarfs Mine Train-1256 Magic Kingdom Drive TAX ID: 11-24-27-0000-00-001
- 2. **General description of Improvement**
General Construction
- 3. **Owner information or Lessee information if the Lessee contracted for the improvement**
Name: Walt Disney World Resort
Address: P.O. Box 10000, Lake Buena Vista, FL 32830
Interest in Property: Owner
Name & address of fee simple titleholder (if different from Owner listed above)
Name:
Address:
- 4. **Contractor**
Name: Icarus Exhibits Inc Telephone Number: (407) 246-0012
Address: 1333 Long Street, Orlando, FL 32805
- 5. **Surety** (if applicable, a copy of the payment bond is attached)
Name: Telephone Number:
Address: Amount of Bond \$
- 6. **Lender**
Name: Telephone Number:
Address:
- 7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-4631
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- 8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Elaine Schomburg-LaFle Telephone Number: 407-938-2813
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- 9. **Expiration date of notice of commencement**
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

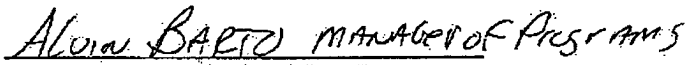
Jul 28, 2017

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

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



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



Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this

13th day of April 2017, by Alvin BARTO
month/year

as _____
Type of authority, e.g., officer, trustee, attorney in fact

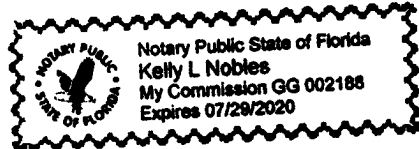
for Walt Disney World Resort
Name of party on behalf of whom instrument was executed

Signature of Notary Public, State of Florida

Print, type, or stamp name of Notary Public

Personally known OR Produced ID _____

Type of ID Produced _____



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



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

1. **Description of property** (legal description of the property, & street address if available)
FANTASMIC PERFORMANCE ISLAND, 951 CYPRESS DR, BAY LAKE, FL 32830 - 36-24-27-0000-00-003
2. **General description of improvement**
General Construction
3. **Owner information of Lessee information if the Lessee contracted for the improvement**
 Name: Walt Disney World Resort
 Address: P.O. Box 10000, Lake Buena Vista, FL 32830
 Interest in Property: Owner
 Name & address of fee simple titleholder (if different from Owner listed above)
 Name: _____
 Address: _____
4. **Contractor**
 Name: Lighting Systems Design, Inc. Telephone Number: 407-299-9504
 Address: 4625 Winter Garden Road, A-2, Orlando, FL 32811-1772
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name: _____ Telephone Number: _____
 Address: _____ Amount of Bond \$ _____
6. **Lender**
 Name: _____ Telephone Number: _____
 Address: _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**
 Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-4631
 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**
 Name: Ryan Murphy Telephone Number: _____
 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
9. **Expiration date of notice of commencement**
 (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

Jun 1, 2017

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYMENT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

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

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

Ryan Murphy / Planner / FAM
 Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this

13th day of April, 2017, by Ryan Murphy
month/year

as Authorized Signatory
Type of authority, e.g., officer, trustee, attorney in fact

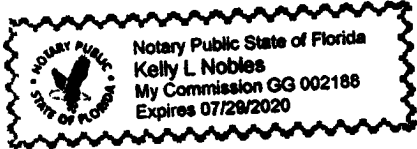
for Walt Disney World Resort
Name of party on behalf of whom instrument was executed

 Signature of Notary Public - State of Florida

 Print, type, or stamp name of Notary Public

Personally known OR Produced ID

Type of ID Produced _____



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



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

1. **Description of property** (legal description of the property, & street address if available)
FANTASMIC PERFORMANCE ISLAND, 951 CYPRESS DR, BAY LAKE, FL 32830-36-24-27-0000-00-003
2. **General description of improvement**
General Construction
3. **Owner information of Lessee Information if the Lessee contracted for the improvement**
Name: Walt Disney World Resort
Address: P.O. Box 10000, Lake Buena Vista, FL 32830
Interest in Property: Owner
Name & address of fee simple titleholder (if different from Owner listed above)
Name: _____
Address: _____
4. **Contractor**
Name: Vickers Metal Works Inc Telephone Number: 407-297-7546
Address: _____
5. **Surety** (if applicable, a copy of the payment bond is attached)
Name: _____ Telephone Number: _____
Address: _____ Amount of Bond \$ _____
6. **Lender**
Name: _____ Telephone Number: _____
Address: _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-4631
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Ryan Murphy Telephone Number: _____
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
9. **Expiration date of notice of commencement**
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

Jun 1, 2017

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

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

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

Ryan Murphy / Planner / FAM
Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this

13th day of April 2017 by Ryan Murphy
month/year

as Authorized Signatory
Type of authority, e.g., officer, trustee, attorney in fact

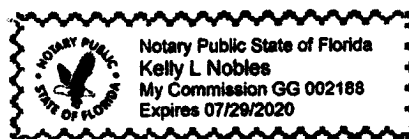
for Walt Disney World Resort
Name of party on behalf of whom instrument was executed

[Signature]
Signature of Notary Public - State of Florida

Print, type, or stamp name of Notary Public

Personally known OR Produced ID

Type of ID Produced _____



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



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

- 1. **Description of property** (legal description of the property, & street address if available)
POST PRODUCTION LITTLE MERMAID, 755 Stage Lane, Bay Lake, FL 32830 - 36-24-27-0000-00-003
- 2. **General description of improvement**
General Construction
- 3. **Owner information of Lessee information if the Lessee contracted for the improvement**
Name: Walt Disney World Resort
Address: P.O. Box 10000, Lake Buena Vista, FL 32830
Interest in Property: Owner
Name & address of fee simple titleholder (if different from Owner listed above)
Name:
Address:
- 4. **Contractor**
Name: Lighting Systems Design, Inc. Telephone Number: 407-299-9504
Address: 4625 Winter Garden Road, A-2, Orlando, FL 32811-1772
- 5. **Surety** (if applicable, a copy of the payment bond is attached)
Name: Telephone Number:
Address: Amount of Bond \$
- 6. **Lender**
Name: Telephone Number:
Address:
- 7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-4631
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- 8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Ryan Murphy Telephone Number:
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- 9. **Expiration date of notice of commencement**
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

Jun 30, 2017

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

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

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

Ryan Murphy / Planner / FAM
Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this

13th day of April 2017, by Ryan Murphy
month/year

as [Signature]
Type of authority, e.g., officer, trustee, attorney in fact

for Walt Disney World Resort
Name of party on behalf of whom instrument was executed

Signature of Notary Public - State of Florida

Print, type, or stamp name of Notary Public

Personally known OR Produced ID

Type of ID Produced _____



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



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

1. **Description of property** (legal description of the property, & street address if available)
ROCK N ROLLER COASTER, 850 SUNSET BLVD, BAY LAKE, FL 32830 - 36-24-27-0000-00-003

2. **General description of improvement**

General Construction

3. **Owner information of Lessee information if the Lessee contracted for the improvement**

Name: Walt Disney World Resort

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

Interest in Property: Owner

Name & address of fee simple titleholder

(if different from Owner listed above)

Name:

Address:

4. **Contractor**

Name: Duffy & Lee Company

Telephone Number: 863-666-3548

Address: 4960 Lakeland Commerce Pky, Lakeland, FL 33805

5. **Surety**

(if applicable, a copy of the payment bond is attached)

Name:

Telephone Number:

Address:

Amount of Bond \$

6. **Lender**

Name:

Telephone Number:

Address:

7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**

Name: Judy Wells, Facility Asset Management (FAM)

Telephone Number: (407) 939-4631

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

8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**

Name: Ryan Murphy

Telephone Number:

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

9. **Expiration date of notice of commencement**

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

Apr 30, 2017

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

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

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

Ryan Murphy / Planner / FAM
 Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this

13th day of April, 2017 by Ryan Murphy

as Authorized Signatory
 Type of authority, e.g., officer, trustee, attorney in fact

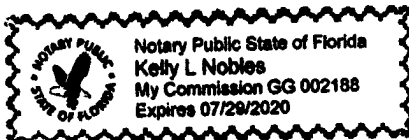
for Walt Disney World Resort
 Name of party on behalf of whom instrument was executed

Signature of Notary Public - State of Florida

Print, type, or stamp name of Notary Public

Personally known OR Produced ID

Type of ID Produced _____



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



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

1. **Description of property** (legal description of the property, & street address if available)
TOWER OF TERROR, 900 THEATER OF THE STARS DR, BAY LAKE, FL 32830 - 36-24-27-0000-00-003
2. **General description of improvement**
General Construction
3. **Owner information of Lessee information if the Lessee contracted for the improvement**
 Name: Walt Disney World Resort
 Address: P.O. Box 10000, Lake Buena Vista, FL 32830
 Interest in Property: Owner
 Name & address of fee simple titleholder (if different from Owner listed above)
 Name: _____
 Address: _____
4. **Contractor**
 Name: EARTH NETWORKS Telephone Number: 330-472-7621
 Address: 12410 MILESTONE CENTER DR, GERMANTOWN, MD 20876-7103
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name: _____ Telephone Number: _____
 Address: _____ Amount of Bond \$ _____
6. **Lender**
 Name: _____ Telephone Number: _____
 Address: _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**
 Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-4631
 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**
 Name: Ryan Murphy Telephone Number: _____
 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
9. **Expiration date of notice of commencement**
 (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

Apr 30, 2017

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

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

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

Ryan Murphy / Planner / FAM
 Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this

13th

day of

April 2017

by

Ryan Murphy

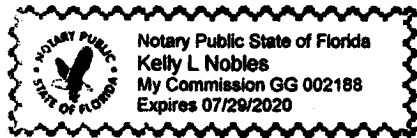
as _____
 Type of authority, e.g., officer, trustee, attorney in fact

for Walt Disney World Resort
 Name of party on behalf of whom instrument was executed

 Signature of Notary Public - State of Florida

 Print, type, or stamp name of Notary Public

Personally known OR Produced ID
 Type of ID Produced _____



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



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

- 1. **Description of property** (legal description of the property, & street address if available)
BB Runoff Rapids-1587 West Buena Vista Drive, Bay Lake, FL 32830: 35-24-27-0000-00-008
- 2. **General description of improvement**
General Construction
- 3. **Owner information or Lessee information if the Lessee contracted for the improvement**
Name: Walt Disney World Company Blizzard Beach
Address: 1587 West Buena Vista Drive
Interest in Property: Owner
Name & address of fee simple titleholder (if different from Owner listed above)
Name: _____
Address: _____
- 4. **Contractor**
Name: Page Piping Inc Telephone Number: (407) 828-0175
Address: P.O. Box 22180, Lake Buena Vista, FL 32830
- 5. **Surety** (if applicable, a copy of the payment bond is attached)
Name: _____ Telephone Number: _____
Address: _____ Amount of Bond \$ _____
- 6. **Lender**
Name: _____ Telephone Number: _____
Address: _____
- 7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-4631
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- 8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**
Name: Debbie Mize Telephone Number: (407) 560-4819
Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- 9. **Expiration date of notice of commencement**
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

May 5, 2017

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

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

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

Debra J. Mize, WDW FAM Proj. Mgr.
Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 13th day of April, 2017 by Debra Mize

as Authorized Signatory
Type of authority, e.g., officer, trustee, attorney in fact

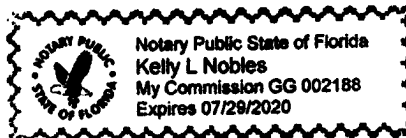
for Walt Disney World Resort
Name of party on behalf of whom instrument was executed

Signature of Notary Public - State of Florida

Print, type, or stamp name of Notary Public

Personally known OR Produced ID _____

Type of ID Produced _____



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



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

1. **Description of property** (legal description of the property, & street address if available)
 Pirates of the Caribbean; 4875 Caribbean Way ; Tax ID 11-24-27-0000-00-001
2. **General description of improvement**
 General Electrical Repairs
3. **Owner information of Lessee information if the Lessee contracted for the improvement**
 Name: Walt Disney World Resort
 Address: P.O. Box 10000, Lake Buena Vista, FL 32830
 Interest in Property: Owner
 Name & address of fee simple titleholder (if different from Owner listed above)
 Name:
 Address:
4. **Contractor**
 Name: Maddox Electric Co Inc DBA ERMCO of Telephone Number: (407) 934-8084
 Address: P.O. Box 22164, Lake Buena Vista, FL 32830
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name: Telephone Number:
 Address: Amount of Bond \$
6. **Lender**
 Name: Telephone Number:
 Address:
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**
 Name: Judy Wells, Facility Asset Management (FAM) Telephone Number: (407) 939-4631
 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**
 Name: Gregory Morreau Telephone Number:
 Address: P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
9. **Expiration date of notice of commencement**
 (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

Sep 29, 2017

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

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

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

Greg Morreau - FAM / PLANNER
 Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this

13th day of April 2017 by Greg Morreau
month/year

as Authorized Signatory
 Type of authority, e.g., officer, trustee, attorney in fact

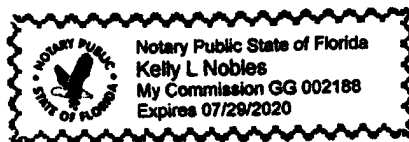
for Walt Disney World Resort
 Name of party on behalf of whom instrument was executed

Signature of Notary Public - State of Florida

Print, type, or stamp name of Notary Public

Personally known OR Produced ID

Type of ID Produced _____



Rec Fee: \$10.00
Deed Doc Tax: \$0.00
Mortgage Doc Tax: \$0.00
Intangible Tax: \$0.00
Phil Diamond, Comptroller
Orange County, FL
Ret To: SIMPLIFILE LC

Permit Number: _____
Folio/Parcel Identification Number: _____
Prepared by: Maria McCabe
Buena Vista Construction Company

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

NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

- Description of property** (legal description of the property, and street address if available)
17 EC Sustainable Chew - 1796 Ave. of the Stars JFEC7049
- General description of improvement**
Provide labor, material and/or electrical for construction
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name Walt Disney World Resort
Address P.O. Box 10000, Lake Buena Vista, FL 32830
Interest in Property _____
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
- Contractor**
Name Buena Vista Construction Company Telephone Number 407-934-6070
Address P.O. Box 10000, Lake Buena Vista, FL 32830
- Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
- Lender**
Name _____ Telephone Number _____
Address _____
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
Name Dave Ellis, Mgr. Sourcing & Procurement Telephone Number 407-828-3582
Address P.O. Box 10000, Lake Buena Vista, FL 32830
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
Name David Caesar, Construction Manager Telephone Number 407-934-6070
Address P.O. Box 10000, Lake Buena Vista, Florida 32830
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

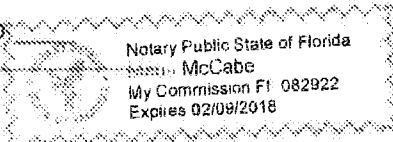
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED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

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

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

The foregoing instrument was acknowledged before me this 12th day of Apr 17 by Tom Troffer
month/year name of person
as Director for Buena Vista Construction Company
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed
Signature of Notary Public - State of Florida _____
Print, type, or stamp commissioned name of Notary Public
Maria McCabe

Personally Known X OR Produced ID
Type of ID Produced _____



Permit Number: _____
 Folio/Parcel Identification Number: _____
 Prepared by: Maria McCabe
Buena Vista Construction Company

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

NOTICE OF COMMENCEMENT

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

1. **Description of property** (legal description of the property, and street address if available)
17 EC Scotland - 1796 Ave. of the Stars JFEC7049
2. **General description of improvement**
Provide labor, material and/or electrical for construction
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Walt Disney World Resort
 Address P.O. Box 10000, Lake Buena Vista, FL 32830
 Interest in Property _____
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name Buena Vista Construction Company Telephone Number 407-934-6070
 Address P.O. Box 10000, Lake Buena Vista, FL 32830
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name _____ Telephone Number _____
 Address _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
 Name Dave Ellis, Mgr. Sourcing & Procurement Telephone Number 407-828-3582
 Address P.O. Box 10000, Lake Buena Vista, FL 32830
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
 Name David Caesar, Construction Manager Telephone Number 407-934-6070
 Address P.O. Box 10000, Lake Buena Vista, Florida 32830
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) _____

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

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

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

 Director
 Signatory's Title/Office

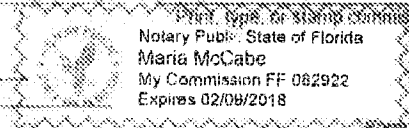
The foregoing instrument was acknowledged before me this 12th day of Apr 17 by Tom Troffer
 as Director for Buena Vista Construction Company

 Type of authority (e.g., officer, trustee, attorney in fact) Name of party on behalf of whom instrument was executed

 Signature of Notary Public - State of Florida

 Maria McCabe
 Notary Public - State of Florida
 My Commission FF 082922
 Expires 02/09/2018

Personally Known OR Produced ID
 Type of ID Produced _____



Permit Number: _____
 Folio/Parcel Identification Number: _____
 Prepared by: Maria McCabe
Buena Vista Construction Company

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

NOTICE OF COMMENCEMENT

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

1. **Description of property** (legal description of the property, and street address if available)
17 EC New Zealand - 1796 Ave. of the Stars JFEC7049
2. **General description of improvement**
Provide labor, material and/or electrical for construction
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Walt Disney World Resort
 Address P.O. Box 10000, Lake Buena Vista, FL 32830
 Interest in Property _____
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name Buena Vista Construction Company Telephone Number 407-934-6070
 Address P.O. Box 10000, Lake Buena Vista, FL 32830
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name _____ Telephone Number _____
 Address _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
 Name Dave Ellis, Mgr. Sourcing & Procurement Telephone Number 407-828-3582
 Address P.O. Box 10000, Lake Buena Vista, FL 32830
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
 Name David Caesar, Construction Manager Telephone Number 407-934-6070
 Address P.O. Box 10000, Lake Buena Vista, Florida 32830
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) _____

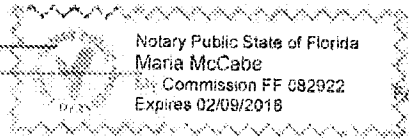
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED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

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

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

The foregoing instrument was acknowledged before me this 12th day of Apr 17 by Tom Troffer
 month/year name of person
 as Director for Buena Vista Construction Company
 Type of authority, e.g. officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed
 Signature of Notary Public - State of Florida _____
Maria McCabe
 Print, type, or stamp commissioned name of Notary Public

Personally Known X OR Produced ID
 Type of ID Produced _____



Form Revised: September 26, 2011

Permit Number: _____
 Folio/Parcel Identification Number: _____
 Prepared by: Maria McCabe
 Buena Vista Construction Company

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

NOTICE OF COMMENCEMENT

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

1. **Description of property** (legal description of the property, and street address if available)
 17 EC Ireland - 1796 Ave. of the Stars JFEC7049
2. **General description of improvement**
 Provide labor, material and/or electrical for construction
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Walt Disney World Resort
 Address P.O. Box 10000, Lake Buena Vista, FL 32830
 Interest in Property _____
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name Buena Vista Construction Company Telephone Number 407-934-6070
 Address P.O. Box 10000, Lake Buena Vista, FL 32830
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name _____ Telephone Number _____
 Address _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
 Name Dave Ellis, Mgr. Sourcing & Procurement Telephone Number 407-828-3582
 Address P.O. Box 10000, Lake Buena Vista, FL 32830
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
 Name David Cassar, Construction Manager Telephone Number 407-934-6070
 Address P.O. Box 10000, Lake Buena Vista, Florida 32830
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) _____

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

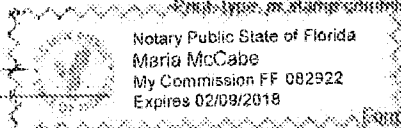
Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

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

The foregoing instrument was acknowledged before me this 12th day of Apr 17 by Tom Troffer
 as Director for Buena Vista Construction Company
 Type of Authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Signature of Notary Public - State of Florida _____ Maria McCabe
 Notary Public State of Florida

Personally Known X OR Produced ID _____
 Type of ID Produced _____



Permit Number: _____
 Folio/Parcel Identification Number: _____
 Prepared by: Maria McCabe
Buena Vista Construction Company

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

NOTICE OF COMMENCEMENT

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

1. **Description of property** (legal description of the property, and street address if available)
17 EC Belgium - 1796 Ave. of the Stars JFEC7049
2. **General description of improvement**
Provide labor, material and/or electrical for construction
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Walt Disney World Resort
 Address P.O. Box 10000, Lake Buena Vista, FL 32830
 Interest in Property _____
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name Buena Vista Construction Company Telephone Number 407-934-6070
 Address P.O. Box 10000, Lake Buena Vista, FL 32830
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name _____ Telephone Number _____
 Address _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
 Name Dave Ellis, Mgr. Sourcing & Procurement Telephone Number 407-828-3582
 Address P.O. Box 10000, Lake Buena Vista, FL 32830
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
 Name David Caesar, Construction Manager Telephone Number 407-934-6070
 Address P.O. Box 10000, Lake Buena Vista, Florida 32830
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) _____

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

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

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

 Director
 Signatory's Title/Office

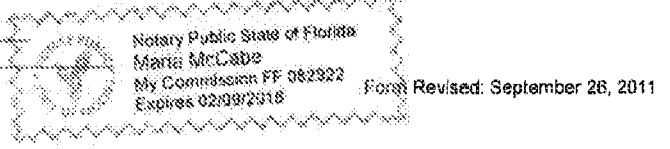
The foregoing instrument was acknowledged before me this 12th day of Apr 17 by Tom Troffer
 month/year name of person

as Director for Buena Vista Construction Company
 Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

 Signature of Notary Public - State of Florida

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

Personally Known OR Produced ID
 Type of ID Produced _____



Permit Number: _____
 Folio/Parcel Identification Number: _____
 Prepared by: Maria McCabe
Buena Vista Construction Company

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

NOTICE OF COMMENCEMENT

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

1. **Description of property** (legal description of the property, and street address if available)
17 EC Chocolate - 1796 Ave. of the Stars JFEC7049
2. **General description of improvement**
Provide labor, material and/or electrical for construction
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Walt Disney World Resort
 Address P.O. Box 10000, Lake Buena Vista, FL 32830
 Interest in Property _____
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name Buena Vista Construction Company Telephone Number 407-934-6070
 Address P.O. Box 10000, Lake Buena Vista, FL 32830
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name _____ Telephone Number _____
 Address _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
 Name Dave Ellis, Mgr. Sourcing & Procurement Telephone Number 407-828-3582
 Address P.O. Box 10000, Lake Buena Vista, FL 32830
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
 Name David Caesar, Construction Manager Telephone Number 407-934-6070
 Address P.O. Box 10000, Lake Buena Vista, Florida 32830
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) _____

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

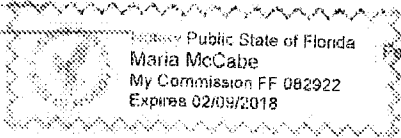
Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

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

The foregoing instrument was acknowledged before me this 12th day of Apr 17 by Tom Troffer
 month/year name of person

as Director for Buena Vista Construction Company
 Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed
 Signature of Notary Public - State of Florida _____ Maria McCabe
 Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID
 Type of ID Produced _____



Permit Number: _____
Folio/Parcel Identification Number: _____
Prepared by: Marie McCabe
Buena Vista Construction Company

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

NOTICE OF COMMENCEMENT

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

- Description of property** (legal description of the property, and street address if available)
17 EC Caribbean - 1796 Ave. of the Stars JFEC7049
- General description of improvement**
Provide labor, material and/or electrical for construction
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name Walt Disney World Resort
Address P.O. Box 10000, Lake Buena Vista, FL 32830
Interest in Property _____
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
- Contractor**
Name Buena Vista Construction Company Telephone Number 407-934-6070
Address P.O. Box 10000, Lake Buena Vista, FL 32830
- Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
- Lender**
Name _____ Telephone Number _____
Address _____
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
Name Dave Ellis, Mgr. Sourcing & Procurement Telephone Number 407-828-3582
Address P.O. Box 10000, Lake Buena Vista, FL 32830
- In addition to himself or herself, Owner designates the following to receive a copy of the Lianor's Notice as provided in §713.13(1)(b), Florida Statutes.**
Name David Caesar, Construction Manager Telephone Number 407-934-6070
Address P.O. Box 10000, Lake Buena Vista, Florida 32830
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) _____

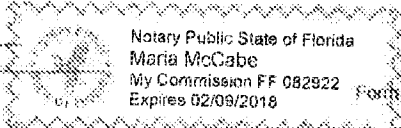
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED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

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

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

The foregoing instrument was acknowledged before me this 12th day of Apr, 17 by Tom Troffer
month/year name of person
as Director for Buena Vista Construction Company
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed
Signature of Notary Public - State of Florida _____
Print, type, or stamp commissioned name of Notary Public
Maria McCabe

Personally Known OR Produced ID _____
Type of ID Produced _____



Form Revised: September 26, 2011

Permit Number: _____
Folio/Parcel Identification Number: _____
Prepared by: Maria McCabe
Buena Vista Construction Company

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

NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

- Description of property** (legal description of the property, and street address if available)
17 EC Patagonia - 1796 Ave. of the Stars JFEC7049
- General description of improvement**
Provide labor, material and/or electrical for construction
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name Walt Disney World Resort
Address P.O. Box 10000, Lake Buena Vista, FL 32830
Interest in Property _____
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
- Contractor**
Name Buena Vista Construction Company Telephone Number 407-934-6070
Address P.O. Box 10000, Lake Buena Vista, FL 32830
- Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
- Lender**
Name _____ Telephone Number _____
Address _____
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
Name Dave Ellis, Mgr. Sourcing & Procurement Telephone Number 407-828-3582
Address P.O. Box 10000, Lake Buena Vista, FL 32830
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
Name David Caesar, Construction Manager Telephone Number 407-934-6070
Address P.O. Box 10000, Lake Buena Vista, Florida 32830
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) _____

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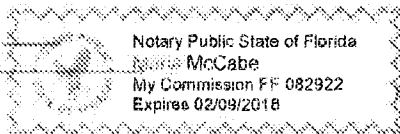
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager _____
Director
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 12th day of Apr 17, 2017 by Tom Troffer
month/year name of person

as Director for Buena Vista Construction Company
Type of authority, e.g. officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Signature of Notary Public - State of Florida _____
Maria McCabe
Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID
Type of ID Produced _____



Permit Number: _____
Folio/Parcel Identification Number: _____
Prepared by: Maria McCabe
Buena Vista Construction Company

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

NOTICE OF COMMENCEMENT

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- Description of property** (legal description of the property, and street address if available)
17 EC Brazil - 1796 Ave. of the Stars JFEC7049
- General description of improvement**
Provide labor, material and/or electrical for construction
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name Walt Disney World Resort
Address P.O. Box 10000, Lake Buena Vista, FL 32830
Interest in Property _____
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
- Contractor**
Name Buena Vista Construction Company Telephone Number 407-934-6070
Address P.O. Box 10000, Lake Buena Vista, FL 32830
- Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
- Lender**
Name _____ Telephone Number _____
Address _____
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
Name Dave Ellis, Mgr. Sourcing & Procurement Telephone Number 407-828-3582
Address P.O. Box 10000, Lake Buena Vista, FL 32830
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
Name David Caesar, Construction Manager Telephone Number 407-934-6070
Address P.O. Box 10000, Lake Buena Vista, Florida 32830
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) _____

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

The foregoing instrument was acknowledged before me this 12th day of Apr 17 by Tom Troffer
month/year name of person
as Director for Buena Vista Construction Company
Type of authority, e.g. officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed
Maria McCabe
Signature of Notary Public - State of Florida Print, type, or stamp commissioned name of Notary Public

Personally Known X OR Produced ID _____
Type of ID Produced _____

