Permit Number:
Folio/Parcel ID #: 30-24-28-0000-00-01
Prepared by: Abby Brandenburg
1365 Avenue of the Stars
Lake Buena Vista, FL 32830
Return to: Abby Brandenburg
1365 Avenue of the Stars
Lake Buena Vista, FL 32830

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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

Bonded through National Notary Assn.

| HOTIOT OF COMMENCEMEN   | <b></b>  |
|---|--|
| NOTICE OF COMMENCEMEN   | 11   |
| State of Florida, County of Orange  | a made to portain roal property, and in accordance   |
| State of Florida, County of Orange The undersigned hereby gives notice that improvement will b                  | e made to certain real property, and in decordance   |
| with Chapter 713, Florida Statutes, the following information in  | is provided in this Notice of Commencement.  |
| Description of property (legal description of the property 2000 Avenue of the Stars #E, Bay Lake, FL 32830      | , and street address if available)   |
| 2. General description of improvement   |  |
| Cian Installation   |  |
| 3. Owner information or Lessee information if the Lesse   | e contracted for the improvement   |
| Name Walt Disney Imagineering   |  |
| Address 1365 Avenue of the Stars, Lake Buena Vista, Ft  | _ 32830  |
| Interest in Property Fee Simple   |  |
| Name and address of fee simple titleholder (if differen   | it from Owner listed above)  |
| Name N/A  |  |
| Address N/A   |  |
| 4. Contractor   | Telephone Number 407-856-9661  |
| Name Design Communications LTD  | Telephone Number 407-030-0001  |
| Address 10611 Satellite Blvd., Orlando, FL 32837  | 1  |
| 5. Surety (if applicable, a copy of the payment bond is attact  | Telephone Number <u>N/A</u>  |
| Name Not Applicable   | Amount of Bond \$ Not Required   |
| Address N/A   | Amount of Bond & total to part   |
| 6. Lender   | Telephone NumberN/A  |
| Name NONE   | relephone reambor  |
| Address N/A 7. Persons within the State of Florida designated by Ov   | vner upon whom notices or other documents may  |
| <ol> <li>Persons within the State of Florida designated by Overhead by S713.13(1)(a)7, Florida State</li> </ol> | tutes.   |
| Name Bigh Owens   | l elephone Number  |
| AND ELPHA/EDCOT DO BOY 10321 LAKE B   | uena Vista, FL 32830-0321  |
| 8. In addition to himself or herself, Owner designates t  | he following to receive a copy of the Lienor's   |
| Notice as provided in §713.13(1)(b), Florida Statutes.  |  |
| Name - MOI Contract Accounting  | l elephone Number 407 306 3135   |
| A LIVE WIND EL PINA/EDCOT P.O. Box 10321 Lake B   | uena Vista, FL 32830-0321  |
| <ul> <li>European data of notice of commencement (the exp</li> </ul>  | itation date thay not be perore the completion or  |
| construction and final payment to the contractor, but will  | be 1 year from the date of recording unless a  |
| different date is specified)  |  |
| THE OWNER ATT   | ER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT  |
| ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PA  | COPERTY A NOTICE OF COMMENCEMENT MUST BE   |
| RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PRECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INS  |  |
| WITH VOLID I ENDERADRAN ATTORNEY BEFORE COMMENCING AND  | AK OK KEGOKDING TOOK III III III   |
| I certify that this Notice of Commencement has been filed for recording   | ng with Orange County.   |
| K210_   | PM Executive   |
| Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/I                                       | Director/Partner/Manager Signatory's Title/Office  |
| Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officers  | A Dday of N/W by Patrick Purser  |
| The foregoing instrument was acknowledged before me this  | month/year name of person  |
| as Portfolio Project Management Exec. fo  | r Walt Disney Imagineering   |
| Type of authority, e.g. officer, trustee, attorney in fact  | Name of party on behalf of whom instrument was executed  |
| ( C. d ( ) ( ) ( )  | Carolun Rellino  |
| Signature of Notary Public - State of Florida   | Print, type, or stamp commissioned name of Notary Public   |
| Signature of Notary Fubility State of Florida   |  |
| Personally KnownOR Produced ID  | CAROLYN BELLINO  |
| Type of ID Produced   | Notary Public - State of Florida   |
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | Commission # HH 272996 My Comm. Expires Jul 12, 2026   |
|   | THE PROPERTY OF THE PARTY OF TH |