Permit Number: AF24-0074	
Folio/Parcel ID #: 28-24-28-0000-00-01	
Prepared by: Control Systems, Inc.	
Return to:Jerry Burkett / Joe Kline	
PO BOX 10000	
LAKE BUENA VISTA, FL 32830-1000	

Personally Known

Type of ID Produced

OR Produced ID

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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

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) SSR Cast Services Building 1851 Community Dr. LBV 32830. ID#28-24-28-0000-00-01 2. General description of improvement Fire Panel Replacement 3. Owner information or Lessee information if the Lessee contracted for the improvement Name WALT DISNEY WORLD RESORT Address PO BOX 10000 LAKE BUENA VISTA FL 32830 Interest in Property Owner Name and address of fee simple titleholder (if different from Owner listed above) Name Address 4. Contractor Telephone Number 888-780-6465 Name Control Systems, INC. Address 10401 Belcher Rd S. Seminole, FL 33777 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 SOURCING & PROCUREMENT ADMIN Telephone Number 407-828-3582 Address PO 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 MANNY DUMAS OKW/SG FOS ENG SERVICES Telephone Number 407-827-4868 Address PO BOX 10000 LAKE BUENA VISTA FL 32830 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) 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 AMATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. m Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager **The** foregoing instrument was acknowledged before me this 25name of person EXSULU pe plauthority, 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

X Physical presence

Notary Public - State of Florida
Commission # HH 398381
My Comm. Expires May 26, 2027
Bonded through National Notary Assn.