

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 ID #: _____
 Prepared by: _____
 WALT DISNEY WORLD

 Return to: WALT DISNEY WORLD

 Bernie Budnik

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)
 MK- Cinderella's Royal Table 1400 Magic Kingdom Dr. Lake Buena Vista
- General description of improvement**
 General Construction
- Owner information or Lessee information if the Lessee contracted for the improvement**
 Name WALT DISNEY WORLD
 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 _____
- Contractor**
 Name FERRAN Telephone Number 407-422-3551
 Address 4420 Eastport Parkway Port Orange FL, 32127
- 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 Davis Ellis Telephone Number 407-828-3582
 Address PO 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 Ivan Diaz Telephone Number 818-640-2561
 Address PO BOX 10000, 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) _____

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

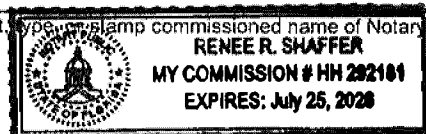
Manager of Eng. Svcs
 Signatory's Title/Office

The foregoing instrument was acknowledged before me this 15th day of May, 2025
 month/year name of person

as _____ for _____
 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

Print, type, or stamp commissioned name of Notary Public



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