Permit Number:	
NOTICE OF COMMENC	EMENT
State of Florida, County of Orange The undersigned hereby gives notice that improvement	nt will be made to certain real property, and in accordance
with Chapter 713, Florida Statutes, the following inform	mation is provided in this Notice of Commencement.
1. Description of property (legal description of the p	property, and street address if available)
MonorallSW1&2,1201 MONORAIL WY, Magic Kingdor 2. General description of improvement	
Labor and Material to install new MTS at Switchbeam	
<ol> <li>Owner information or Lessee information if the Name Walt Disney World</li> </ol>	Lessee contracted for the improvement
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	
Name Maddox Electric Company, INC Address710 Garden Commerce Parkway Winter Gard	Telephone Number (407) 934-8084
5. Surety (if applicable, a copy of the payment bond	
Name	
Address	Amount of Bond \$
6. Lender	
NameAddress	Telephone Number
	by Owner upon whom notices or other documents ma
be served as provided by §713.13(1)(a)7, Florid	da Statutes.
Name	Telephone Number_
Address  In addition to himself or herself Owner decign	anton the fellowing to receive a convert the Lieuwin
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.  NameTelephone Number	
Address	
<ol> <li>Expiration date of notice of commencement (the expiration date will be 1 year from the date of recording unless a different date is specified)</li> </ol>	
RRNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AF E CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, SULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR CORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST I TH YOUR LENGER OR AN ATTORNEY BEFORE COMMENCING V	PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN PROPERTY. A NOTICE OF COMMENCEMENT MUST BE INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT
nature of Owner or Lessee, or Owner's or Lessee's Authorized Office	er/Director/Partner/Manager Signatory's Title/Office
e foregoing instrument was acknowledged before me th	his <u>49</u> day of <u>May</u> by <u>Duane Eastberg</u> name of person
	for
Type of authority, e.g., officer, trustee, attorney in fact	Name of party on behalf of whom instrument was executed
	$2 \cdot \cdot \cdot \cdot \cdot \cdot \cdot$
Circulate of Notes Dublic State of Florida	Print, type, or stamp commissioned name of Notary Public
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	Notary Dublic Co.
	Notary Public State of Florida Ronna Blount My Commission HH 354498 Expires 5/23/2027