|                             | ice of Commencement<br>ge 1 of 1   |   |
|-----------------------------|--|---|
| _                           |  | DOCH 20100284809 B: 10046 P: 6452<br>65/19/2010 02:42:57 PM Page 1 of 1   |
|                             | rmit Number:   | Rec Fee: \$10.00<br>Martha O. Haynie, Comptroller<br>Orange County, FL<br>MB - Ret To: UNIVERSAL CITY DEVELOPMEN  |
|                             | io/Parcel Identification Number:   |   |
| Pre                         | epared by and to be returned to:  Manager, Contracts   |   |
|                             | 1000 Universal Studios Plaza, Legal Affairs<br>Orlando, Florida 32819-7610   |   |
|                             | OTICE OF COMMENCEMENT te of Florida, County of Orange  |   |
|                             | e undersigned hereby gives notice that improvement(s) will be a rida Statutes, the following information is provided in this Notice  | made to certain real property, and in accordance with Chapter 713,  |
| 1.                          | Lot 12, of the Replat of Universal City/Florida Plat 1 according Public Records of Orange County Florida less and excepto the eastern most boundary of Lot 10 of the aforesaid in the county Florida less and excepto the eastern most boundary of Lot 10 of the aforesaid in the county of | nd street address if available): rding to the plat thereof as recorded in Plat Book 22 Page 1 of the pt that approximate 83 foot strip of said Lot 12 that lies adjacent Plat and also lies adjacent to the western boundary of Lot 11A of k 35 Page 84 of the Public Records of Orange County Florida. |
| 2.<br>3.                    | General description of improvement(s): Construction  | on of Halloween Horror Nights 2010 Haunted Houses   |
| J.                          | Name: Universal City Development Partners, Ltd.  | Telephone Number:407-363-8000   |
|                             | Address: 1000 Universal Studios Plaza, Orlando, FL 328   |   |
| 4.                          | Fee Simple Title Holder (if other than owner shown above)  |   |
|                             | Name:  | Telephone Number:   |
|                             | Address:   |   |
| 5.                          | Contractor   |   |
|                             | Name: Fake Productions, LLC  | Telephone Number: (321) 299-2905  |
|                             | Address 707 East Lakeshore Drive, Ocoee, FL  | 34761   |
| 6.                          | Surety (if any)  |   |
|                             | Name:  | Telephone Number:   |
|                             | Address:   | Amount of bond: \$  |
| 7.                          | Lender (if any)  |   |
|                             | Name:  | Telephone Number:   |
| _                           | Address  |   |
|                             | persons within the State of Florida designated by Own provided by §713.13(1)(a)7., Florida Statutes.   | ner upon whom notices or other documents may be served as   |
|                             |  | irs, General Counsel Telephone Number: 407-363-8241   |
|                             | Address: 1000 Universal Studios Plaza, Orlando, FL 32819-7   |   |
| 9.                          | In addition to himself or herself, Owner designates the foliation (b), Florida Statutes.  Name: Allison Olofson, Director of Capital Finance and   | Nowing to receive a copy of the Lienor's Notice as provided in Elaine Hinds, Director of Entertainment Production   |
|                             | Address: 1000 Universal Studios Plaza, Orlando, FL 3281  |   |
| 10.                         | Expiration date of notice of commencement (the expiration  | n date is one year from the date of recording unless a different date is  |
|                             | specified): November 30, 2010.   |   |
| NO'SEC<br>IMP<br>PO!<br>COI | RNING TO OWNER: ANY PAYMENTS MADE BY THE OWN<br>TICE OF COMMENCEMENT ARE CONSIDERED IMPROPER<br>CTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN<br>PROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMM<br>STED ON THE JOB SITE BEFORE THE FIRST INSPECTION<br>NSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE<br>UR NOTICE OF COMMENCEMENT.   | R PAYMENTS UNDER CHAPTER 713, PART I, I YOUR PAYING TWICE FOR IENCEMENT MUST BE RECORDED AND I. IF YOU INTEND TO OBTAIN FINANCING.  |
|                             | UNIVERSAL CITY DEVELOPMENT PARTNERS, LTD.  |   |
| 112                         | The Charalone  | Peter Giacalone Signatory's Printed Name/Title/Office   |
| (or (                       | Signature of Owner  Owner's Authorized Officer/Director/Partner/Manager §713.13[   | Signatory's Printed Name/Title/Office   |
|                             | foregoing instrument was acknowledged before me this Letter  | • •- •/   |
| ıne                         |  | (vear) (name of person)   |
| as_                         | Huthorized Agent   | for UCDP. Ltd.  |
| X                           | (Type of authority, e.g., officer, trustee, attorney in fact)  ONE STATEMENT OF THE PROPERTY O | (Name of party on behalf of whom instrument was executed)   |
| 91gi                        | nature of Notary Public - State of Florida   | (Print, type, or stamp commissioned name of Notary Public)  |
|                             | sonally Known OR Produced ID   | DOMMA G. BUTTERWORTH  |
| Typi<br>Veri                | e of ID Produced   | er penalties of particular that the foregoing   |
| and                         | that the facts stated in it are true to the best of my knowle  | edge and belief.  |
| _{\}                        | Pet C Graciene   | Signature of Natural Person Signing on Line 11 Above  |