

DOCM 20110224917 B: 10206 P: 6927  
04/29/2011 09:34:35 AM Page 1 of 1  
Rec Fee: \$10.00  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: UNIVERSAL CITY DEVELOPMEN

Permit Number: \_\_\_\_\_  
Folio/Parcel Identification Number: \_\_\_\_\_  
Prepared by and to be returned to:  
**Manager, Contracts**  
1000 Universal Studios Plaza, Legal Affairs  
Orlando, Florida 32819-7610



**NOTICE OF COMMENCEMENT**  
State of Florida, County of Orange

The undersigned hereby gives notice that improvement(s) 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):  
Lot 12, of the Replat of Universal City/Florida Plat 1 according to the plat thereof as recorded in Plat Book 22 Page 1 of the Public Records of Orange County Florida less and except that approximate 83 foot strip of said Lot 12 that lies adjacent to the eastern most boundary of Lot 10 of the aforesaid Plat and also lies adjacent to the western boundary of Lot 11A of the Plat of Universal City Florida as recorded in Plat Book 35 Page 84 of the Public Records of Orange County Florida.
- General description of improvement(s):** Construction of Halloween Horror Nights 2011 Haunted Houses
- Owner information:**  
Name: Universal City Development Partners, Ltd. Telephone Number: 407-363-8000  
Address: 1000 Universal Studios Plaza, Orlando, FL 32819-7610 Interest in Property: FEE SIMPLE
- Fee Simple Title Holder** (if other than owner shown above)  
Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_
- Contractor**  
Name: Fake Productions, LLC Telephone Number: (321) 299-2905  
Address: 707 East Lakeshore Drive, Ocoee, FL 34761
- Surety** (if any)  
Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Amount of bond: \$ \_\_\_\_\_
- Lender** (if any)  
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: Judith A. Luengas, Vice President of Legal Affairs, General Counsel Telephone Number: 407-363-8241  
Address: 1000 Universal Studios Plaza, Orlando, FL 32819-7610
- 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: Allison Olofson, Director of Capital Finance and Elaine Hinds, Director of Entertainment Production  
Address: 1000 Universal Studios Plaza, Orlando, FL 32819-7610 Telephone Number: \_\_\_\_\_
- Expiration date of notice of commencement** (the expiration date is one year from the date of recording unless a different date is specified): November 30, 2011.

**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.**

UNIVERSAL CITY DEVELOPMENT PARTNERS, LTD.

11. Peter Giacalone  
Signature of Owner  
(or Owner's Authorized Officer/Director/Partner/Manager §713.13(1)(d))

Peter Giacalone  
Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 20<sup>th</sup> day of Apr. 2011, by Peter Giacalone  
(year) (name of person)  
as Authorized Agent for UCDP  
(Type of authority, e.g., officer, trustee, attorney in fact) (Name of party on behalf of whom instrument was executed)

Donna S. Botterworth  
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 \_\_\_\_\_

Verification pursuant to Section 92.525, Florida Statutes: Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Peter Giacalone  
Signature

Signature of Natural Person, or Name of Entity, as shown above

