

Description of Amendment

The Application is amended to provide:

- A copy of the death certificate of Mr. Jorge A. Rodriguez.
- The file number and date of grant of an application by which the Commission previously approved the qualifications of Mrs. Ana V. Rodriguez. An FCC Form 301 approving Mrs. Rodriguez's qualifications was granted on June 10, 2022. See FCC File No. BP-20210712AAD.
- A listing of broadcast stations in which the Transferee holds an attributable interest.

Mrs. Rodriguez holds attributable interests in stations WWFE, Miami, Florida, Facility Identification No. 21391; and WRHC, Coral Gables, Florida, Facility Identification No. 73945. WWFE's translator is W276DV, Miami, Florida, Facility Identification No. 202997. WRHC's translator is W254DV, Miramar, Florida, Facility Identification No. 202998. Mrs. Rodriguez does not hold an attributable interest in any other broadcast station.

Prior to his death, Mr. Rodriguez held attributable interests in these same stations, and no others.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2022172962

DATE ISSUED: SEPTEMBER 23, 2022

DECEDENT INFORMATION

DATE FILED: SEPTEMBER 22, 2022

NAME: JORGE AGUSTIN RODRIGUEZ

DATE OF DEATH: SEPTEMBER 20, 2022

SEX: MALE SSN: 264-70-9098

AGE: 085 YEARS

DATE OF BIRTH: NOVEMBER 7, 1936

BIRTHPLACE: HAVANA, CUBA

PLACE OF DEATH: INPATIENT

FACILITY NAME OR STREET ADDRESS: BAPTIST HOSPITAL OF MIAMI

LOCATION OF DEATH: MIAMI, MIAMI-DADE COUNTY, 33176

RESIDENCE: 13031 LERIDA STREET, CORAL GABLES, FLORIDA 33156, UNITED STATES

COUNTY: MIAMI-DADE

OCCUPATION, INDUSTRY: ENTREPRENEUR, RADIO INDUSTRY

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? YES, CUBAN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: ANA MARIA VIDAL

FATHER'S/PARENT'S NAME: PLACIDO V RODRIGUEZ

MOTHER'S/PARENT'S NAME: CONSUELO ALBAREDA

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: ANA MARIA VIDAL RODRIGUEZ

RELATIONSHIP TO DECEDENT: SPOUSE

INFORMANT'S ADDRESS: 13031 LERIDA STREET, CORAL GABLES, FLORIDA 33156, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: CRYSTAL VAN ORSDEL MARCHANT, F082468

FUNERAL FACILITY: VAN ORSDEL KENDALL CHAPEL F040221

11220 N KENDALL DRIVE, MIAMI, FLORIDA 33176

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: WOODLAWN PARK NORTH CEMETERY
MIAMI, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1304

DATE CERTIFIED: SEPTEMBER 22, 2022

CERTIFIER'S NAME: LUIS FELIPE FELIPE

CERTIFIER'S LICENSE NUMBER: ME98893

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH

a. RESPIRATORY FAILURE

b. PNEUMONIA

c. TYPE 2 DIABETES MELLITUS

d. HYPERTENSIVE HEART DISEASE, ADVANCED AGE

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? NO

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT APPLICABLE

TIME OF INJURY (24 HOUR):

INJURY AT WORK?

DATE OF INJURY: NOT APPLICABLE

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, STATUS OF DECEDENT:

TYPE OF VEHICLE:

[Signature]

, STATE REGISTRAR

REQ: 2024447612

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



* 5 9 6 1 6 5 1 4 *

DH FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED