



(REFERENCE COPY - Not for submission)  
Notification of Consummation

File Number: 0000149250 | Submit Date: 06/02/2021 | Lead Call Sign: WPHD | FRN: 0021206529  
Service: Full Power FM | Purpose: Notification of Consummation | Status: Accepted | Status Date: 06/02/2021 |  
Filing Status: Active

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
Southern Belle, LLC	Kristin Cantrell 115 WEST MAIN STREET Frankfort, KY 40601 United States	+1 (502) 875-1130	Kristin@capcityradio.com	Limited Liability Company

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Allan G Moskowitz, Esq. . <i>Attorney</i> Allan G. Moskowitz, Esq.	Allan G. Moskowitz, esq. 10845 TUCKAHOE WAY NORTH POTOMAC, MD 20878 United States	+1 (301) 908-4165	AMOSKOWITZ@AMOSKOWITZLAW.COM	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2021-06-01	0021206529

Consummate the Following Authorizations:

Select all the authorizations in the table below that will **not be consummated**

Call Sign	Facility ID	File Number	Will Not Consummate
WENI-FM	77925	0000135720	
WCOQ	52126	0000135721	
DDWKPQ-FM2	191096	0000135722	
WCIG	14713	0000135723	
W277DG	141320	0000135724	
W295BY	141410	0000135725	
W263CZ	141382	0000135726	
W294BU	141451	0000135727	
WMAJ	71510	0000135728	

WOEN	19708	0000135729
WPHD	19651	0000135730
WKPQ	5309	0000135731
WMXO	19710	0000135732
WGGO	9409	0000135733
WENI	53610	0000135734
W242CT	150701	0000135735
WQRS	9408	0000135736

Certification

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503).	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	<b>Allan G. Moskowitz , Esq. .</b> <i>Attorney</i>  06/01/2021

Attachments

Information not provided.