



(REFERENCE COPY - Not for submission)
Notification of Consummation

File Number: **0000161924** | Submit Date: **09/30/2021** | Lead Call Sign: **WTVD** | FRN: **0013597448**
Service: **Full Service Television** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date:
10/01/2021 | 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
WTVD TELEVISION, LLC Doing Business As: WTVD TELEVISION, LLC	John W. Zucker 77 WEST 66TH STREET, 16TH FLR NEW YORK, NY 10023 United States	+1 (212) 456- 7777	john.w. zucker@abc.com	Limited Liability Company

Contact Representatives Information (3)

Contact Name	Address	Phone	Email	Contact Type
Susan Fox The Walt Disney Company	425 3rd Street SW Suite 1100 Washington, DC 20024 United States	+1 (202) 222- 4780	Susan.Fox@disney.com	Legal Representative
William J. Getz <i>Consulting Engineer</i> Carl T. Jones Corporation	7901 Yarnwood Court Springfield, VA 22153 United States	+1 (703) 569- 7704	wgetz@ctjc.com	Technical Representative
Grace Kavadoy ABC, Inc.	77 W 66th St., 16th FL. New York, NY 10023 United States	+1 (212) 456- 6686	Grace.Kavadoy@disney.com	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2021-09-26	0030871438

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
WTVD	8617	0000146358	

Certification

Section	Question	Response
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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.	Susan Fox <i>SVP, Government Relations</i> 09/30/2021

Attachments

Information not provided.