



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000182048** | Submit Date: **01/27/2022** | Lead Call Sign: **WVUP-CD** | FRN: **0005935499**

Service: **Full Service Television** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **01/28/2022** | 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
CHRISTIAN TELEVISION CORPORATION, INC.	PO Box 6922 Clearwater, FL 33758 United States	+1 (727) 535-5622	soneal@ctntv.net	Not-for-Profit

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Joseph C. Chautin , III . Hardy, Carey, Chautin & Balkin, LLP	1080 W. Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629-0777	jchautin@hardycarey.com	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2022-01-27	0005935499

Consume the Following Authorizations:

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

Call Sign	Facility ID	File Number	Will Not Consume
WCLF	11125	0000180151	
KQCK	18287	0000180152	
KWHB	37099	0000180153	
WVUP-CD	3032	0000180154	
KWHS-LD	74501	0000180155	
KHLM-LD	57189	0000180156	
KQDK-CD	29455	0000180157	

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.	Yolanda Morris <i>President</i> 01/27/2022

Attachments

Information not provided.