



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000186931** | Submit Date: **03/21/2022** | Lead Call Sign: **WDOZ** | FRN: **0004374534**
 Service: **Full Power FM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **03/22/2022** |
 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
CENTRAL FLORIDA EDUCATIONAL FOUNDATION, INC. Doing Business As: CENTRAL FLORIDA EDUCATIONAL FOUNDATION, INC.	1065 RAINER DRIVE ALTAMONTE SPRINGS, FL 32714 United States	+1 (407) 869-8000	gm@zradio. org	Not-for-Profit

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Davina S Sashkin , Esq . Baker & Hostetler LLP	1050 Connecticut Avenue, NW Suite 1100 Washington, DC 20036 United States	+1 (202) 861- 1759	dsashkin@bakerlaw. com	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2022-03-21	0004374534

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
WPOZ	9876	0000186130	
W227CP	143886	0000186131	
W298BO	142420	0000186132	
W245AZ	142461	0000186133	
WMYZ	27291	0000186134	
WHYZ	92508	0000186135	
W250BH	142447	0000186136	
W237FO	142414	0000186137	
W292DZ	40157	0000186138	
W240BV	157091	0000186139	

W274BB	142441	0000186140
W279CT	142410	0000186141
W273CA	157099	0000186142
W274BR	157096	0000186143
W249EH	142468	0000186144
WDOZ	176311	0000186145
W278BP	157073	0000186146

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.	Jim Hoge <i>President</i> 03/21/2022

Attachments

Information not provided.