



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000155975** | Submit Date: **08/03/2021** | Lead Call Sign: **WXCV** | FRN: **0005815832**
Service: **Full Power FM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **08/04/2021** |
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 |
|--|---|-------------------|---------------------------|----------------|
| WXOF, INC. Doing Business As: WXOF, INC. | 13825 US HWY 19 Suite 400 Hudson, FL 34667 United States | +1 (727) 697-1063 | steve@greatesthits106.com | Corporation |

Contact Representatives Information (1)

| Contact Name | Address | Phone | Email | Contact Type |
|--|---|-------------------|--------------------------|----------------------|
| James A. Koerner Koerner & Olender, P.C. | 7020 Richard Drive Bethesda, MD 20817 United States | +1 (301) 468-3336 | jkoerner.law@comcast.net | Legal Representative |

Consummation Notification Details

Details

| Date of Consummation | FRN of Licensee Post-consummation |
|----------------------|-----------------------------------|
| 2021-07-31 | 0005815832 |

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 |
|-----------|-------------|-------------|------------------|
| WXCV | 71693 | 0000150851 | |

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. | James A Koerner <i>Counsel</i> 08/03/2021 |

Attachments

Information not provided.

