

(REFERENCE COPY - Not for submission) Notification of Consummation

File Number: **0000220398**

Submit Date: 09/01/2023 | Lead Call Sign: WUKQ | FRN: 0013778105

Service: Full Power AM

Filing Status: Active

Purpose: Notification of Consummation

Status: Accepted

Status Date: **09/05/2023**

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 |
|-------------------|--|---------------|------------------------|----------------|
| WLII/WSUR License | Craig Fischer 4000 Ponce de Leon Blvd Suite 650 Coral Gables, FL 33146 United States | +1 (305) 421- | cfischer@hemispheretv. | General |
| Partnership, G.P. | | 6319 | com | Partnership |

Contact Representatives Information (1)

| Contact Name | Address | Phone | Email | Contact Type |
|--|---|-----------------------|-------------------------------|-------------------------|
| Sally Buckman Lerman Senter PLLC | 2001 L Street NW Suite 400 Washington, DC 20036 United States | +1 (202) 416- 6762 | sbuckman@lermansenter. com | Legal Representative |

Consummation **Notification Details**

Details

| Date of Consummation | FRN of Licensee Post-consummation |
|----------------------|-----------------------------------|
| 2023-09-01 | 0013778105 |

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 |
|-----------|-------------|-------------|---------------------|
| WUKQ | 9352 | 0000201480 | |
| WUKQ-FM1 | 127832 | 0000201481 | |
| WKAQ | 19099 | 0000201482 | |
| WKAQ-FM1 | 19100 | 0000201483 | |
| WKAQ-FM2 | 179635 | 0000201484 | |
| WYEL | 70686 | 0000201485 | |
| WUKQ-FM | 54818 | 0000201486 | |
| WKAQ-FM | 19098 | 0000201487 | |
| | | | |

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. | Alan Sokol <i>CEO</i> 09/01/2023 |

Attachments

Information not provided.