



(REFERENCE COPY - Not for submission) Notification of Consummation

File Number: **0000144250** | Submit Date: **04/30/2021** | Lead Call Sign: **W293DW** | FRN: **0003731585**
Service: **Full Power AM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **04/30/2021** |
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
LANGER BROADCASTING GROUP, LLC Doing Business As: LANGER BROADCASTING GROUP, LLC	Alexander G. Langer C/o WSRO 100 Mount Wayte Ave Framingham, MA 01702 United States	+1 (508) 309-4929	alexglanger1@Gmail.com	Limited Liability Company

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Allan G. Moskowitz, Esq. . <i>Attorney</i> Allan G. Moskowitz, Esq.	Allan G. Moskowitz, Esq. 10845 TUCKAHOE WAY NORTH POTOMAC, MD 20878 United States	+1 (301) 908-4165	AMOSKOWITZ@AMOSKOWITZLAW.COM	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2021-04-29	0003731585

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
WGTX	6251	0000131912	
W293DW	142210	0000131913	

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.	Allan G. Moskowitz , Esq. . <i>Attorney</i> 04/29/2021

Attachments

Information not provided.