



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000220494** | Submit Date: **09/05/2023** | Lead Call Sign: **WTIN-TV** | FRN: **0004343323**
Service: **Full Service Television** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date:
09/06/2023 | 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
TELEVICENTRO OF PUERTO RICO, LLC	Jorge Hidalgo PO Box 362050 SAN JUAN, 00936-2050 Puerto Rico	7877924444	jorge.hidalgo@wapa-tv.com	Limited Liability Company

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
SALLY A. BUCKMAN <i>Attorney</i> LERMAN SENTER PLLC	SALLY A. BUCKMAN 2001 L Street, NW SUITE 400 WASHINGTON, DC 20036 United States	+1 (202) 429-8970	SBUCKMAN@LERMANSENTER.COM	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2023-09-01	0004343323

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
WAPA-TV	52073	0000200813	
WTIN-TV	26681	0000200814	
WNJX-TV	73336	0000200815	

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.	Jorge Hidalgo <i>President and General Manager</i> 09/05/2023
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Attachments

Information not provided.