



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000152000** | Submit Date: **07/08/2021** | Lead Call Sign: **WMYZ** | FRN: **0004374534**Service: **Full Power FM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **07/09/2021** |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
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 (2)

Contact Name	Address	Phone	Email	Contact Type
James S. Hoge <i>President</i> Central Florida Educational Foundation, Inc.	WPOZ 1065 Rainer Drive Altamonte Springs, FL 32714 United States	+1 (407) 869-8000	gm@zradio.org	Technical Representative
Davina S. Sashkin , Esq . Baker Hostetler LLP	1050 Connecticut Ave., 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
2021-07-08	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	0000144586	
W273CA	157099	0000144587	
W249EH	142468	0000144588	
W237FO	142414	0000144589	
W245AZ	142461	0000144590	
WMYZ	27291	0000144591	
W298BO	142420	0000144592	

W279CT	142410	0000144593
W292DZ	40157	0000144594
W274BB	142441	0000144595
W240BV	157091	0000144596
W274BR	157096	0000144597
WHYZ	92508	0000144598
W250BH	142447	0000144599
WDOZ	176311	0000144600
W227CP	143886	0000144601
W278BP	157073	0000144602

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 S. Hoge <i>President</i> 07/08/2021

Attachments

Information not provided.