



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000146586** | Submit Date: **05/28/2021** | Lead Call Sign: **W27EO-D** | FRN: **0032494429**

Service: **Low Power Digital TV** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **05/28/2021**

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
DTV AMERICA CORPORATION	295 MADISON AVENUE, 12TH FLOOR NEW YORK, NY 10017 United States	+1 (954) 606-5486	RILHARDT@HC2BROADCASTING.COM	Corporation

Contact Representatives Information (2)

Contact Name	Address	Phone	Email	Contact Type
RENEE ILHARDT VP, REGULATORY AFFAIRS HC2 BROADCASTING HOLDINGS, INC.	295 MADISON AVENUE, 12TH FLOOR NEW YORK, NY 10017 United States	+1 (954) 606-5486	RILHARDT@HC2BROADCASTING.COM	CORPORATE REPRESENTATIVE
DAVID O'CONNOR PARTNER WILKINSON, BARKER, KNAUER, LLP	DAVID O'CONNOR 1800 M STREET NW; SUITE 800N WASHINGTON, DC 20036 United States	+1 (202) 383-3429	DOCONNOR@WBKLAW.COM	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2021-05-21	0027121466

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
W35DV-D	185538	0000142949	
DDWDDZ-LD	184262	0000142950	
W27EO-D	188830	0000142951	
KJNM-LD	184462	0000142952	
WDZC-LD	184025	0000142953	
WGAT-LD	185526	0000142954	

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.	RENEE ILHARDT <i>VICE PRESIDENT OF REGULATORY AFFAIRS</i> 05/21/2021

Attachments

Information not provided.