

(REFERENCE COPY - Not for submission) Notification of Consummation

File Number: 0000234753 | Submit Date: 01/03/2024 | Lead Call Sign: W27DG-D | FRN: 0032881088

Service: Low Power Digital TV Purpose: Notification of Consummation Status: Accepted Status Date: 01/04/2024

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 |
|-----------------------------------|---|-----------------------|----------------------|----------------|
| IMAGE VIDEO TELEPRODUCTIONS, INC. | Michael A. Tonges 6755 FREEDOM AVE., N.W. NORTH CANTON, OH 44720 United States | +1 (330) 494- 9303 | MCTONGES@AOL. COM | Corporation |

Contact Representatives Information (2)

| Contact Name | Address | Phone | Email | Contact Type |
|---|---|-----------------------|------------------------|-----------------------------|
| Darryl K DeLawder President DeLawder Communications, Inc. | P.O Box 1095 Ashburn, VA 20146 United States | +1 (703) 299- 9222 | delawder@aol. com | Technical Representative |
| Kathleen Vicotry , Esq . Member FLETCHER, HEALD & HILDRETH, P.L.C. | 1300 N. 17th Street Suite 1100 Arlington, VA 22209 United States | +1 (703) 812- 0400 | victory@fhhlaw. com | Legal Representative |

Consummation Notification Details

Details

| Date of Consummation | FRN of Licensee Post-consummation |
|----------------------|-----------------------------------|
| 2024-01-03 | 0032881088 |

Consummate the Following Authorizations:

Select all the authorizations in the table below that will \emph{not} be $\emph{consummated}$

| Call Sign | Facility ID | File Number | Will Not Consummate |
|-----------|-------------|-------------|---------------------|
| WIVX-LD | 50144 | 0000222279 | |
| W27DG-D | 50148 | 0000222280 | |

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 | Michael A. Tonges |
| | representative of the above-named applicant for the Authorization(s) specified above. | President |
| | Additionization(s) specified above. | 01/03/2024 |

Attachments

Information not provided.